

Mental health issues affecting children and young people in Southwark schools

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time to change

let's end mental health discrimination

Mental health and stigma

We all have mental health, like we all have physical health. Both change throughout our lives. And, like our bodies, our minds can become unwell.

Mental health problems might actually be more common than you think. One in four of us will be affected by mental illness in any year. The effects are as real as a broken arm, even though there isn't a sling or plaster cast to show for it.



About mental health

Information about mental health and what it means



Types of mental health problems

Information on common types of mental health problems



Stigma and discrimination

All you need to know about stigma and its impact



Take the mental health quiz

Find out how much you know about mental health



- > About mental health
- > Types of mental health problems
- > About stigma and discrimination
- > Take the mental health quiz
- > Start your mental health conversation
- > Help and support

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Children & Young People's
Mental Health Coalition

At any one time, 1 in 10 children and young people have a diagnosable mental health problem, and it is well established that most adolescent and adult mental illness can be traced back to childhood.

Khaleej Times

According to the WHO, worldwide 10 to 20 per cent of children and adolescents experience mental disorders during their childhood. Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s. If untreated, these conditions severely influence children's development, their educational attainments and their potential to live fulfilling and productive lives.

it is estimated that 13 - 20 percent of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year and an estimated \$247 billion is spent each year on childhood mental disorders

Mental disorders in children are quite common, occurring in about one-quarter of this age group in any given year. The most **common childhood mental disorders** are **anxiety disorders**, **depression**, and **attention deficit hyperactivity disorder (ADHD)**. 20 Feb 2015

[Mental Illness in Children: Learn About Types of Disorders](#)

FOR CHILDREN & YOUNG PEOPLE NOT BEING HEARD?

More than 850,000 children and young people in the UK have been diagnosed with a mental health condition.

- **What's worrying you?**
- **Look up your medication**

The Times: Time to mind

THE TIMES

Child mental health
Time to mind

A manifesto for child and adolescent mental health services

Manifesto

- 1 GET THE FACTS RIGHT
- 2 TREATMENT FOR ALL
- 3 EARLY INTERVENTION
- 4 YOUNG IN POLICE CELLS
- 5 ACCESS TO TREATMENT
- 6 TAKING RESPONSIBILITY
- 7 DON'T PUSH THEM
- 8 BETTER TRAINING
- 9 EDUCATION AND CULTURE
- 10 PRIORITISE CHILD HEALTH

PLEDGE YOUR SUPPORT

Twitter

If Mental Health has been the 'Cinderella service' of the NHS, Children's and Adolescent Mental Health Services are the 'Cinderella's Cinderella'. They receive just six per cent of the NHS Mental Health Budget and 0.6 per cent of the NHS budget overall. This is despite three children in every classroom suffering from a diagnosable mental health problem. In *The Times* today, Professor Tanya Byron, government advisor and one of the UK's leading clinical psychologists, calls on the political parties to prove they are serious about dealing with the crisis in their election manifestos. Her report is backed by three more of the country's top experts in the field.

Beds crisis hits NHS care for mentally ill children

Emails reveal emergency new steps as teenagers aged 16-18 are put on adult wards rather than in specialist adolescent facilities



<http://www.theguardian.com/society/2015/jan/31/nhs-crisis-mentally-ill-children-adult-wards>



<http://www.walesonline.co.uk/news/health/referrals-mental-health-services-children-8729281>



Child and adolescent mental health services (CAMHS) have been particularly hard hit by cuts. Photograph: Echo/Getty Images/Cultura RF

<http://www.theguardian.com/education/2014/apr/15/pupils-mental-health-svc-services-stress-teachers>

Child and Adolescent Mental Health Services in Crisis

by ADAM FLETCHER AND SHARON EVANS Mar 13, 2015



Photo: "you ask me if I'm okay? I hope this is a joke?" from beibergasmique's flickr photostream

Depression is like an attacker in my head, says Welby's daughter

Article

Times Campaign: Time to Mind



Rosemary Bennett Social Affairs Correspondent
Last updated at 12:01AM, May 13 2015

The Archbishop of Canterbury's daughter has spoken out about her struggle with depression and the relentless battle to "survive the day".

Katharine Welby-Roberts said that the cycle of self-punishing, negative thoughts in her head was "pretty non-stop", resulting in total exhaustion as she used up her energy in fighting them.

The Archbishop of Canterbury with his daughter, who praised him for his support

Post a comment

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Department
for Education



Department
of Health

Special educational needs and disability code of practice: 0 to 25 years

Statutory guidance for organisations
which work with and support children
and young people who have special
educational needs or disabilities

January 2015

Special Educational Needs (SEN) Code of Practice: for 0 to 25 years

2001 “~~Behaviour~~, emotional and social development”

2014 “Social, **mental** and emotional **health**”

Supporting pupils at school with medical conditions

Statutory guidance for governing bodies
of maintained schools and proprietors of
academies in England

December 2015

Supporting pupils at school with medical conditions

Statutory guidance (April 2014)

On 1 September 2014 a new duty will come into force for governing bodies

- to ensure that all children with medical conditions, in terms of both **physical and mental health**, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Governing bodies must ensure that arrangements are in place ...to support pupils ...with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

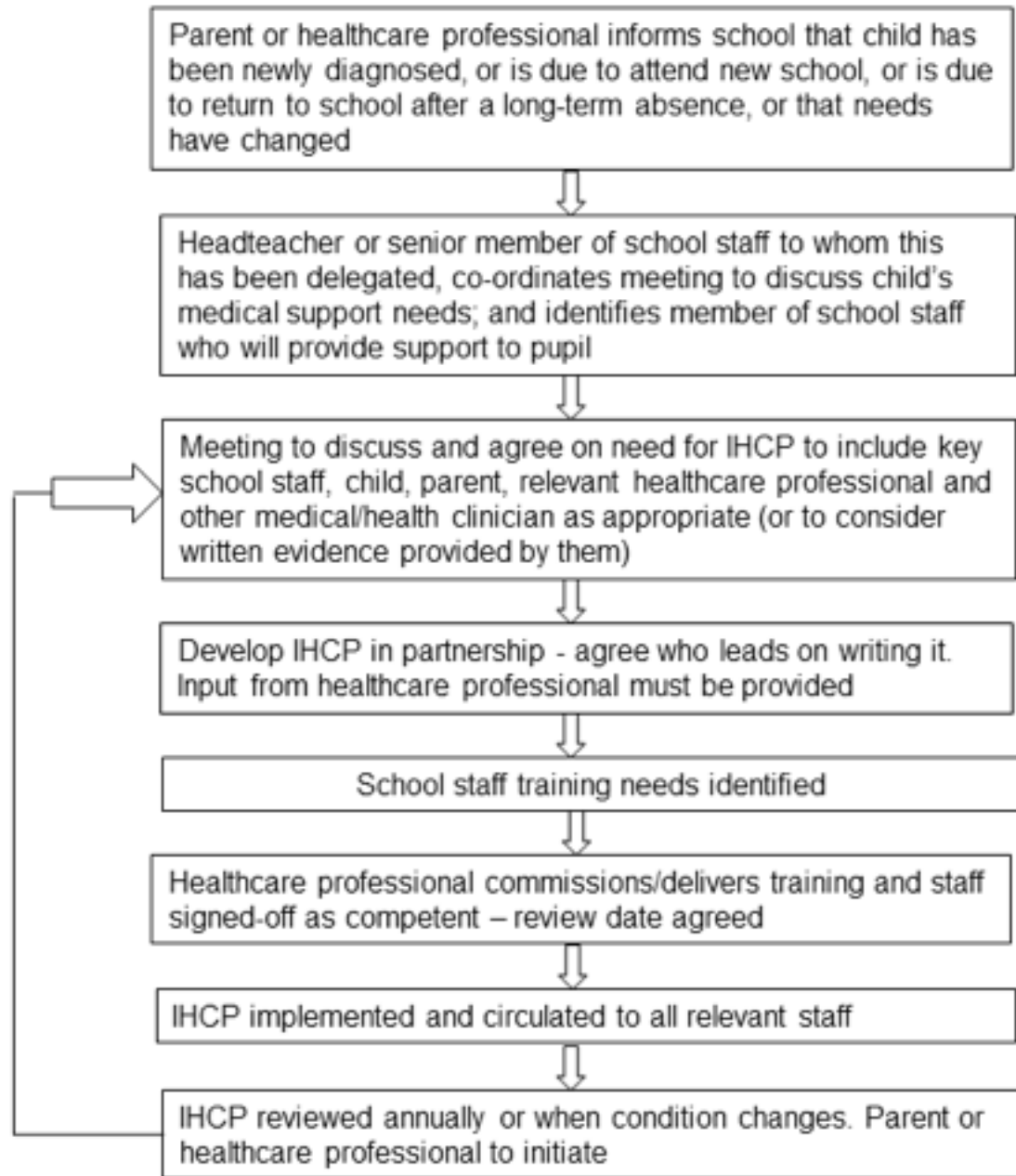
The role of governing bodies, proprietors and management committees

4. In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in light of the statutory guidance. This will inform the school and others about what needs to be done in terms of implementation. However, the governing body, proprietor or management committee remains legally responsible and accountable for fulfilling its statutory duty.
5. The governing body⁵ must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.

Further advice:

Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority⁶. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

IHCP – Individual Health Care Plan



Preventing and tackling bullying

Advice for headteachers, staff and
governing bodies

October 2014

What is bullying?

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. ...often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. Stopping violence and ensuring immediate physical safety is obviously a school's first priority but emotional bullying can be more damaging than physical...bullying involves an imbalance of power between the perpetrator and the victim...it may be physical, psychological (knowing what upsets someone), derive from an intellectual imbalance, or by having access to the support of a group, or the capacity to socially isolate. It can result in the intimidation of a person or persons through the threat of violence or by isolating them either physically or online.

Cyber-bullying

... 'virtual' bullying, which can occur in or outside school. ... potentially bigger audience... Education Act 2011 give teachers stronger powers to tackle cyber-bullying by providing a specific power to search for and, if necessary, delete inappropriate images (or files) on electronic devices.

What does the law say and what do I have to do?

Every school must have measures in place to prevent all forms of bullying.

Promoting the health and well-being of looked-after children

Statutory guidance for local authorities,
clinical commissioning groups and
NHS England

March 2015

The roles of Virtual School Heads (VSHs) and designated teachers

67. Every local authority in England is required to appoint an officer (called a Virtual School Head) to discharge the local authority's duty to promote the educational achievement of the children it looks after, regardless of where they are placed. Maintained schools and academies are required to have a designated teacher for looked-after children. Given the interrelationship between health and education outcomes, social workers should ensure that the authority's VSH and the designated teacher for looked-after children are aware of information about the child's physical, emotional or mental health that may have an impact on his or her learning and educational progress.

Mental health and behaviour in schools

Departmental advice for school staff

March 2016

Definition of mental health

Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. *World Health Organisation, August 2014*

Press release:

Mental health and behaviour in schools

Departmental advice to school staff

- One in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.
- ...helps teachers to identify bad behaviour from poor mental health.
- ...help teachers better identify underlying mental health problems in young people – meaning fewer pupils will wrongly be labelled trouble-makers.
- Education Minister Elizabeth Truss said it would help ensure pupils with unmet mental health needs will get the help they need at an earlier stage.
- At the same time, it will enable teachers to be more confident in spotting those children who are simply behaving badly, and do not have a mental health issue.
- ...schools ...could use pupil questionnaires [SDQ], ...mental health factsheets to know...when to refer pupils to mental health experts.
- A healthier, happier classroom allows teachers to get on with what they do so well – teaching and inspiring the next generation.
- Teachers who know how and when to help can make all the difference for children with mental health problems.

New action plan to tackle mental health

stigma in schools 25 March 2015

Nicky Morgan announced there will be:

- ...new guidance for schools, ... will help schools provide age-appropriate teaching on mental health problems
- a new visionary blueprint for schools on counselling services,
- ... every single school in the country is a place where mental health needs are identified and where appropriate support is provided sympathetically and without stigma.
- ...steps ...already ...taken to help schools develop character and identify issues, including:
- ... innovation fund ... activities that instil character and resilience in children
- behaviour and mental health guidance issued to all schools... to help teachers spot the signs of underlying mental health problems
- a brand new blueprint for improving mental health and wellbeing support for children and young people over the next 5 years, Future in Mind,



Future in mind

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



Future in Mind – Key Proposals

The report sets out a clear national ambition ... transform the design and delivery of a local offer of services for children and young people with mental health needs. ...announcement ...of £250m per year additional funding ... over the course of the next Parliament.

The report sets out the **Government's aspirations for 2020**. The full report can be viewed [here](#). The aspirations most relevant to schools include:

- ... a hard hitting anti- stigma campaign,
- ...timely access to effective mental health support when they need it;
- increased use of evidence-based treatments
- ...named points of contact in specialist mental health services and schools. This would include integrating mental health specialists directly into schools and GP practices;
- professionals who work with children and young people are trained in child development and mental health

Counselling in schools: a blueprint for the future

Departmental advice for school leaders
and counsellors

February 2016

Counselling in schools: a blueprint for the future

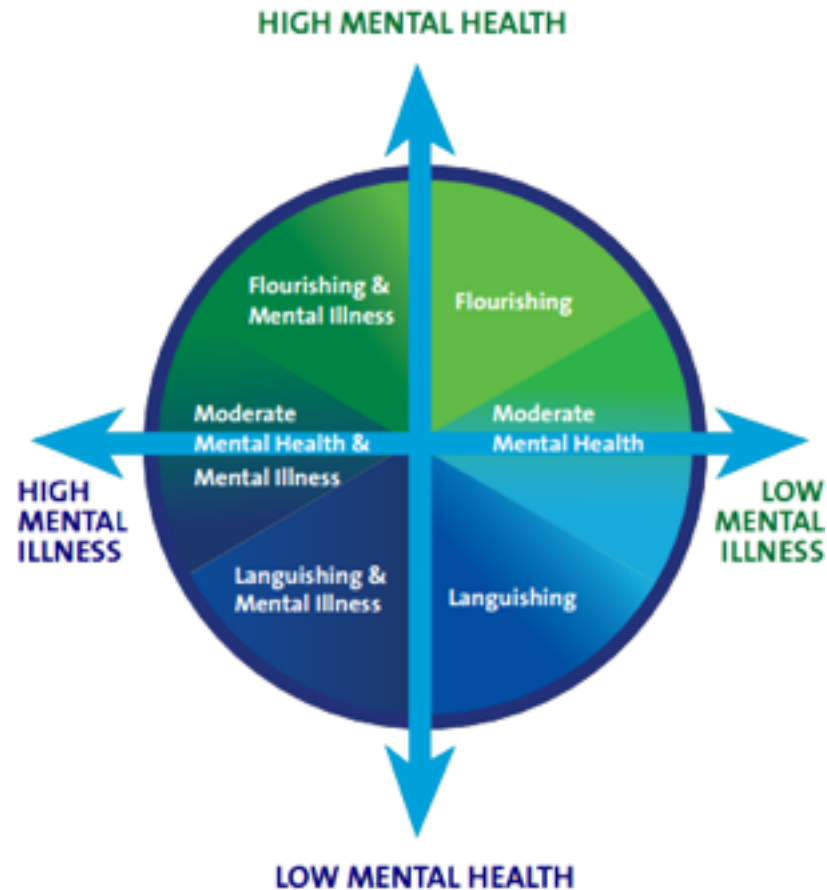
3.4 Our strong expectation is that, over time, all schools should make counselling services available to their pupils. In line with the Government's wider approach to schools, allowing schools autonomy to make their own decisions about how to use their funding in the best interests of their pupils, we are not requiring this. But this guidance sets out the issues schools will want to consider where they do not have services in place.

Mental health: mental illness

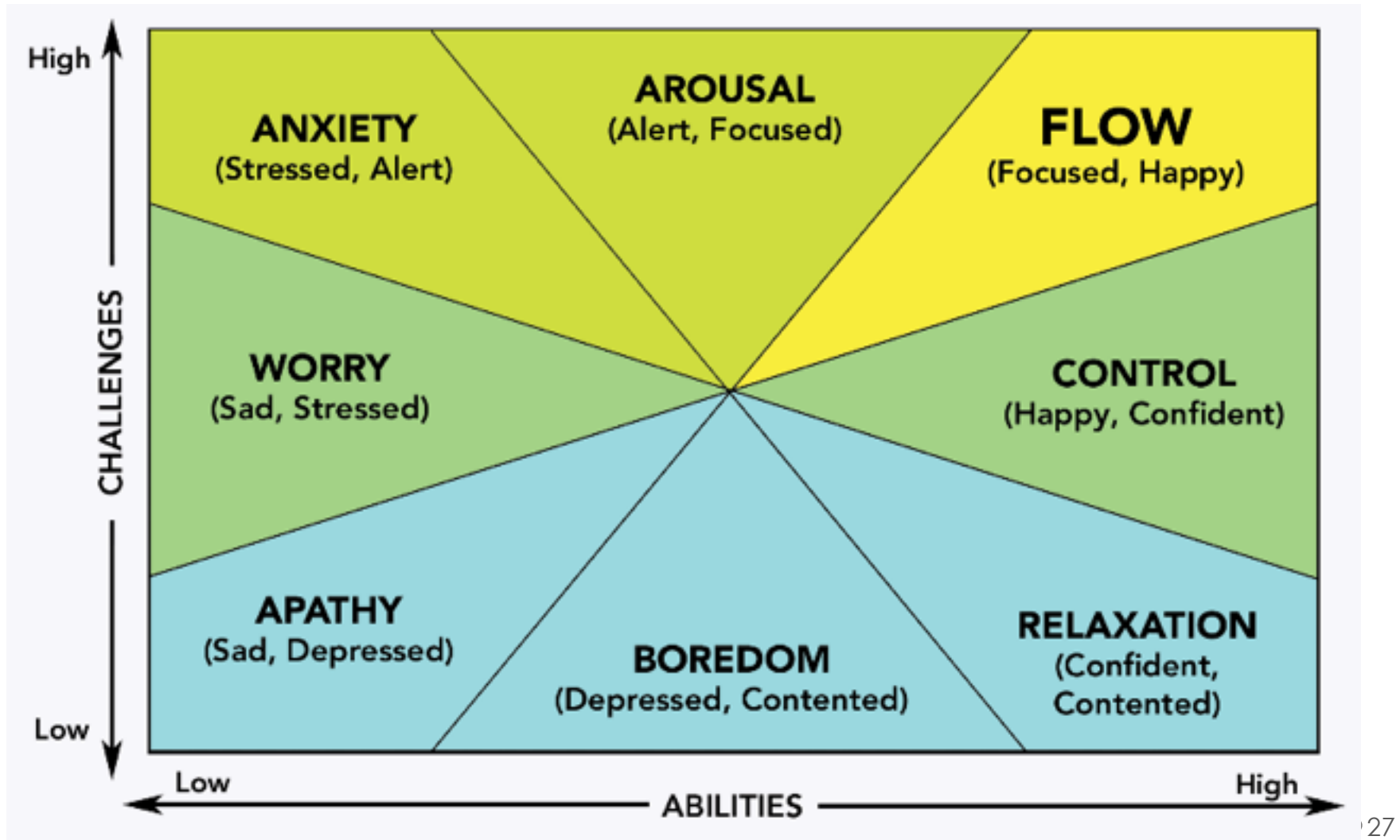
Two sides of the same coin?

- Corey Keyes: social, emotional and psychological health – “flourishing/
languishing”
- Barbara Fredrickson – “broaden and
build”
- Mihaly Csikszentmihalyi – “flow”

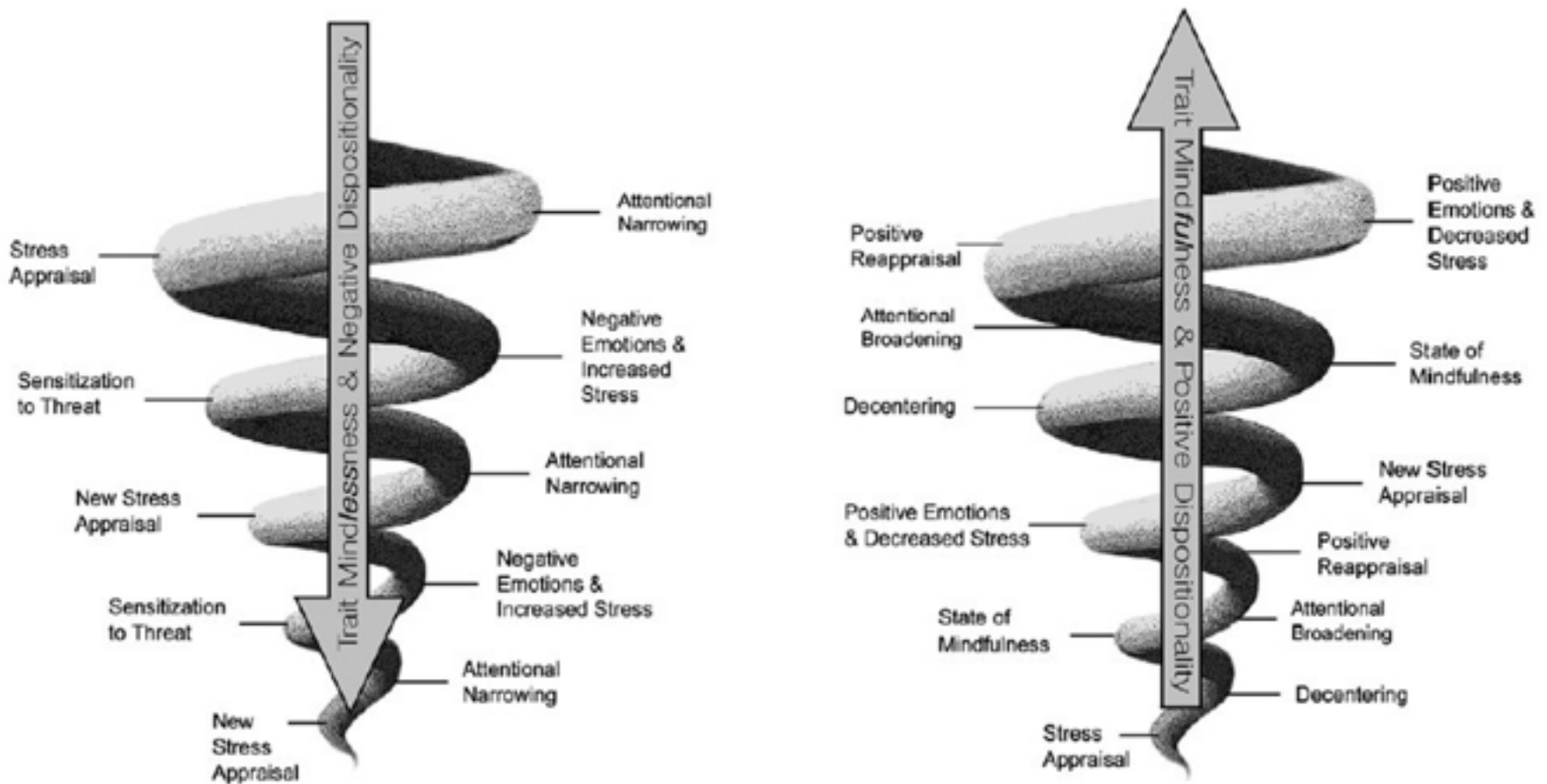
Corey Keyes – “flourishing and languishing”



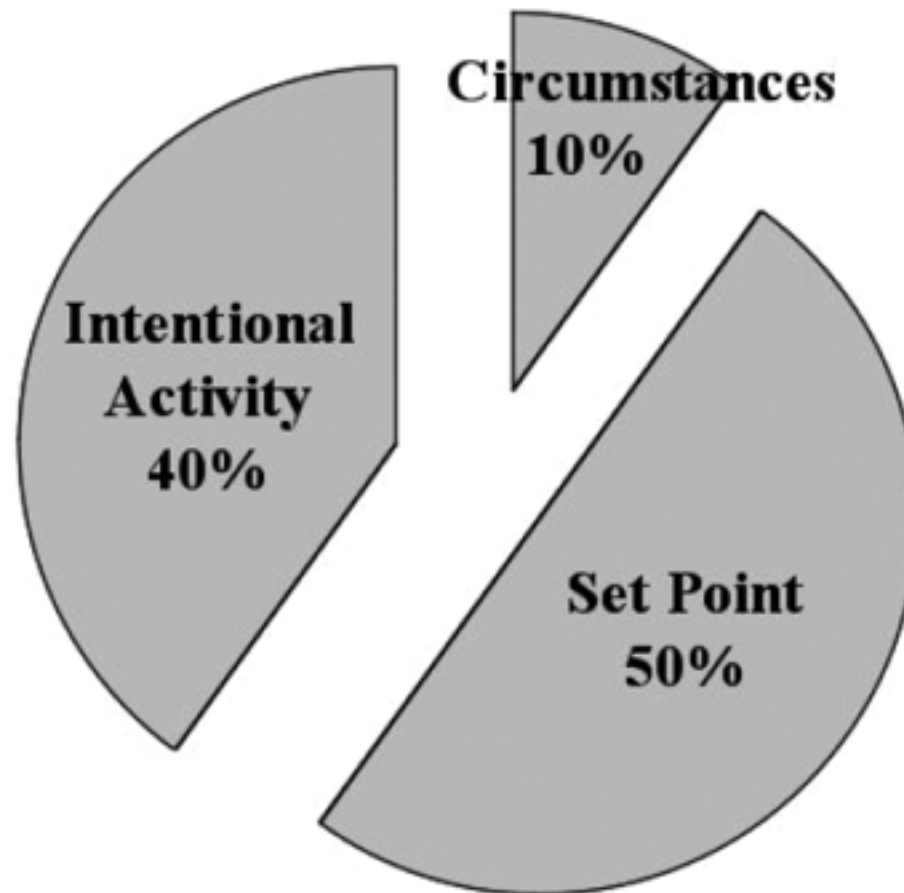
Mihaly Csikszentmihalyi – “flow”



Barbara Fredrickson – “broaden and build”



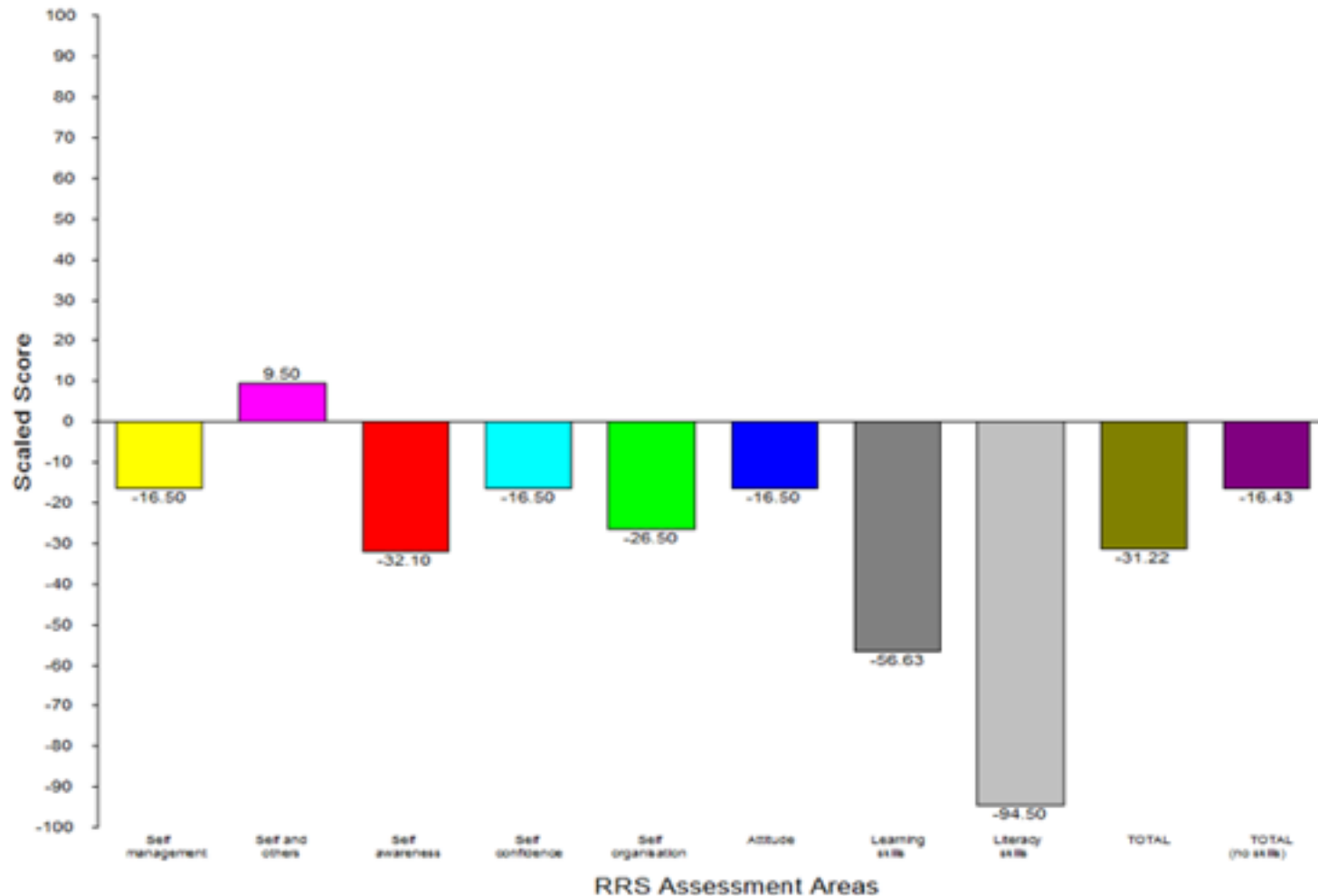
Sonja Lyubomirsky – what determines happiness?



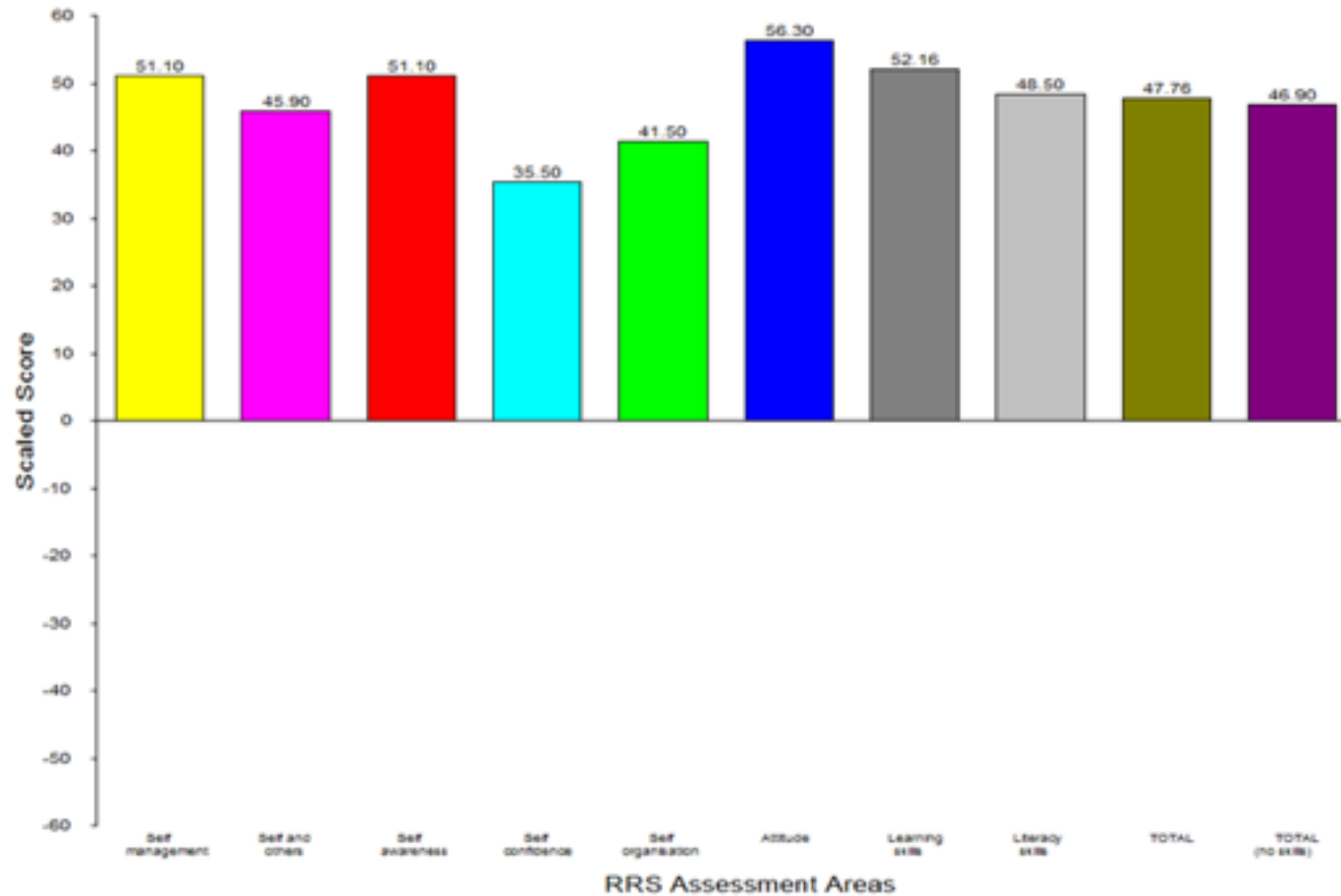
Coping in Schools Scale (CISS)

- Also known as the Readiness for Reintegration Scale
- Jane McSherry
- Teacher-based assessment
- Observable behaviours
- Mainstream readiness

Pupil A – Reintegration Readiness Scale (T1)



Pupil A – Reintegration Readiness Scale (T2)



What is the SDQ?

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. Each version includes between one and three of the following components:

A) 25 items on psychological attributes.

All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:

- | | |
|---|---|
| 1) emotional symptoms (5 items) | } 1) to 4) added together to
generate a total
difficulties score
(based on 20 items) |
| 2) conduct problems (5 items) | |
| 3) hyperactivity/inattention (5 items) | |
| 4) peer relationship problems (5 items) | |
| 5) prosocial behaviour (5 items) | |

Strengths and Difficulties Questionnaire

T4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name

Male/Female

Date of Birth

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

SDQ

<http://www.corc.uk.net/resources/asures/teacher/>

<http://www.sdqinfo.org/a0.html>

SDQ Impact

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Class Teacher/Form Tutor/Head of Year/Other (please specify:)

School Children's Happiness Inventory (SCHI)

Brief Description

The measure was developed to reflect self-esteem, affect and depression in school children.

Versions

- Child self-report only (ages 8-15)

Length

- 30 items

Scales and subscales

- All items are summed to give an overall score of subjective well-being

Response scales

- Responses on each SCHI item were scored on a range of "1" to "4", with 4 indicating a high subjective well being

Example Items

- I was tired
- I was interested in working
- I felt upset

References and Contacts

Ivens, J. (2007). The Development of a Happiness Measure for School children. *Educational Psychology in Practice*, 22(3), 221-239.

CGAS Rating Guide

The coding guidance notes and vignettes are provided to assist in the process of rating the clinical severity of all the young people who have been admitted to your service. The vignettes provided were originally developed for the 'Children and Young Persons In-patient Evaluation (CHYPIE) Study.

CODING THE CGAS

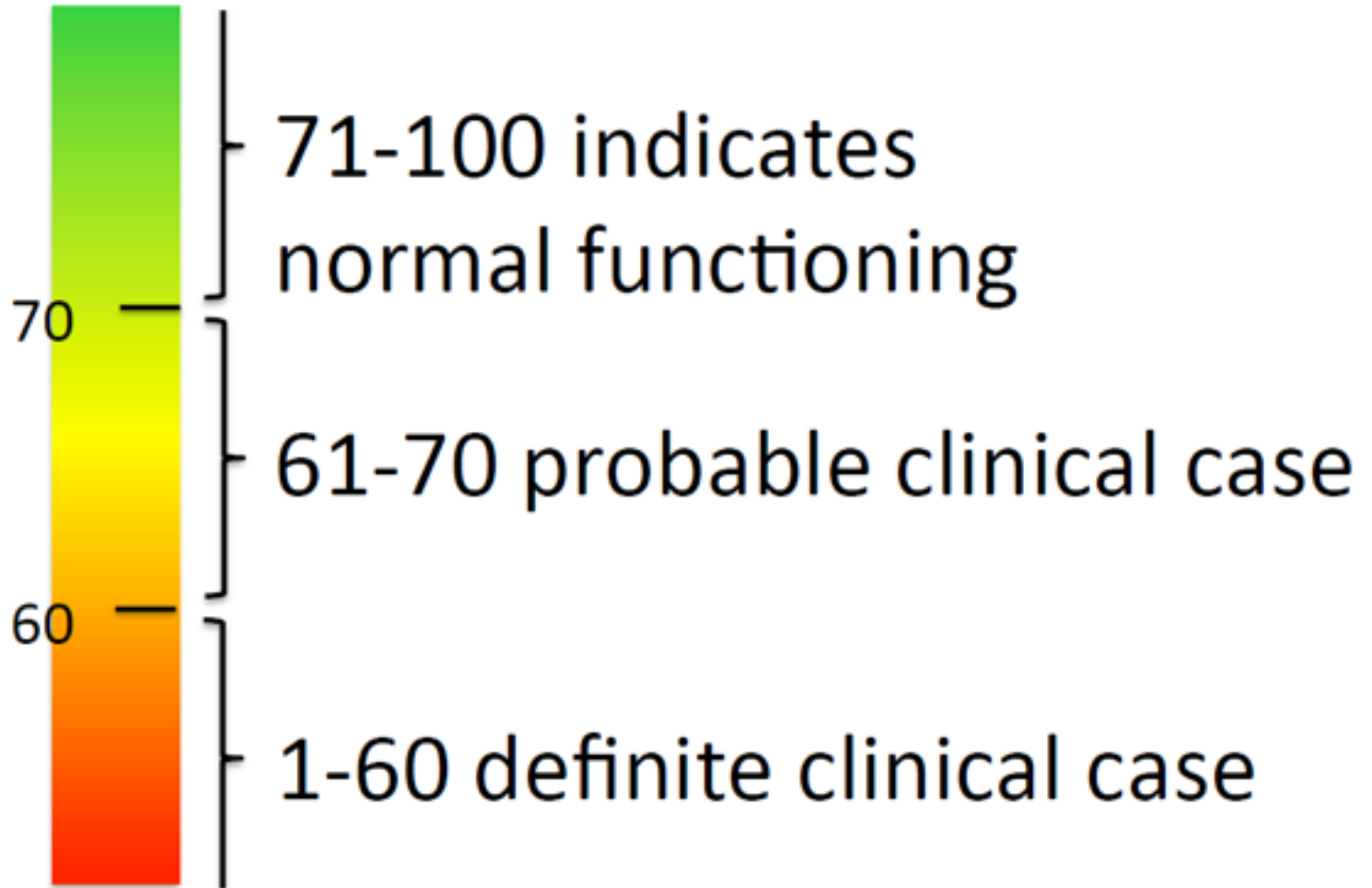
Code the CGAS on the basis of your patient's worst level of emotional and behavioural functioning in the past three months by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. The scores can range from 1, which is the very worst, to 100, which is the very best. Use intermediary levels (e.g. 35, 58, 62).

It will be helpful to take into account how your patient functions in four major areas:

- 1. At home with family*
- 2. At school*
- 3. With friends*
- 4. During leisure time*

The overall score will represent an overall rating from these four areas.

Cut-offs



(Shaffer 1983, Bird 1987)

CHILDREN'S GLOBAL ASSESSMENT SCALE

David Shaffer, M.D., Madelyn S. Gould, Ph.D., Hector Bird, M.D., Prudence Fisher, B.A.
Adaptation of the Adult Global Assessment Scale
(Robert L. Spitzer, M.D., Nathan Gibbon, M.S.W., Jean Endicott, Ph.D.)

The examples of behaviour provided are only illustrative and are not required for a particular rating.

Specified time period: 1 month

100-91 DOING VERY WELL

Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organised group such as Scouts, etc.). Likeable, confident, everyday worries never get out of hand. Doing well in school. No symptoms.

90-81 DOING WELL

Good functioning in all areas. Secure in family, school, and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasionally "blow-ups" with siblings, parents or peers).

80-71 DOING ALL RIGHT –minor impairment

No more than slight impairment in functioning at home, at school, or with peers. Some disturbance of behaviour or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sib) but these are brief and interference with functioning is transient, such children are only minimally disturbing to others and are not considered deviant by those who know them.

70-61 SOME PROBLEMS - in one area only

Some difficulty in a single area, but generally functioning pretty well, (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky petty theft; consistent minor difficulties with school work, mood changes of brief duration, fears and anxieties which do not lead to gross avoidance behaviour; self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.

60-51 SOME NOTICEABLE PROBLEMS – in more than one area

Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.

50-41 OBVIOUS PROBLEMS – moderate impairment in most areas or severe in one area.

Moderate degree of interference in functioning in most social areas or severe impairment functioning in one area, such as might result from for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behaviour with some preservation of meaningful social relationships.

40-31 SERIOUS PROBLEMS – major impairment in several areas and unable to function in one area

Major impairment in functioning in several areas and unable to function in one of these areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g.,

persistent aggression without clear instigation; markedly withdrawn and isolated behaviour due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalisation or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).

- 30-21 **SEVERE PROBLEMS - unable to function in almost all situations.**
 Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).
- 20-11 **VERY SEVERELY IMPAIRED -considerable supervision is required for safety.**
 Needs considerable supervision to prevent hurting others or self, e.g., frequently violent, repeated suicide attempts OR to maintain personal hygiene! OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10-1 **EXTREMELY IMPAIRED - constant supervision is required for safety.**
 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behaviour or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Summary Decile Descriptions for CGAS:

100-91	DOING VERY WELL
90-81	DOING WELL
80-71	DOING ALL RIGHT –minor impairment
70-61	SOME PROBLEMS - in one area only
60-51	SOME NOTICEABLE PROBLEMS – in more than one area
50-41	OBVIOUS PROBLEMS – moderate impairment in most areas or severe in one area
40-31	SERIOUS PROBLEMS – major impairment in several areas and unable to function in one area
30-21	SEVERE PROBLEMS - unable to function in almost all situations
20-11	VERY SEVERELY IMPAIRED - so impaired that considerable supervision is required for safety
10-1	EXTREMELY IMPAIRED - so impaired that constant supervision is required for safety

LOCAL OFFER

THE LONDON BOROUGH OF SOUTHWARK

Information for Parents and Young People: Special Educational Needs and Disability 0-25



Getting around

Partners

Contact

Tweets by @LocalOfferSwk

Disclaimer



Southwark Council
160 Tooley Street
Fourth Floor
London Bridge
London
SE1 1SX



MindEd is a free educational resource on children and young people's mental health for all adults.

Follow @MindEdUK



Common problems

Explore the issues that affect the emotional wellbeing and mental health of children and young people.

MindEd Programmes

Browse our programmes to find e-learning at the right level for you, for example, Counselling MindEd.

Sign Up Now!

The best way to use MindEd is by creating a learning account. This helps us recommend specific learning paths and allows you to track your progress.

Mental illness: mental health

- Mental illness – what needs fixing; what I can't do
- Mental health – what's going well; what I can do

Mental Health – Resources for schools

Here are some resources you might find useful.

Guidance on preparing to teach about mental health and emotional wellbeing [PSHE Association – Mental Health guidance](#)

MindEd is a free educational resource on children and young people's mental health for all adults. <https://www.minded.org.uk/>

Some more resources

<https://www.gov.uk/government/publications/counselling-in-schools>

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools-2>

[Supporting pupils with medical conditions - templates](#)

[Supporting-pupils-at-school-with-medical-conditions](#)