**Warwickshire School Health and Wellbeing Service**

**Case Study**

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| **Name:** | **School staff nurse** | **Warwickshire Area:** | **Caldecote – North Warwickshire**  |

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| **Please could you describe the issue the service user/s were experiencing and seeking advice for?** |
| Prior to COVID-19 restrictions, I received a referral for a 15 year old who was experiencing a high level of anxiety that had prevented him from attending school since December 2019. The young person was also identified to be open to an Early Help at present. |
| **Please describe the care you provided:** |
| Prior to COVID-19 restrictions, I had the opportunity to attend the most recent early help meeting and meet with the professionals working with the young person and his family and also the parent. During this meeting it was identified that the young person had been advised by a GP that he may have ‘clinical depression’ and advised that he would be referred to CAMHS for support around this. This was identified to have been in December 2019 and in February 2020 no update had been provided to Mother/ the young person. I arranged at this early help meeting to meet with the young person in a children’s centre during half term. At the point of restrictions being introduced, this meeting had to be cancelled, however I kept the meeting in my diary and on the day and time planned, contacted Mother by telephone. I received an update from Mother on the young person’s presentation currently. Mother identified that he continued to be low in mood, to have sleep issues, to be angry frequently and to appear lacking in motivation. Mother identified no self-harm or suicidal thoughts. Mother then gave the phone to the young person, who left the room Mother was in and went to his bedroom where he could be alone and speak freely with me. The young person identified similar feelings to those his Mother had expressed, however also identified that he was at present self-harming by hitting himself in the legs, arms and stomach. The young person consented to school health speaking with Mother about this to ensure his safety and reported he had been trying to ‘find a way’ to tell Mother for a while but was unsure how and was glad to have someone who he could talk to who would then share this with Mother. The young person reported that he felt he was never listened to by anyone other than his Mother prior to this contact with school health and felt he could not revisit the GP or speak with teachers/ friends as he felt he would be seen to be ‘attention seeking’. I had the opportunity to spend 40 minutes speaking with the young person and was able to hear an audible lift in his voice from the beginning of the conversation where he identified he thought I may be another professional who ‘wouldn’t listen’ to the end of the contact where he recognised that he had widened his support network. During the telephone call both Mother and the young person consented to me contacting CAMHS to determine whether a referral had been made to them by the GP, which I completed directly after the call and was informed that it had not. I therefore then called the young person and Mother back and completed this referral with them via telephone. I provided the young person with our Chathealth contact details and send our useful website list in the post with key websites highlighted for him to explore around mood and self-harm. I explored some self-harm distraction strategies with the young person that he reported he would trial and also discussed mood lifting activities such as exercise and his hobbies and passions. I also discussed sleep hygiene with both the YP and Mother, providing advice and recommendations for improved sleep. At the end of the call I booked a follow up telephone call with the young person in 2 weeks’ time to review  |
| **Please describe the outcomes of the care provided to the service user:** |
| * Widened support network – YP now aware of school health and has a contact who he can trust and talk to.
* Referral made to CAMHS for 1:1 targeted support when available.
* Given Self-harm distraction strategies to explore.
* Given useful website list to explore and key APPs and websites highlighted for direction and ease.
* Plan made with YP to begin exercise and re-explore hobbies and passions.
* Plan made around improving the YP’s sleep.
* Multiple contacts provided to the YP including chathealth and office number provided to Mother.
* Plan made to review the young person via telephone in 2 weeks’ time.
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| **Could you describe the impact of your intervention:** |
| Both the young person and Mother described feeling they were heard and listened to. An audible lift was heard in the young person’s voice when he recognised that he was able to talk openly and honestly with school health, be heard and action be taken. Mother expressed relief that I was able to recognise her concerns and built a rapport with the YP who she shared is a ‘closed book usually’. As a result of this intervention being completed, despite being virtual rather than face to face, I was able to build a picture of this YP’s lived experience and his feelings/ struggles and as a result able to put plans in place both for now and for when face to face contact is permitted.I was able to provide the same level of care and service to a young person and ensure that positive impacts were made, despite current restrictions and able to provide the YP with the reassurance that they are not alone.  |