for system change

An essential framework for communities who are supporting the mental health and wellbeing of children, young people and families

THRIVE Framework for system change

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Disclaimer

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What is the THRIVE Framework?

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.

It aims to talk about mental health and mental health support in a common language that everyone understands.

The Framework is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

The THRIVE framework is for:

- ***all*** children and young people aged 0–25 within a specified locality
- ***all*** families and carers of children and young people aged 0–25 within a specified locality
- ***any*** professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others).

Image by Myles Tan from Unsplash

The story so far

Since its creation, the THRIVE Framework has been extensively implemented across England. It has been the basis for service transformation plans in many child and adolescent mental health services.

The i-THRIVE Programme is a national programme using an evidence-based approach to support over 75 sites across England, Northern Ireland and Scotland to implement the THRIVE Framework. Half of all children and young people in England live within a locality that is a member of the i-THRIVE Community of Practice and THRIVE is recommended in the NHS Long Term Plan (January 2019).

There are three existing iterations of the Framework. Each includes further detail than the last while the fundamental ideas of the Framework are unchanged.

1. ***THRIVE: The AFC-Tavistock Model for CAMHS*** (2014).

2. ***THRIVE Elaborated*** (2015). Included more details of the work on case mix adjustment to underpin a new payment system for child mental health services that influenced the development of the Framework.

3. ***THRIVE Elaborated: Second Edition*** (2016). Included a new foreword emphasising the multi-agency and multi-sector scope of the Framework.

The THRIVE Framework

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:

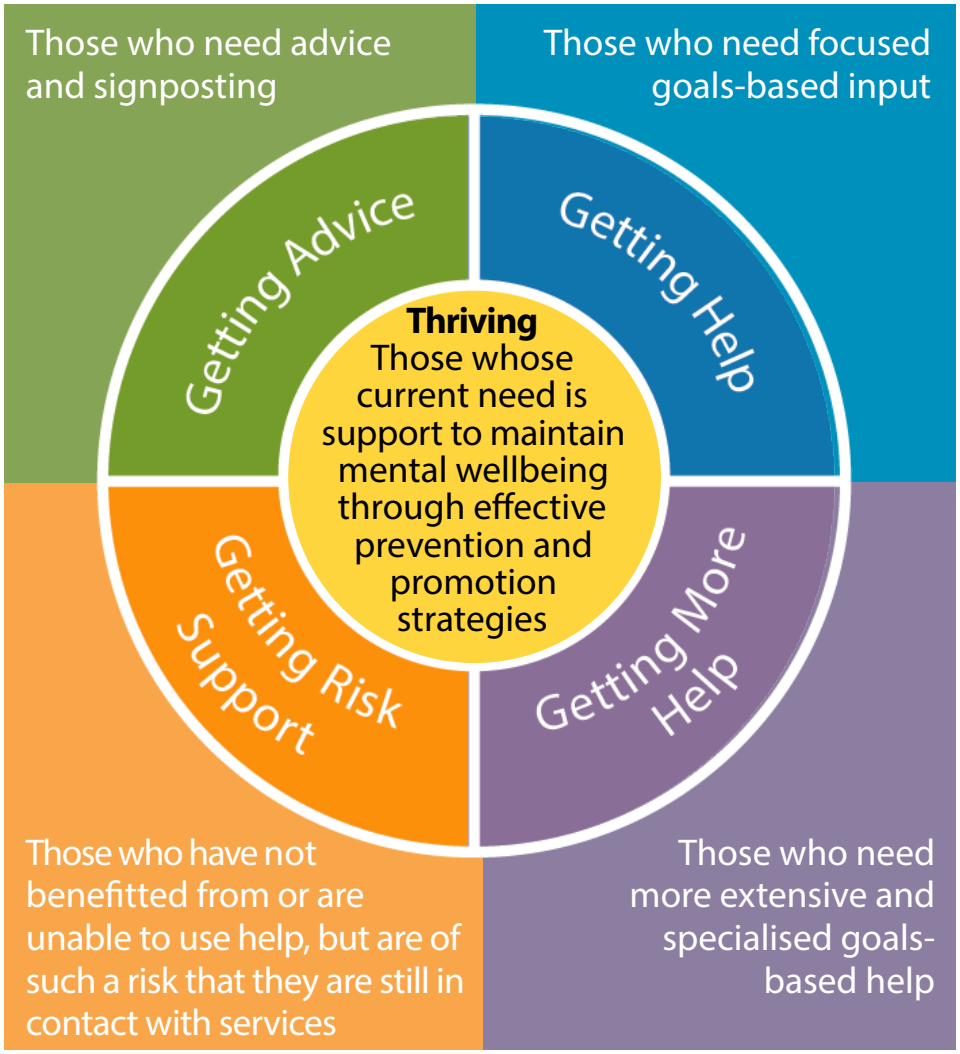


Image by Kendra Kamp from Unsplash

Thriving

Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies

Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They are considered to be in the *Thriving* group.

They may however benefit from prevention and promotion and communities implementing the THRIVE Framework should consider how best to support such initiatives at a system level.

Within this grouping are children and young people who are particularly vulnerable due to a range of social factors such as poverty, poor education, abuse or neglect; environmental factors including injustice, discrimination, and social and gender inequalities; and individual factors such as experience of abuse, a learning disability, or physical health problems.

Particular care may need to be taken by the system to try to systematically address the issues that put these children at risk and to ensure these groups have access to prevention and promotion strategies that meet their needs.

Image by Natasha Kasim from Unsplash

Within this grouping are children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support.

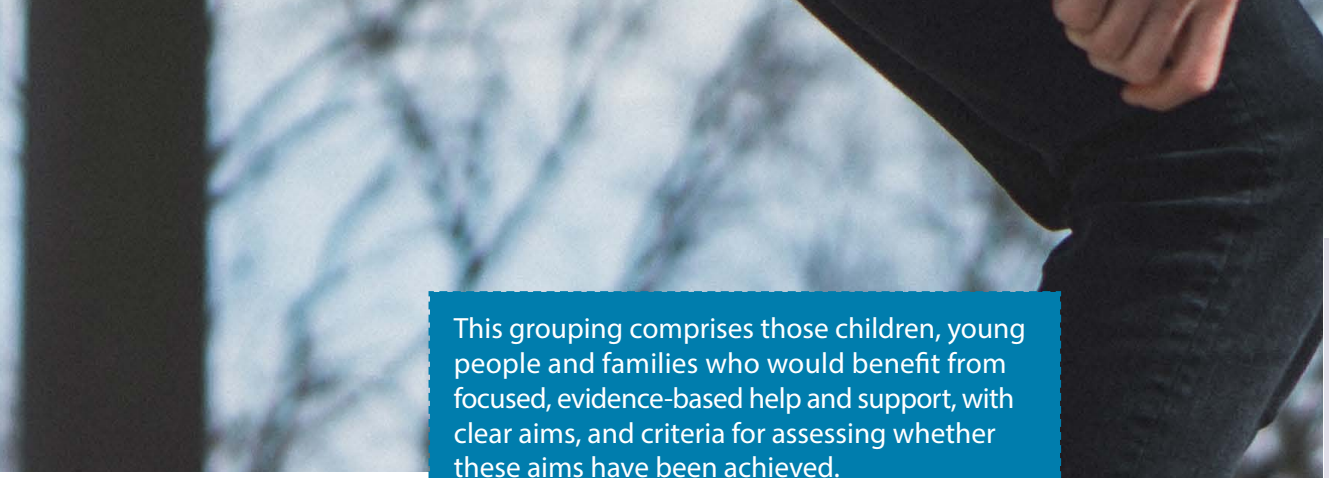
This group may also include, however, those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Getting Advice

Those who need advice and signposting

This group includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input.

Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.



This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved.

Getting Help

Those who need focused goals-based input

This group comprises those who need specific interventions focused on agreed mental health outcomes.

An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group.

The professional may not necessarily be a trained mental health provider, but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue.

Interventions are characterised by an explicit shared understanding from the outset of:

- what a successful outcome would look like
- how likely this is to occur by a specific date
- what would happen if this was not achieved.

Emphasis is placed on ending an intervention if it is felt not to be working or if the gains no longer outweigh the costs or potential harm.

Getting More Help

Those who need more extensive and specialised goals-based help

This is not conceptually different from *Getting Help*. It is a separate needs-based grouping only because need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality.

It is for each community to determine the resource allocation threshold that defines *Getting More Help* from *Getting Help*.

There are no hard and fast rules as to who needs *More Help* but the following are frequent indicators:

- the child or young person is completely unable to participate age appropriately in daily activities in at least one context (e.g. school, home, with peers)
- they may even be unable to function in all domains (e.g. staying at home or in bed all day without taking part in social activities)
- they need constant supervision (due to their level of difficulties they are no longer managing self-care) and experience distress on a daily basis.

This grouping also comprises those children, young people and families who would benefit from focused, evidence-based interventions, with clear aims, and criteria for assessing whether these aims have been achieved.

It encompasses those young people and families who would benefit from extensive intervention.

This grouping might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder (ASD), major trauma or broken attachments.

Image by Lexie Barnhorn from Unsplash

Getting Risk Support

Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

The aim of specifying a category of *Getting Risk Support* is for all partners to be clear that what is being provided is managing risk ONLY.

It is important to note that there are likely to be risk management aspects in all groupings. However, in the context of high concerns but lack of therapeutic progress for those in this group, risk management is the sole focus.

Children or young people in this grouping may have some or many of the difficulties outlined in *Getting Help* or *Getting More Help* above BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others.

Children, young people and families in this grouping are likely to have contact with multiple-agency input such as from social services and youth justice.

This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk.

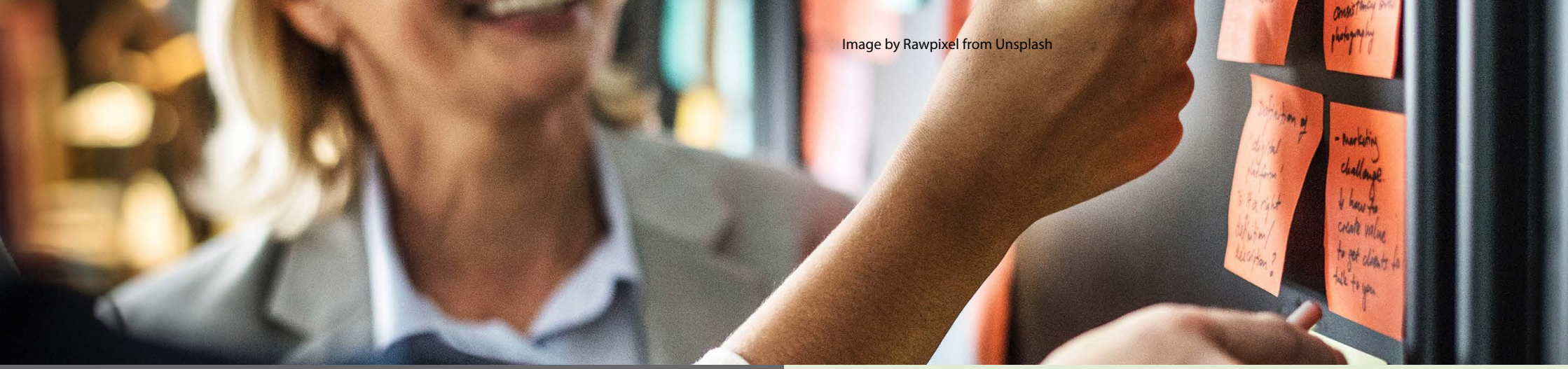
This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference; who self-harm; or who have emerging personality disorders or ongoing issues that have not yet responded to interventions.

Image by mentatdgt from Pexels

Why is the THRIVE Framework important?

Implementing the THRIVE Framework is anticipated to result in:

- Improved functioning and life chances of all children, young people and their families in the area.
- Children, young people and families being more empowered to manage their own mental health and make the best use of the resources available, including managing any ongoing mental health issues.
- Children, young people and families feeling more involved in decision making about the help and support they receive.
- Children and young people's mental health needs being identified and appropriately responded to earlier.
- Professionals supporting children, young people and families reporting more positive experiences of partnership working.
- Improvement in access to appropriate mental health help and support: reduction in waiting times for specialist mental health and wellbeing help (fewer inappropriate referrals and discharges) across the system.
- Increased engagement and attendance across the system (greater opportunities for support to be provided within the community where appropriate and preferred).
- Reduction in children and young people passed from one place to the other via inter-agency referrals (greater inter-agency understanding and vision of what can be helpful in supporting children and young people's mental health and wellbeing).
- Greater openness and a shared understanding between all target groups about when to end help.
- Shared outcome framework understood by all target groups.



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The THRIVE Framework Principles

The THRIVE Framework Principles are the basis for all support options provided by those implementing the THRIVE Framework. They should be embedded in everything the service or community does.

1. Common Language

Common conceptual framework (five needs-based groupings: *Thriving, Getting Advice*, *Getting Help*, *Getting More Help*, *Getting Risk Support*) shared across all target groups.

2. Needs-Led

Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system.

3. Shared Decision Making

Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person.

4. Proactive Prevention and Promotion

Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

5. Partnership Working

Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-based groupings.

6. Outcome-Informed

Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved.

- Discuss the limits and ending of interventions.
- Differentiate treatment and risk management.
- Consider full range of options including self or community approaches.

7. Reducing Stigma

Ensuring mental health and wellbeing is everyone's business including all target groups.

8. Accessibility

Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

What does it look like in practice?

The THRIVE Framework Indicators and Case Examples

The THRIVE Framework Indicators are the basis for all support options provided by those implementing the THRIVE Framework. They should be embedded in everything the service or community does.

1. Cross-sector working based on a common language built around the five needs-based groupings is supported

TOP TIPS

- Use a common language to understand need.
- Encourage shared knowledge and learning and therefore a greater overview of different forms of help and approaches to support mental health.
- Ensure a high level of respect for colleagues in other sectors.
- Place confidence in each sector in supporting mental health.
- All professionals in the system to be supported appropriately including appropriate information sharing across target groups.
- Ensure use of THRIVE language: needs-based groupings.
- An implementation team may be crucial.

RESOURCES

See p.24 for further details

1. CASCADE Framework
2. Current View Tool
3. Summer School
4. i-THRIVE Academy Module: Getting advice: assessment and signposting
5. Choice and Partnership Approach (CAPA)

Image by Aaron Burden from Unsplash

Cross-sector Network Meetings in relation to supporting children and young people with eating disorders, *Greater Manchester, 2018*

"The three teams meet for quarterly Network Meetings focused on data sharing, engagement in case discussion forums and reflective practice, and continued professional development. Once these services form mature networks, they plan to have quarterly case-study opportunities where young people and families can talk about their experiences and for the families to participate in the co-development of the pathway.

Meetings are attended by the specialist community eating disorder teams, BEAT from the voluntary community sector, representatives from cluster schools who have engaged with BEAT, commissioners, Greater Manchester Digital, and young people and families.

There is a system-wide approach to service delivery, continuous improvement, relationship development and capacity building, and improving the service users' experience by ensuring equitable access and improved outcomes."

Dr Sandeep Ranote, Greater Manchester CAMHS

Ensuring working relationships between all staff levels, *Camden, 2018*

"A lot of work needs to be carried out to integrate levels and ensure there are working relationships between the different levels of management, alongside consistent messages being promoted across all levels.

In Camden, 'Systemic Champions' ensure sustainability and are representative of all parts of the service and different levels, so it isn't just social workers, it also includes senior practitioners and senior managers. There are extended management meetings, providing senior practitioners with forums to present their work. It's important to provide such mechanisms for different levels of staff to come together to share and work collaboratively to embed the model."

Paul Dugmore and Karen Partridge, Tavistock and Portman NHS Foundation Trust

2. Mental wellbeing, early intervention and help are prioritised

TOP TIPS

- Focus on active prevention and health promotion strategies.
- Support children, young people, parents and carers to have conversations around mental health with professionals (e.g. GPs, health visitors, teachers, youth workers, sports coaches, spiritual leaders, social workers) with whom they already have a relationship.
- Facilitate early help seeking and collaborative intervention strategies that consider professional, self-help and community interventions.

RESOURCES

See p.24 for further details

1. Self-care webpages
2. On My Mind
3. Talking Mental Health
4. Mentally Healthy Schools
5. We all have mental health

Image by Thiago Cerqueira from Unsplash

The Social Mediation and Self-Help (SMASH) Programme, *Humber, 2017*

"SMASH is a group-based programme which takes referrals from schools of 10–16-year-olds who may be at risk of developing mental health problems. SMASH aims to build self-esteem and resilience and provide young people with strategies to cope with everyday stresses, negative feelings and issues that young people may be faced with at school, at home or online.

SMASH sessions consist of unique activities delivered through closed group circles, using restorative practice, conflict resolution, elements of talking therapies and CBT. 'SMASH graduates' are invited back to provide peer support for the latest intake on the programme, have a say during the recruitment and training of new SMASH practitioners, and can co-produce session content.

An evaluation of SMASH found evidence of increased self-confidence, self-esteem and emotional resilience as a result of the programme. The report suggests that there was some evidence for a reduction in need for specialist mental health intervention for the SMASH graduates."

Emma Train-Sullivan and Peter Flanagan, Humber NHS Foundation Trust

A THRIVE-like radio station, *Manchester, 2017*

"Unity Radio broadcasts music, debates and discussions to the Manchester region and is available online to everyone. One of its core aims is to promote the overall wellbeing of young people. Radio production projects are used as a platform to support young people to express their views and share their learning on important topics.

It contributes to health and wellbeing promotion for young people who are Thriving by raising awareness and knowledge of risky behaviours and engaging them in positive, confidence-building projects.

It uses the resources and expertise available in the community to support young people. Unity staff members know about other local services and resources that they can effectively signpost young people to.

Unity Radio also provides a form of early intervention to young people who may be at risk of developing further problems down the road. If we work with a young person who has previously gone missing, we work to create diversionary activities to prevent that young person reaching a crisis in the future.

Unity could also play a valuable role for children and young people who are considered to be Getting Risk Support. For example, there may be a young person who is currently unable to benefit from further interventions available in traditional CAMHS but who may still benefit from being involved in Unity Radio."

Lee Dinsdale, Director of Unity Radio

3. Children, young people and families are involved in shared decision making around their own mental health and wellbeing

TOP TIPS

- Prioritise shared decision making in contact with service providers.
- Prioritise active participation of children and young people and families in designing services.
- Build all interventions around collaboratively agreed goals and monitor outcomes in relation to these goals.
- Discuss criteria for ending treatment from the outset and review pros and cons of treatment throughout.

RESOURCES

See p.24 for further details

1. i-THRIVE Grids
2. Next Steps Cards
3. i-THRIVE Academy modules: Shared decision making and When to stop treatment
4. Routine outcome measures in services (CORC)
5. Goals in Therapy
6. Choice and Partnership Approach (CAPA)

i-THRIVE Grids, a paper-based decision aid, *London, 2018*

"The i-THRIVE Grids are paper-based decision aids co-produced with young people, parents, and mental health professionals. To date, eight one-page grids have been developed covering low mood, self-harm, ADHD, and generalised anxiety. Five of the grids have received endorsement from NICE as of June 2018.

Decision aids like the i-THRIVE Grids have been shown to increase the likelihood that patients have better knowledge of options and outcomes, feel more comfortable with the choice they make about treatment or care, and have an improved perception of involvement in shared decision making.

However, it is important that healthcare professionals are trained to use these tools to ensure that they are being used in accordance with best practice in shared decision making."

Rosa Town, i-THRIVE Programme

Designing a needs-based approach to CAMHS, *East Cheshire, 2016*

"Fundamentally, [our participatory approach to building our model started] with the young person's voice, so we commissioned an organisation to work in our local schools and local community to use the THRIVE Framework as a basis to determine what our young people think and feel, what should be included as sources of support in the future and what works well now.

Our Young Advisors (aged 15–24, who show community leaders how to engage young people in community life, local decision-making and improving services) supported this and developed similar suggestions, but focused specifically on linking with young people who had already been supported by mental health services in Cheshire. In this way, we considered both how to keep our young people resilient as well as supporting them to recover."

Emma Leigh MBE, NHS Eastern Cheshire Clinical Commissioning Group

Image by Nathan Anderson from Unsplash

4. Everyone in the system is empowered to have an active role around their own mental health and wellbeing

TOP TIPS

- Emphasise the range of self and community approaches that do not involve professional input that can be considered.
- Emphasise a model of fluctuating mental health needs.
- Have clear plans in place for help (intervention plans) e.g. cross-sector THRIVE/support plans to be used by professionals for management of risk and crises.
- Support a shift in thinking from the assumption that specialised mental health services are the only way of helping those with mental health needs amongst school, social care and others.
- Share the accountability and responsibility when managing risk.

RESOURCES

See p.24 for further details

1. i-THRIVE Academy modules: Assessment, Signposting and Risk Support; Getting Advice; Shared Decision Making; Risk Support; When to stop treatment; i-THRIVE Grids
2. CASCADE Framework
3. Mentally Healthy Schools
4. Talking Mental Health
5. We all have mental health
6. Wellbeing Measurement for Schools
7. Adaptive Mentalization-Based Integrative Treatment (AMBIT)

Cross-sector risk management training, *Central Manchester, 2016*

"Underpinning the entire effort is a system that works to ensure that staff in all localities are equipped with strong and robust training around risk management, and systems are in place to escalate risk cases."

Dr Paul Wallis, Central Manchester University Hospital Foundation NHS Trust

Cross-sector approach to managing the wellbeing of looked after children, *Haringey, 2017*

"First Step is a fast track psychological health screening and assessment service for Haringey's looked after children and young people. The team consists of three experienced clinicians who are notified by the local authority of all new children and young people who enter the care system.

Once notified, First Step contacts the foster carer to complete a Strengths and Difficulties Questionnaire (SDQ), a measure that assesses the psychological needs of the child, which is then completed on an annual basis to monitor any changes over time.

Where an elevated psychological need has been identified, a reflective consultation is set up between First Step and the individual's social worker. They discuss the child's experiences and their emotional needs at that point in time and determine whether a referral to other services, including child and adolescent mental health services (CAMHS), is indicated.

Up to six further face-to-face sessions are offered to the child and their Key Adult Network which consists of professionals involved in the child's daily life, for example: the social worker, a teacher, carer and sometimes the birth parent. These 'open-dialogue' sessions are intended to create a rich picture of the child's experiences and emotional needs. The outcome is the creation of a tailored, multi-agency plan of approach for the child that ensures more emotionally sensitive involvement to meet their needs."

Wendy Lobatto, First Step Haringey

Image by James Baldwin from Unsplash

Developing integrated provision in line with THRIVE Framework Principles, *Haringey, 2019*

"

The London Borough of Haringey and NHS Haringey Clinical Commissioning Group are developing integrated provision in line with THRIVE Framework Principles and have been awarded funding from Health Education England for three Children's Wellbeing Practitioners (CWPs) to provide low intensity emotional wellbeing support for children, families and staff at Seven Sisters Primary School.

	Current successes	Priorities for taking forward
Thriving	• Talking and drawing intervention • Free 15-hour nursery places for 2-year-olds • Strong whole school wellbeing ethos	• Improve links with adult mental health provision and integrated borough-wide support for parents • Improve communication and feedback between external agencies and school
Getting Advice	• Hope in Tottenham: child and family mentor, school counselling service, building strength in communities • Antenatal appointments on school site • Links with Mind to support parents/carers	• Engage families with family support provision improving links with adult mental health provision and integrated borough-wide support for parents • Promote engagement with CWPs and workshops to children, young people, parents and carers • Building capacity to support emotional health and wellbeing in the classroom for parents • Citizens Advice Bureau skilling up staff regarding housing advice and benefits
Getting Help	• CWP workshops for parents • Home-Start: Haringey befriending for families with children up to 12 years old • Police Community Support Officer: advice from named officer, Operation Christmas Tree	• Develop pilots with CWPs • Promote greater family integration into school community • Improve links with adult mental health provision and integrated borough-wide support for parents • Targeted interventions delivered through SENCO and inclusions team • CWPs to train on the needs of children, young people and families • Financial implications of school education psychologist support • CWP parenting groups
Getting More Help	• Full time safeguarding lead • School clothing and food banks • First Step: mental health and wellbeing assessment	• Clarify Homes for Haringey's support for families with complex needs • Improving links with adult mental health provision and integrated borough-wide support for parents • Support family engagement with services outside school • Support external agencies to engage with families in school • Support engagement with Engine Room intervention: a neuroplasticity intervention with health mentor
Getting Risk Support	• Change of provision where needed: bespoke response according to need • Trusted adult identified by the young person for very vulnerable children • Good relationships with community resources, e.g. Police, Gangs Unit	• Improve links with adult mental health provision and integrated borough-wide support for parents • Engage with wider support systems to reduce risk of exclusion • Develop systems to manage health and social care crises • Build capacity for parental support for emotional wellbeing in the classroom • Work with wider system to maintain educational and home placement

Next steps: two pilot projects will be led by CWPs to support the emotional health and wellbeing of the children, young people and parents/carers at the school, and to build emotional health and wellbeing capacity within school staff.

1. Two groups over six weekly sessions for:
    - Parents/carers, to help them support school readiness and manage challenging behaviour.
    - Year 6 pupils, to support them with anxiety management strategies for SATs exams.
2. Termly school-wide teacher one-to-ones to promote emotionally friendly classrooms and build teacher capacity to signpost to appropriate support, including the CWPs.

Emma Murray and Tara Welch, Seven Sisters Primary School

Influencing factors to consider

- Resources available to support cross-sector approaches in the locality
- Stressors in the locality
- Leadership
- Cross-sector working more generally
- Staff turnover
- Professional and service protectionism
- Changes in resources to services
- Ability to track for unintended consequences
- Environmental factors impacting on mental health e.g. social deprivation, levels of adverse childhood events
- Public/local/political perception that specialist mental health care is always needed, or inpatient care is better than community care
- Changes in government strategy that are more or less aligned with THRIVE Framework Principles

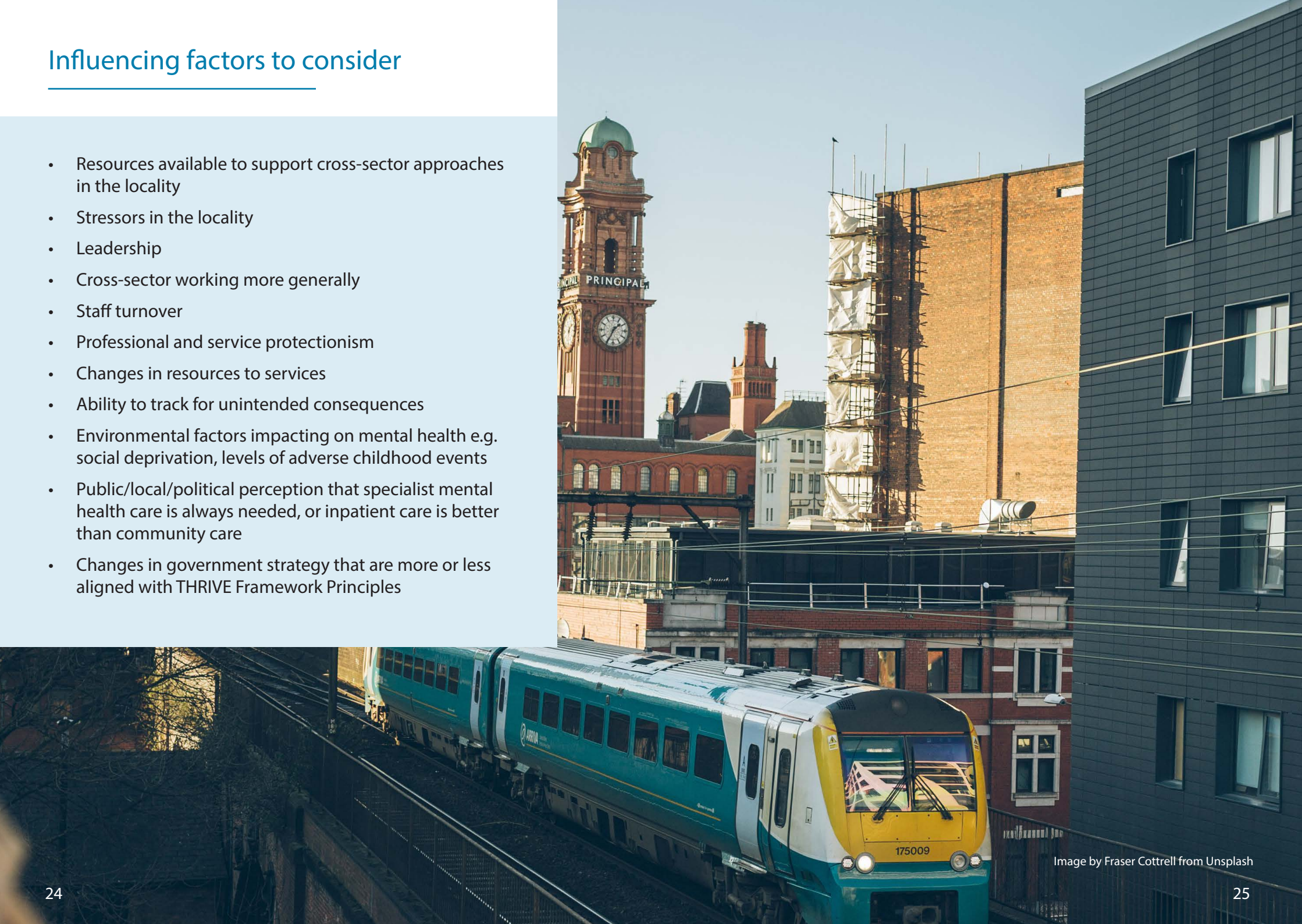

Image by Fraser Cottrell from Unsplash

What does the THRIVE Framework mean for children, young people and families?

A young person or family struggling with their mental health in an area implementing THRIVE would experience:

- No 'wrong door', meaning anyone a young person talked to about their mental health, whether they were a teacher, a GP or the school lunchtime assistant, would be able to provide them with support or signpost them to available support options.
- Whoever was helping a young person with their mental health would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there was genuine shared decision making about ways of helping.
- Signposting to things the young person, their family and friends could do to support the mental health needs of the young person who was struggling, including accessing community groups and resources such as drama, sport and volunteering.
- Whoever was giving a young person more specialized mental health help would support the young person to evaluate their progress towards their goals and to check that what was being tried was helping.
- Supportive but transparent conversations about what different treatments were likely to lead to, including their limitations.

Sometimes, different attempts to help are not effective for extremely troubled young people who have multiple problems. In this set of circumstances where there are ongoing concerns about potential harm to the young person, the THRIVE Framework makes sure that a plan is in place to help manage the risk of harm drawing on people the young person felt closest to.

Image by Zach Lucero from Unsplash

Resources

AMBIT Training Programme	The Adaptive Mentalization-Based Integrative Treatment (AMBIT) approach provides tools for putting mentalization to use in work with clients, team colleagues and wider inter-agency networks. *annafreud.org*
CASCADE Framework	A tool to bring schools, colleges and mental health specialists together to embed integrated working. *annafreud.org*
Child Outcomes Research Consortium (CORC)	The UK's leading organisation that supports services to collect and use evidence to improve children and young people's mental health and wellbeing. *corc.uk.net*
Choice and Partnership Approach (CAPA)	Continuous service improvement model that combines personalised care and collaborative practice with service users with processes to develop and deploy workforce skills in smooth, efficient pathways. *capa.co.uk*
Current View Tool	An assessment tool that rates a number of children and young people's presenting problems, complexity and contextual problems and school, work or training difficulties. *ucl.ac.uk/ebpu*
Goals in Therapy	A website dedicated to the use of goals, goal-orientated practice and goal-based outcomes (GBOs), in psychological therapies, counselling and psychotherapy. *goals-in-therapy.com*
i-THRIVE	A programme working with CCGs, NHS trusts and local authorities across the country to implement the THRIVE Framework. *implementingthrive.org*
i-THRIVE Academy Modules	THRIVE Framework practice development modules available for sites to purchase: 1. Shared Decision Making, 2. Getting Advice, 3. When to Stop Treatment, 4. Risk Support, 5. i-THRIVE Grids *implementingthrive.org/ithrive-academy*
i-THRIVE Grids	Paper-based decision aids co-produced with young people, parents and mental health professionals to facilitate conversation around treatment or care. *implementingthrive.org*
Wellbeing	Support for education providers to understand the needs of their pupils and monitor the impact of the support they provide. *corc.uk.net*
Mentally Healthy Schools	A website bringing together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. *mentallyhealthyschools.org.uk*
Next Steps Cards	A unique goal-based outcome tool designed to support health and education professionals to promote the mental health and wellbeing of children and young people. *nextstepcards.co.uk*
On My Mind	A set of webpages developed by young people to empower 11–25s to make informed choices about their mental health and wellbeing. *annafreud.org/on-my-mind*
Self-Care Webpages	Developed by young people, this site provides a list of self-care activities young people use to help themselves look after their mental health and wellbeing. *annafreud.org/on-my-mind/self-care*
Talking Mental Health	An animation and teacher toolkit for primary schools designed to begin conversations in the classroom about mental health, talking and listening. *youtu.be/nCrjevx3-Js*
We all have mental health	An animation and teacher toolkit for secondary schools about mental health and seeking support. *youtu.be/DxIDKZHW3-E*
Schools in Mind Network	A free network for school staff which shares research, events and training on children and young people's mental health. *annafreud.org/schoolsinmind*
Summer School: Leadership Training	Training led by world-leading experts for leaders or aspiring leaders in child mental health settings who are looking to transform what they can offer young people and families. *annafreud.org/training*

Anna Freud
National Centre for
Children and Families

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The Tavistock and Portman
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