
**Future in Mind:
Mental Health and
Services in Wirral Schools**

**Survey Results Report for
Wirral Future in Mind
Steering Group**

**Wirral Intelligence Service
Wirral Council
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Future in Mind: Mental Health and Services in Wirral Schools

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If you would like to use the content of this report in your work then please reference to Wirral Intelligence Service, Wirral Council (2016)

For more information on Wirral's Future in Mind Steering Group and its work please contact John Meddings, Project Lead at John.Meddings@cwpc.nhs.uk

Wirral's latest Future in Mind Transformation Plan report – [Healthy Wirral: Children and Young People Mental Health and Wellbeing Forward Thinking 2016](#)

Visit Children's Mental Health & Wellbeing: Future in Mind webpage at Wirral JSNA [here](#)

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Summary

- 46 schools responded to survey predominantly from mainstream primary (32 of 46)
- 38 of 46 schools were accessing Child & Adolescent Mental Health Services (CAMHS) but only 5 were using Action for Children (AfC) and most not aware of AfC existence (Secondary only option)
- According to schools CAMHS appears to have problems in relation to the delays in getting access to its services and quality of contact throughout the process though the resulting outcomes for children, young people and families do appear to be positive, though concerns remain that the MH of children and families worsens the longer the wait. Given that AfC had limited use by schools and was relatively unknown to respondents then the reported qualitative content was too limited to inform this process
- In terms of issues perceived by schools affecting their pupils then anxiety, self-esteem and self-image are seen as having the greatest impact followed by family issues such as chaotic home life, family breakdown, parenting skills and a range of issues around the home. Finally there were impacts on the child or young person, at times out of their control, such as issues with friendships and relationships, family bereavement, social media, exams and school life itself
- Only 16 of 46, or 35% of respondent schools were undertaking to buy-in additional services to supplement their mainstream offer but these were all accredited and applying industry standards to their provision with the majority applying some access criteria
- Schools that responded are providing a wide range of in-house alternatives to mainstream MH service support with many schools using 1:1 TA and other staff based support, a quiet room for pupils, social skills sessions and a range of packages such as Socially Speaking to engage and support children and young people
- 23 schools do currently purchase additional SALT with most (14) buying from NHS providers

Background to survey

This survey was instigated on behalf of the Wirral Future in Mind Steering Group in order to ascertain and understand some key component in formation related to

- children and young people's mental health,
- how services were able to respond to that expressed need,
- how schools were able to work with Child and Adolescent Mental Health Services
- The views of school leaders in relation to key mental health issues and
- Access to Speech and Language services

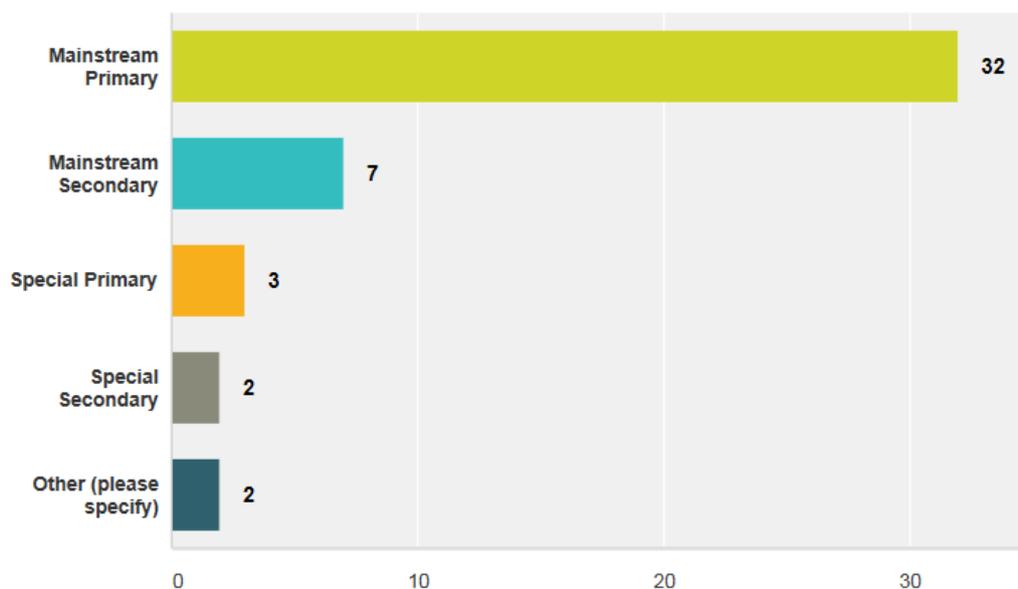
The approach was initially undertaken in June 2016 when 25 schools responded to the survey and then at the request of the FiM Steering Group the survey was put out again to schools in September/October 2016 in order to gain a higher response.

The survey questions ([Appendix 1](#)) and subsequent results are presented in graph format with some additional context and form a key information source as local service planners and commissioners continue to develop ideas and solutions to meet local needs.

Survey results

As we see in figure 1 there were 46 schools responding to the survey opportunity with the vast majority from mainstream primary (32 of 46 schools) responding. [Appendix 2](#) provides a full list of the 46 schools who participated in the survey

Figure 1: Type of School



Answer Choices	Responses
▼ Mainstream Primary	69.57% 32
▼ Mainstream Secondary	15.22% 7
▼ Special Primary	6.52% 3
▼ Special Secondary	4.35% 2
▼ Other (please specify)	4.35% 2
Total	46

Notes:

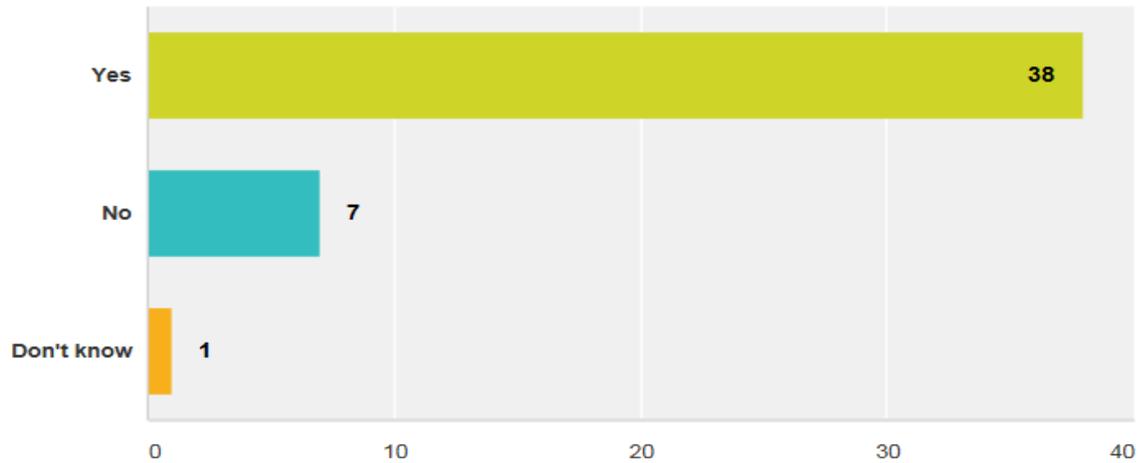
Other (please specify) relates to 1 x PRU and 1 x Hospital School responding to the survey
Full list of participating schools can be seen in [Appendix 2](#)

Access to local Mental Health support services for children and young people

Child and Adolescent Mental Health Services (CAMHS)

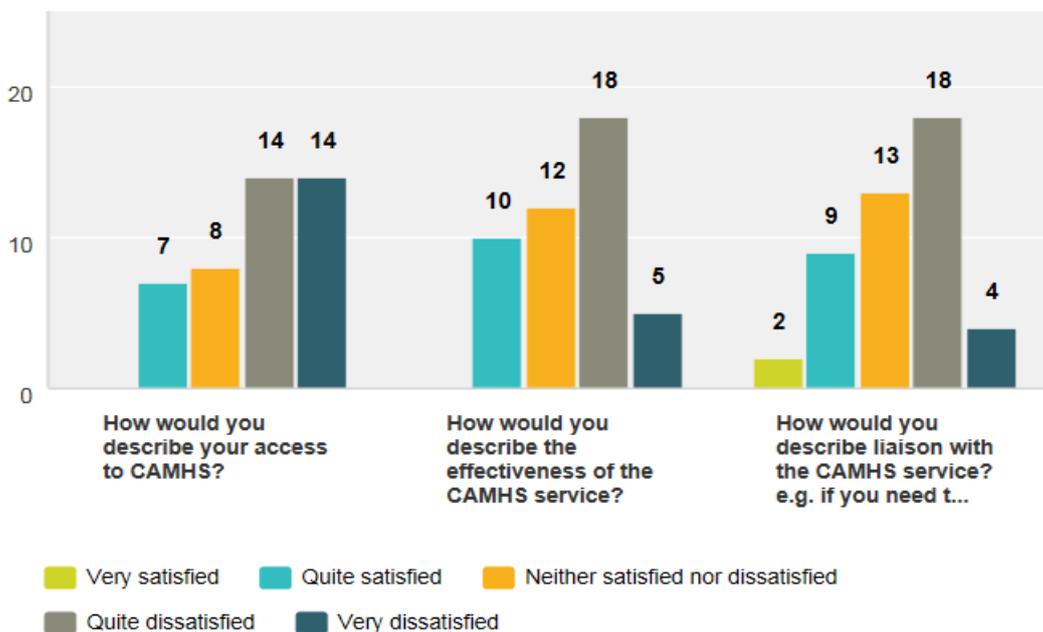
Participants were asked if they currently accessed Child and Adolescent Mental Health Services (CAMHS), figure 2 below highlights that 38 of the 46 responding (over 82%) currently seeking access to the CAMHS provision.

Figure 2: Do you access CAMHS Mental Health support services (as provided by CWP) for the pupils at your school?



Participants were then asked their views and experience of CAMHS service provision. This was provided by a multiple choice survey question (figure 3) and we can see from that respondents had a varied view of CAMHS services. Over 65% of respondents (28 of 43 answered) suggested that they were dissatisfied with access to the service with only 16% satisfied. In terms of effectiveness then 22% (10) were satisfied with CAMHS though over 50% (23) were less than satisfied. Finally almost 20% (9) were happy with the contact with CAMHS though again almost 50% (22) found contact less than satisfactory.

Figure 3: Your views on the service provided by CAMHS*



Notes:

Question 1 - How would you describe your access to CAMHS?

Question 2 - How would you describe the effectiveness of the CAMHS service?

Question 3 - How would you describe liaison with the CAMHS service? e.g. if you need to speak to a CAMHS worker about a child

The further qualitative analysis was undertaken of the comments provided by respondents to the survey on CAMHS provision. Overview of all responses is in tables 1, 2 and 3 below

The issues most reported were in the following three key areas:

1. Access to CAMHS service
2. Referrals up to and including contact with CAMHS
3. Subsequent outcomes for children, young people and families whilst waiting and then when engaged

In general schools could identify positive outcomes for children, young people and families once they had accessed the services and support offered by CAMHS but this access very often took too long to obtain as an assessment appointment, too long to wait for that assessment appointment and then too long again to access the identified service best suited to the needs of the individual.

Furthermore respondents felt there were issues with pre, prior and post assessment were compounding the apparent wait through indifferent and limited contact with CAMHS staff which added to the apparent growing frustration of school mental health leads and staff. In the view of some respondents this frustration was also felt by children, young people and families who had reported unmet expectations and feelings they had been left to cope on their own by the system.

Table 1: Qualitative analysis provided by respondents to the survey on CAMHS provision

Referral process
Thresholds to access service seem very high
Unsure how to access service
Waiting too long

Access to service
Access to CAMHS is not simple and must go via other agencies or family sent to GP
Discharged too soon
Schools already recognise strain on service access
Too difficult to access
Too long from referral to attending
Waiting list far too long

Positive outcomes
Information sharing can work and helps schools support pupils and families
Positive experience with CAMHS service
The difficulties of accessing CAMHS are not a reflection on staff - simply lack of resource
When appointments are made then CAMHS service is useful
When engaged with service the outcomes are good

Negative outcomes
CAMHS not helping schools to gather best information to then support pupils
CAMHS staffing and leads seem to change frequently disrupts and affects the continuity of support
Delays happen too often and in that time issues escalate for all concerned
Expect better communication with CAMHS
Not meeting the needs of pupils and schools
Relationships with CAMHS staff can be Indifferent and lacking communication
School staff feel under supported to help pupils and unsure if their help is even right
Staff give up referring and find alternatives
The wait leaves children and families vulnerable and at risk of lifetime MH conditions
Too few resources to support pupils and schools

Notes: Qualitative content themed using [NVivo 11](#)

Respondents also suggested a number of ideas and thoughts that may help children, young people, families and schools that could be explored by commissioners and service providers. Although not requested these were explicit in the qualitative responses and seen in table 2 below.

Table 2: Suggestions and opportunities within the qualitative analysis provided by respondents to the survey on CAMHS provision

Suggestions and opportunities
Access to residential MH assessment for both pupils who harm others as well as themselves
At times we need to support family circumstances before we can support child's MH issues
Better communication from CAMHS on their services and how to access all or any support
Can CAMHS run a triage service to assess need to then help sooner or not
Consider a Link CAMHS person through referral process and also feedback to school on support needs of their pupils in service
Develop multi-agency support meetings with CAMHS to increase effectiveness of interventions
Improve MH services at Transition from childhood to adulthood
Increase resources into primary school level MH support for early intervention and prevention
More appointments in school settings as this helps pupils and families
Use of new technology or even just telephone advice could help a more joined up approach

Notes: Qualitative content themed using [NVivo 11](#)

In table 3 below we see the frequency of reported and coded issues within the qualitative responses. This covers the headings in table 1 but provides more clarity on the strength of feeling from respondents on any given aspect. Those thought most important relate to: better communication with schools from CAMHS; generally difficulty in access that also relates to waiting too long for referral to be acknowledged and then too long for the pupil to start receiving support and likely as a consequence of this then the needs of pupils and schools not being met.

Table 3: Qualitative analysis provided by respondents to the survey on CAMHS provision as coded responses with frequency of recording

Coded response	Relates to	Number of Coding References
Expect better communication with CAMHS	Negative outcomes	19
Waiting too long	Referral process	14
Not meeting the needs of pupils and schools	Negative outcomes	13
Too long from referral to attending	Access to service	12
Too difficult to access	Access to service	10
Relationships with CAMHS staff can be Indifferent and lacking communication	Negative outcomes	8
The wait leaves children and families vulnerable and at risk of lifetime MH conditions	Negative outcomes	8
Waiting list far too long	Access to service	8
Thresholds to access service seem very high	Referral process	5
When engaged with service the outcomes are good	Positive outcomes	5
Positive experience with CAMHS service	Positive outcomes	4
CAMHS not helping schools to gather best information to then support pupils	Negative outcomes	3
Discharged too soon	Access to service	3
Delays happen too often and in that time issues escalate for all concerned	Negative outcomes	3
Schools already recognise strain on service access	Access to service	3
School staff feel under supported to be able to help pupils and unsure if their help is even right	Negative outcomes	3
Unsure how to access service	Referral process	3
Too few resources to support pupils and schools	Negative outcomes	3
Better communication from CAMHS on services on offer and how to access all or any support	Suggestions and opportunities	3
When appointments are made then CAMHS service is useful	Positive outcomes	3
Use of new technology or even just telephone advice could help a more joined up approach	Suggestions and opportunities	3
CAMHS staffing and leads seem to change frequently disrupts and affects the continuity of support	Negative outcomes	2
Staff give up referring and find alternatives	Negative outcomes	2
Access to CAMHS is not simple and must go via other agencies or family sent to GP	Access to service	1
Information sharing can work and helps schools support pupils and families	Positive outcomes	1
The difficulties of accessing CAMHS are not a reflection on staff - simply lack of resource	Positive outcomes	1

Notes: Qualitative content themed using [NVivo 11](#)

In order to summarise feelings around the coded responses there are below some quotes from the survey that may add some colour and context to the content

.....As a Head, I'm doing what I think is the right thing but I'm very aware that, as a non-specialist in this area, I might be doing more damage than good with the approaches we are adopting with certain pupils? I'm aware that 'person a' and 'person b' are at the end of the telephone for advice but feel sometimes you need CAHMS advice urgently. We referred a child last May and still are waiting to hear from someone. This child is at crisis point...

...Long waiting lists and assessment appointments that seem to have a long wait for the young person leaves some young people feeling abandoned, unsure of what is going on...

...What should be early intervention turns into critical intervention by the time the child is seen...

...We are well aware of the pressures on this service which means it is very difficult to access this support for children...

...This is not a reflection on the staff working in CAMHs but on the length of time it takes for our pupils to be seen after we have made a referral, which often takes place after very serious incidents have occurred ...

..CAMHS do provide a good service once a child has been allocated to them but unfortunately the waiting lists for CAMHS is too long...

Action for Children (AfC) Mental Health support services

In contrast, when Participants were asked if they accessed Action for Children support services in figure 4 below, only 5 schools (2 secondary, 1 Primary, 1 Special Primary and Hospital School) were using this option with 5 schools unsure or unaware of the service opportunity. Many of the schools appear not to be aware of this option and whether it was or was not available to them.

Figure 4: Do you access Action for Children Mental Health support services (as provided by Local Authority) for the pupils at your school?

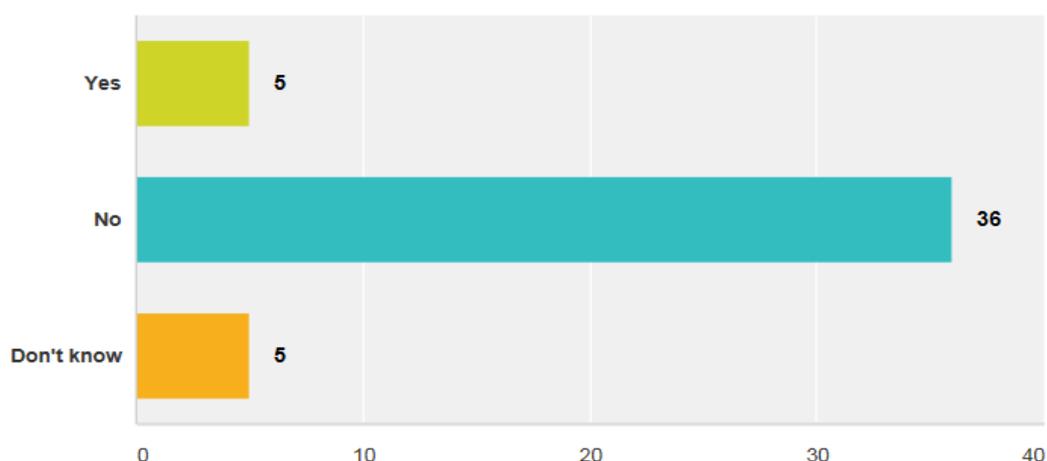
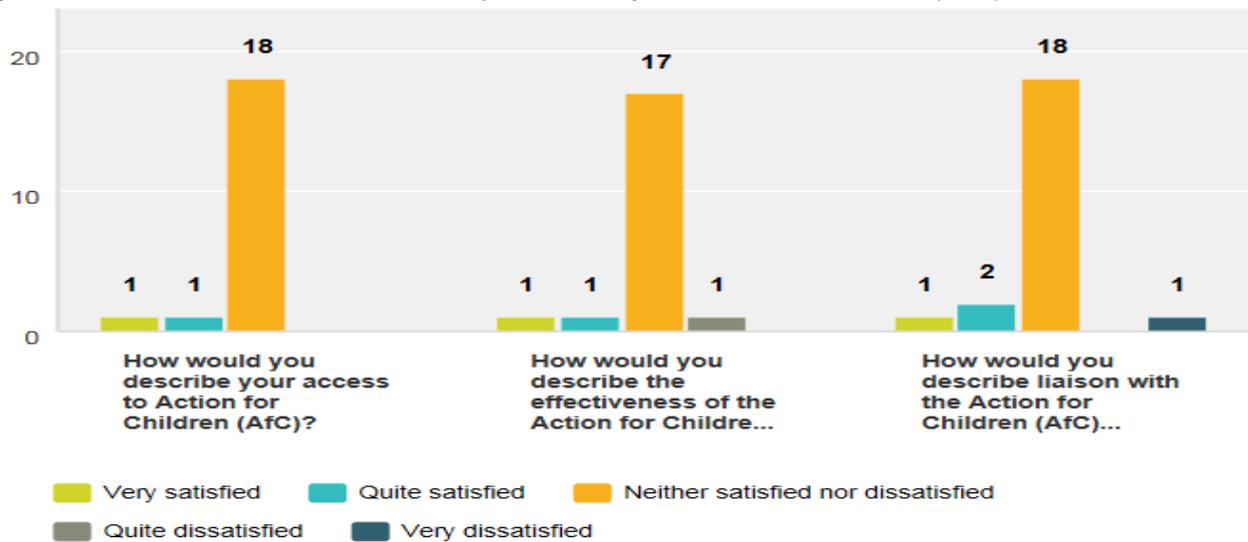


Figure 5 below provides a summary overview of responses from respondents on AfC services. In terms of the qualitative responses from the respondents in relation to Action for Children (AfC) then many more provided a comment than those who had noted their use of AfC. The vast majority highlighted the fact that they had never heard of AfC as a service provider. Those schools that had accessed AfC appeared to have had a positive outcome but there were too few respondent answers to form any clear perception of the service.

Figure 5: Your views on the service provided by Action for Children (AfC) service*



Notes:

Question 1 - How would you describe your access to Action for Children (AfC) service?

Question 2 - How would you describe the effectiveness of the Action for Children (AfC) service?

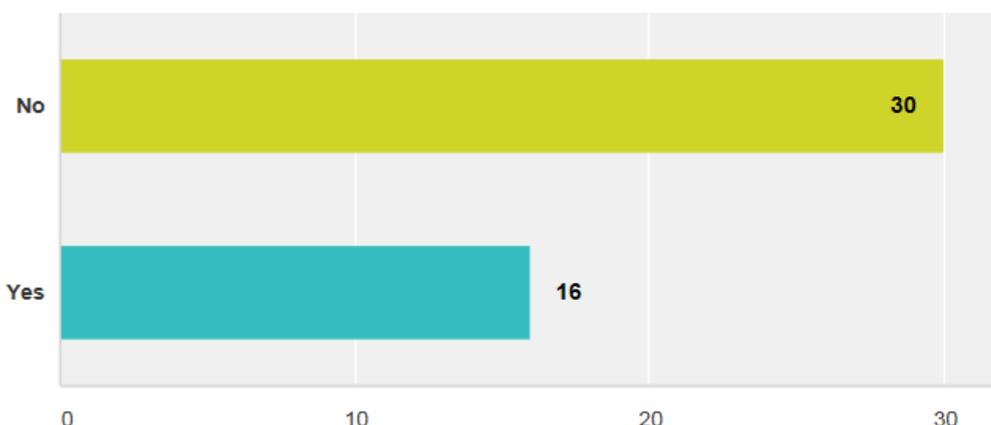
Question 3 - How would you describe liaison with the Action for Children (AfC) service? E.g. if you need to speak to an Action for Children (AfC) service worker about a child

*Of the 46 completing the survey only 22 answered this question – many of the comments also highlighted that they were not aware of the service so we can assume those who did not answer this question were also those not aware of the offer.

[Additional Mental Health support services for the pupils](#)

Participants were asked if they bought additional mental health support service provision for their school to support their pupils and as seen in figure 6 below with 16 of 46 schools, or 35% of respondents, undertaking this additional option.

Figure 6: Do you buy-in additional Mental Health support services for the pupils at your school?



Notes:

Other than that provided by CWP through CAMHS and that from the Local Authority through Action for Children
One school added that they did not buy in services over and above CAMHS as they had been unable to access their service via a SLA and had accessed alternate provision as Brighter Horizons 4U – counselling*

The services and additional options being bought-in by the 16 schools were:

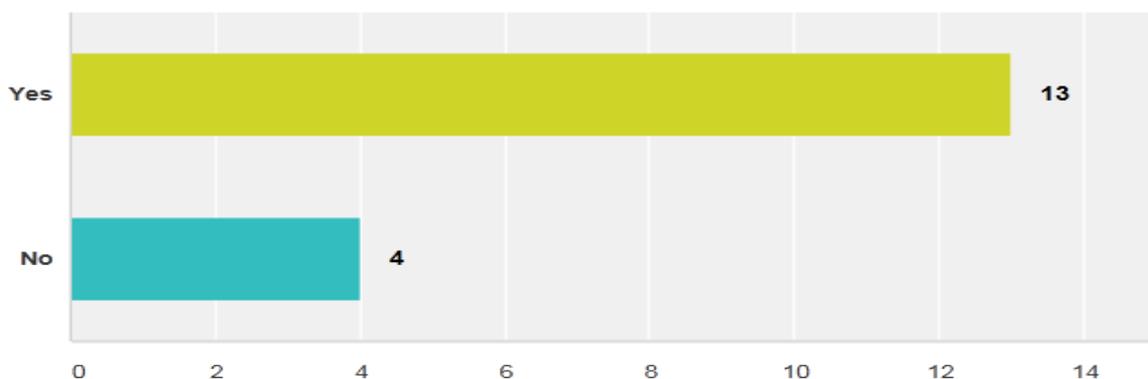
- Education Psychology Service
- Learning Mentor
- Pressure Point Support
- Thumbs Up
- Brook Counsellor
- Solution Focused Therapy
- Catholic Children’s Society
- Play Therapist/Therapist
- CHEDS
- Positive Resolutions
- Counselling Service
- Family Support Worker (MH sessions)
- Joseph Paxton School
- Resilience Trainers
- Tanner Community Project
- Brighter Horizons 4U*

Participants were also asked if for those additionally bought in Mental Health support services providers were accredited by a professional body that sets their industry standards to be adhered to and nearly all the instances the respondents confirmed that each additional provider was accredited and adhering to the necessary standards. For certainty this may require further clarification for those noted as not being accredited

[Criteria to access any additional bought-in Mental Health support services](#)

Respondents were asked if they applied any site based criteria that would make these additional mental health support services available to pupils and as seen in figure 7 below.

Figure 7: Do you apply any criteria for pupils to access any additional bought-in Mental Health support services?



The criteria being applied are covered in table 5 below.

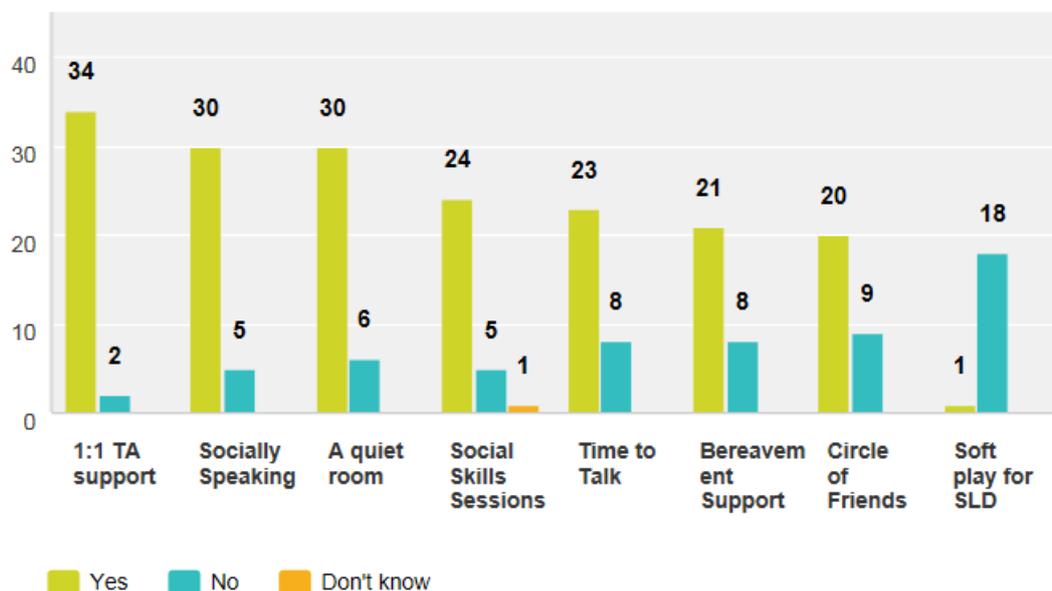
Table 5: Reported criteria applied by schools for pupils to access additional mental health support services

Response
4 schools reported there was no criteria applied in order to access the services
Others include
When Pupils attendance and progress will be affected by their mental health
The Deputy Head may seek the advice of the educational psychologist regarding best course of action. Educational psychologist is used for building mental resilience and well-being not therapy. Head of Year makes a judgement regarding whether a pupil/student would benefit from a session with the counsellor and contacts parents for aspects such as Pupil experiencing a higher than usual level of anxiety/distress that has not been addressed satisfactorily using the usual pastoral systems.
Staff discussion and recommendation.
The emotional well-being of the child is causing concern to parents/ carers and/or school staff.
Criteria for access to Play Therapy are identified by teachers and parents. Children and families who have been supported by school regarding behaviour and emotional issues for over a term will be considered. HT and play Therapist discuss needs of pupils and identify those who are causing concern or at risk of moving towards exclusion. The play Therapist carries out teacher/parent audits after initial meeting with HT.
Often a result of TAF/CIN actions. Changes in a child's family circumstances. Support for Pupil Premium/disadvantaged
We have an entry and exit criteria as part of our referral system that includes - self-harm, physical and/or medical needs impacting mental well-being, traumatic event, emotional and/or mental health difficulties impacting education, withdrawn or isolating behaviour, signs of depression/low self-esteem, difficult home circumstances – recent or on-going and risk-taking behaviour
Identified as having mental health issues On school's SEND list Specific one off needs in times of stress Unable to cope
Referral system
Identification of need
Mental health issues a barrier to attendance or educational outcomes
No set criteria as such but Individuals are identified as needing some extra support with resilience and confidence - seen as very early intervention - whole class to small groups to individuals with issues such as disengaging from curriculum, looking sad or maybe depressed and demotivated, giving up on activities and tasks, behaviour in school or at home is causing concern.

[In-house support and/or programmes by school teaching or support staff](#)

Participants were asked to consider their schools provision of in-house options and opportunities to support their pupils. A pre-populated list was provided with the option to add additional provision unique to their school setting and can be seen in figure 8. The options that received the highest recognition from respondents were the variety of 1:1 support in school, having a quiet room for pupils to access, Socially Speaking plus Social Skills Programmes and then a range of other interventions often used such as Time to Talk, Bereavement Support and Circle of friends. Equally many schools had local solutions they were using also noted in table 6 below.

Figure 8: Range of support and/or programmes delivered in-house by school teaching or support staff



Notes: Full name of additional support 1:1 TA and other types of 1:1 support during crisis, [Socially Speaking](#), Access to a quiet room, Social Skills Programme, [Time to Talk](#), Bereavement Support, Circle of Friends and Soft play for SLD

Table 6: Additional alternate support and/or programmes delivered in-house by school teaching or support staff

Type of MH Intervention	Number of schools operating this intervention
One to one counselling - support	7
Learning Mentor/Support	3
Behaviour Mentor	3
Lego Friends/Therapy	2
Coaching	2
Seasons for Growth	2
Emotional Literacy	1
Anger Management	1
Friendship Club	1
Pupil Centred Plans	1
Behaviour Plans	1
Rainbows	1
Best Self	1
Little Brothers ASB Programme	1
Tranquillity Programme	1
Massage/Aromatherapy	1
MindMaths	1
Tapping	1
Draw and Talk	1
Seeing Red	1
Elephants Tea Party	1
Muddles, Puddles and Sunshine	1
Protective Behaviours	1

Type of MH Intervention	Number of schools operating this intervention
Family Work	1
Seal programme	1
Think yourself great	1
HeartMath	1
Next Steps	1
Listening Ear	1
When worries get too big	1
The big bag of worries	1
Mental Health discussion/support group	1
IEMT	1
Mindfulness	1
Behaviour Management	1
Yoga	1
Personalised / reduced timetables	1
Relaxation techniques / strategies	1

Notes: Hyperlinks are added for information and are not endorsements of that site – readers should research the topic further to reach their own conclusions.

[Issues currently affecting the mental health and wellbeing of pupils](#)

Participants were asked to note the issues they felt were affecting their pupils mental health and wellbeing the most and go on to rank the 5 they felt were of greatest concern to their school. This provided 245 suggestions as to key situations or influences on their pupil's mental health. Table 7 below provides the headlines of those recorded issues, post ranking, then highlighted in related themes with those listed as scoring at least once as number one concern. The responses generally covered these three themes:

- those related to the family,
- those related to the individual circumstances and
- issues happening around the child or young person

Although family issues topped table 7, overall it was felt that anxiety, self-esteem, low mood, behaviour issues and self-image were the greatest issues affecting the mental health and wellbeing of students.

This is followed by issues within families such as chaotic home life, family breakdown, parenting skills and a range of issues around the home. Finally there were issues impacting the child or young person out of their control such as issues with friendships and relationships, family bereavement, social media, exams and school life itself

Although the respondents were asked to note and rank the key issues that in turn have been separated into these three categories as stated, in essence they are intrinsically linked and attempts to isolate one aspect could prove difficult given their inter-related nature and may need to be supported or addressed in their multiplicity.

There are several additional highlights which in some way can be connected to the personal mental health and wellbeing and the pupils home life (see [Appendix 3](#) & [Appendix 4](#)) so as stated above the list should be considered in its entirety for links and relationships across issues and especially when considering options and opportunities for interventions.

Table 7: Issues considered as currently affecting the mental health and wellbeing of pupils

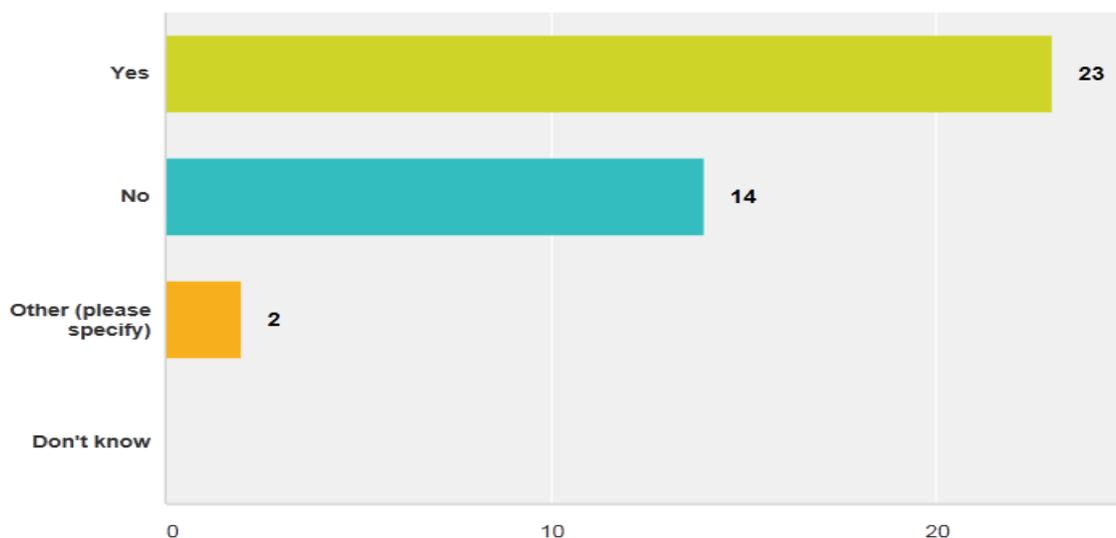
Issues as identified by respondents	Ranked by respondents					
	1st	2nd	3rd	4th	5th	Total
Negative Family Circumstances	20	32	3	2	0	57
High individual levels of anxiety, depression & stress	10	32	6	4	0	52
Self-Esteem	10	8	21	4	3	46
Chaotic Home life	20	4	0	0	0	24
Parental Behaviour/Parenting Skills	5	8	6	2	0	21
Behaviour outbursts	5	8	6	2	0	21
Social Interaction, Friendships and Relationship Issues	5	4	3	2	2	16
Self -image	5	0	3	6	2	16
Family discord also acrimonious Parental Separation	10	0	3	2	0	15
Bereavement	0	8	3	2	1	14
Exams (anxiety/expectation)	5	0	3	2	3	13
Negative emotions - anger and frustration	5	4	3	0	0	12
Low mood	5	0	3	4	0	12
Behaviour/Anger Management	5	0	3	4	0	12
Issues as identified by respondents (continued ...)	Ranked by respondents					
	1st	2nd	3rd	4th	5th	Total
Self-Harm	10	0	0	2	0	12
Social Media & Internet	0	4	6	2	0	12
Domestic Violence (seeing/stress of)	5	4	0	2	0	11
Social Circumstance & Social Climate	10	0	0	0	0	10
Stress following parental separation	5	4	0	0	0	9
Autism/ASD	5	4	0	0	0	9
Suicidal thoughts and actions	5	0	0	0	0	5
11+ results & choice of school for Y6	5	0	0	0	0	5
Poor school readiness	5	0	0	0	0	5
Over thinking situations	5	0	0	0	0	5

Notes: The table has those issues ranked at least once as first/most importance by a participant then a score higher than 5 if not ranked as such. Ranking by respondents then provided score of 1 to 5 points with the issues ranked 1 receiving 5 points, ranked 2 with 4 points and so on – these points were then collated for an overall ranking score. It is accepted that a number of aspects could be collated together in a number of ways and all should be considered when determining any potential further action or activity

Additional Speech & Language (SALT) services

Respondents were asked to consider their provision of speech and language therapy services (SALT) and particularly if they were purchasing additional support at their school. In figure 9 we see that 23 of the 46 schools do currently purchase additional SALT provision.

Figure 9: Do you purchase additional Speech & Language (SALT) services for the pupils at your school over and above the core NHS SALT service?

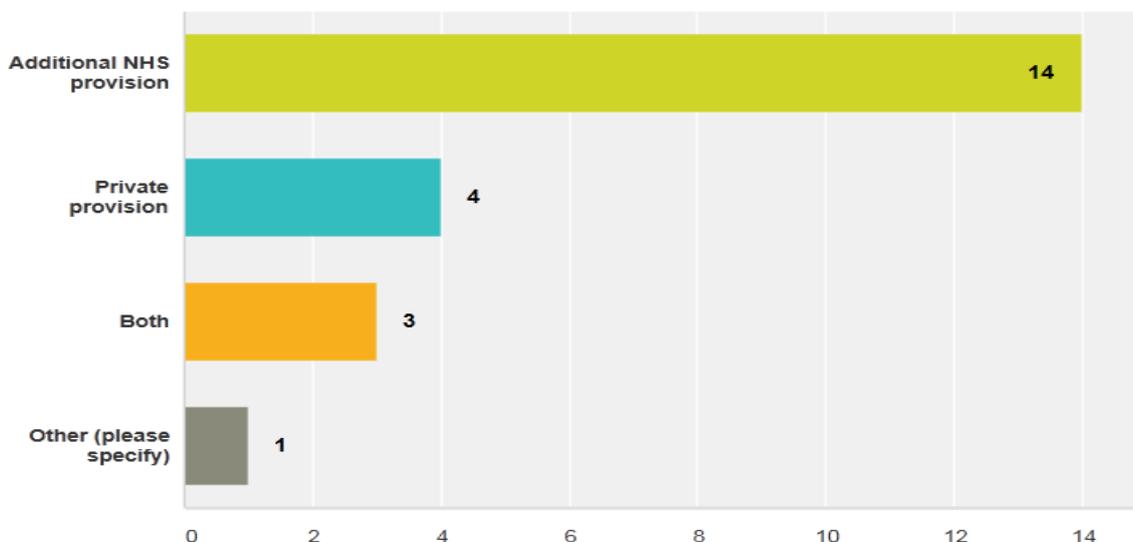


Notes:

Numbers may not match to overall total respondents where individual skipped questions and corresponding answers Other (please specify) is 1 x TA employed to complete SALT full time and 1 x We have purchased Time to Talk in the past but have been unable to do so this year because of financial constraints.

As we see in figure 10 below this is predominantly from NHS services with 14 schools choosing only NHS to provide additional capacity, 3 schools a combination with private providers and NHS and 4 schools employing just private provision.

Figure 10: Provider of these additional Speech & Language (SALT) services



Notes:

Numbers may not match to overall total respondents where individual skipped questions and corresponding answers – one school did not record who provided their additional SALT provision. Other (please specify) is 1 x TA led

Appendix

[Appendix 1 - Blank Survey with questions](#)

Access blank survey [here](#)

[Appendix 2 - Schools participating in survey](#)

- Bebington High Sports College
- Bedford Drive Primary School
- Bidston Avenue Primary
- Birkenhead Park School
- Brookhurst Primary
- Castleway Primary
- Christ Church C of E Primary School, Moreton
- Christ the King Primary School
- Clare Mount Specialist Sports College
- Devonshire Park
- Eastway Primary School
- Egremont Primary School
- Ellera Park
- Emslie Morgan Academy
- Fender Primary
- Gilbrook School
- Greasby Infant School
- Higher Bebington Junior School
- Hillside Primary School
- Hoylake Holy Trinity
- Meadowside School
- Mendell Primary School
- Mersey Park Primary
- millfields
- Mount Primary School
- New Brighton Primary
- Orrets Meadow School
- Our Lady of Pity School
- Pensby High School
- Prenton High School for Girls
- Prenton Primary
- Sandbrook
- St Joseph's Catholic Primary School Upton
- St Paul's RC Primary
- St. Alban's
- Stanton Road Primary

- The Priory Parish CE Primary School
- Thingwall Primary
- Town Lane Infant School
- Townfield Primary School
- Upton Hall School FCJ
- Weatherhead High School
- West Kirby Grammar
- West Kirby Primary School
- Wirral Hospitals' School
- Woodlands Primary School

Appendix 3 – Respondent ranking of key MH issues at their school

From your answers to question 16 - please rank the 5 you consider to be currently of greatest significance to your school at this time (with 1 ranked as most important and 5 as least for comparison)				
1	2	3	4	5
being able to manage their emotions - especially anger and frustration	being able to share feelings	managing anxiety	building resilience	Not answered
Parenting	Domestic violence	alcohol	family breakup	Not answered
Suicidal thoughts and actions	Behaviour outbursts and mental health breakdowns	Past traumatic experiences	Self-harming	Obsessive Compulsive Disorder type behaviour
self-esteem	friendships	family splits	relatives death	end of key stage exams
family circumstances	peer pressure	challenging behaviour	low mood	self-image
Family discord/ acrimonious parental separation	Family bereavements	Struggling parents	Anxiety and low mood	Friendship issues/ bullying
Lack of respect - no boundaries at home, children seem to rule the roost	Gang culture - older siblings involved in drugs and this has an effect on the whole family	Social Media	Girls are exposed to inappropriate image in the media - they aren't focused on academic achievement.	Mental health of parents
behaviour/mental health of adults	behaviour outbursts	self-esteem	Not answered	Not answered
Low mood	Depression	Anxiety	Self-image	Self-worth
11+ results & choice of school for Y6	dealing with issues outside of school - all ages	self-esteem at all ages	11+ test this week	self-image
Social circumstance	Sensory processing disorders	Being wrongly placed in a school	Self esteem	Communication
Social Climate	Learnt behaviour from parents	Low self Esteem	Deprivation	Motivation
Stress following parental separation	Bereavement	Stress relating to families with drugs/alcohol misuse	Stress relating to family DV	Obsessive Compulsive Disorder
self esteem	family upheaval & parenting issues	behaviour management	Not answered	Not answered
Home life	Stress & pressure	Internet	Bullying	Looked after children
Poor school readiness	Parental Break ups	Poor parenting skills which impact on behavioural outbursts	Not answered	Not answered
anxiety	Autistic Spectrum Disorders	behaviour outbursts	self-esteem	compulsive outbursts
Exams	Family dynamics	Not answered	Not answered	Not answered
Impact of family circumstances - CP, LAC, chronic neglect	Sexuality issues	Relationship issues	Body image/societal pressures	Academic pressures and demands
Self -image	Anxiety	Self-esteem	Behaviour outburst	Not answered
Chaotic Family lives	Low self esteem	Parent's poor mental health	Poor behaviour management	Lack of social skills
Behaviour outbursts	Anxiety	Parenting	Online	Bereavement
Anger Management	Anxiety	bereavement	Not answered	Not answered
Domestic Violence	Family circumstances	self-image/ confidence	peer pressure	academic expectations
self-harm	family issues	self esteem	anxiety	Friendships

1	2	3	4	5
Self-harm	Anxiety	Pressure to succeed / fear of failure	Lack of resilience	Sexuality
Parental/ family troubles	low self esteem	Lack of control over emotions	Low resilience	lack of parental support
over thinking situations	pressure from social media	anxiety about examination success and future	anxiety about home issues	unhealthy lifestyle
issues at home	anxiety	self-esteem	behavioural difficulties	Not answered
social interaction	communication difficulties	self esteem	confidence	Not answered
High levels of anxiety	lack of resilience	Depression	Family Issues & home life impacting on child	Attachment issues
disordered home life	permanent exclusion	parental substance misuse	low aspirations outside school	poor levels of numeracy and literacy affecting self esteem
Autistic Spectrum Conditions	Anxiety	Low mood	Friendships	Self esteem

Note: answers in appendix 3 above are recorded in a random order and do not match to schools listed alphabetically in appendix 2

[Appendix 4 - Full list of issues identified by respondents in question XX of survey](#)

Issues as identified by respondents	1st	2nd	3rd	4th	5th	Total
Negative Family Circumstances	20	32	3	2	0	57
High individual levels of anxiety, depression & stress	10	32	6	4	0	52
Self-Esteem	10	8	21	4	3	46
Chaotic Home life	20	4	0	0	0	24
Parental Behaviour/Parenting Skills	5	8	6	2	0	21
Behaviour outbursts	5	8	6	2	0	21
Social Interaction, Friendships and Relationship Issues	5	4	3	2	2	16
Self -image	5	0	3	6	2	16
Family discord also acrimonious Parental Separation	10	0	3	2	0	15
Bereavement	0	8	3	2	1	14
Exams (anxiety/expectation)	5	0	3	2	3	13
Negative emotions - anger and frustration	5	4	3	0	0	12
Low mood	5	0	3	4	0	12
Behaviour/Anger Management	5	0	3	4	0	12
Self-Harm	10	0	0	2	0	12
Social Media & Internet	0	4	6	2	0	12
Domestic Violence (seeing/stress of)	5	4	0	2	0	11
Social Circumstance & Social Climate	10	0	0	0	0	10
Stress following parental separation	5	4	0	0	0	9
Autism/ASD	5	4	0	0	0	9
Suicidal thoughts and actions	5	0	0	0	0	5

Issues as identified by respondents	1st	2nd	3rd	4th	5th	Total
11+ results & choice of school for Y6	5	0	0	0	0	5
Poor school readiness	5	0	0	0	0	5
Over thinking situations	5	0	0	0	0	5
lack of resilience	0	4	0	6	0	10
drugs and alcohol abuse/families	0	0	9	0	0	9
Sexuality issues	0	4	0	0	1	5
communication difficulties	0	4	0	0	1	5
Bullying/peer pressure	0	0	0	4	1	5
peer pressure	0	4	0	0	0	4
Gang culture	0	4	0	0	0	4
permanent exclusion	0	4	0	0	0	4
Bottling up Feelings	0	4	0	0	0	4
Sensory processing disorders	0	4	0	0	0	4
Parent's poor mental health	0	0	3	0	1	4
Low aspiration (self/parental)	0	0	0	2	2	4
Being wrongly placed in a school	0	0	3	0	0	3
Pressure to succeed / fear of failure	0	0	3	0	0	3
OCD type behaviour	0	0	0	0	3	3
Deprivation	0	0	0	2	0	2
Lack of confidence	0	0	0	2	0	2
LAC	0	0	0	0	1	1
Unhealthy lifestyle	0	0	0	0	1	1
Attachment issues	0	0	0	0	1	1