

ΕΙΣΙΚΟ άρθρο
Special article

A UK SCHOOL-BASED MENTAL HEALTH SERVICE RESPONSE TO THE COVID-19 PANDEMIC

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Place2Be

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Place2Be is a charity which provides mental health support to children and young people in primary (4 to 11 year olds) and secondary (11 to 18 year olds) school settings. Place2Be changed its model of working during COVID-19 pandemic, having to consider policy, practice, ethical, guidance and training implications and other practicalities in order to achieve this and devise and expand digital modes of therapeutic support for children, young people, parents and school staff. Over the lockdown period of school closure to the majority of children and young people, 23rd March – 31st July 2020: (a) Place2Be supported 4,339 children and young people through 10,982 check-in sessions with them directly and 20,764 check-in sessions with parents and carers. (b) The number of Safeguarding concerns received by Place2Be decreased however, issues relating to Parental mental health increased. (c) Place2Be continued to reach vulnerable groups through the clinical continuity provision. (d) Furthermore, the children and young people supported by Place2Be had significant mental health needs. (e) Place2Be staff perceived that the pandemic had some negative effect on most parents and children with whom they were in contact. Using creative and modified means, Place2Be was successful in maintaining the beneficial support to the children and young people. However, there is still much to learn about how the pandemic has impacted children and young people. Place2Be continues to gather information as part of routine monitoring and evaluation of its services. This will enable Place2Be to further the knowledge of the long-term impact of COVID-19 on mental health.

Key words: Child and adolescent mental health, school-based mental health service, UK, COVID-19, lock-down.

INTRODUCTION

On March 11, 2020, the World Health Organisation declared the 2019 novel coronavirus (COVID-19) as a pandemic.¹ On March 23, the UK government introduced social distancing measures to reduce the spread of the virus, including the closure of schools and universities, implementation of remote working policies and avoidance of all but essential travel. To reduce the risk of infection many National Health Service (NHS) providers across the UK, including community mental health teams limited the provision of face-to-face appointments and actively encouraged staff members to work from home, where possible. There were also significant changes in other services for children and young people including those services provided by Local Authorities aimed at safeguarding children and young people at risk of abuse or neglect. Although schools closed on the 20th of March for the majority of children and young people, the children of Critical Workers and vulnerable children² were still able to attend.

In this paper, we will describe how Place2Be changed its model of working in response to the pandemic, and share learning from this together with some preliminary findings in relation to the data collected on the concerns of children and young people and their parents/carers during this period.

About Place2Be

Place2Be is a charity which provides mental health support to children and young people in primary (4 to 11-year olds) and secondary (11 to 18-year olds) school settings. The service currently operates in 464 schools across the UK reaching a school community of over 225,000 children through in school-support services. A unique aspect of Place2Be services (in a UK context) is that the staff are based in the school - this means that children, young people and parents/carers can receive support in a familiar setting, with

less disruption to school attendance and which is integrated with school.

From inception 26 years ago, Place2Be has gathered clinical outcomes data as routine to monitor the impact of services provided. The main outcome measure used is the Strengths and Difficulties Questionnaire (SDQ, Goodman, 2001).

The service offers a range of universal interventions providing advice and support for families and consultations and training for school staff, in order to promote a mentally healthy school and wider community environment for children and young people to thrive and achieve to their potential (figure 1).

For those that need more specialist support, a range of targeted interventions are also available:

- One-to-one counselling – weekly counselling using talking, creative work and play to support pupils who are struggling
- Group work – therapeutic groups exploring issues related to friendship, self-esteem, transition from primary to secondary school and bullying
- Parenting support – weekly sessions with caregivers and their children to help families cope with challenges.

On the 18th of February 2020, following the WHO announcement of Coronavirus infections becoming an international public health emergency, Place2Be's Board of Trustees approved an Infectious Disease Policy, which was sent out to all staff with specific guidance about Coronavirus exposure.

By the 3rd of March, Place2Be were experiencing a deluge of requests from parents and carers seeking advice about how to speak to their chil-

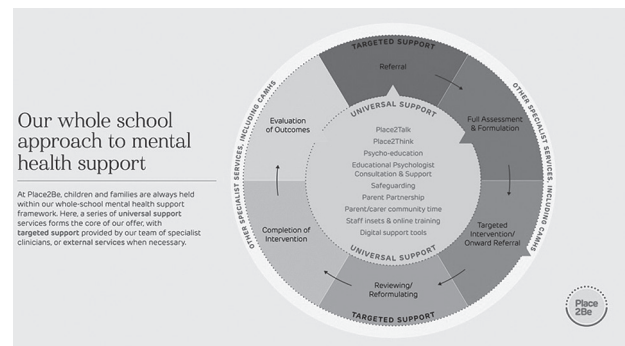


Figure 1. Place2Be's whole school approach to mental health support.

1. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.
2. <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision>.

dren about COVID-19. In response, Place2Be issued a Blog on Place2Be website with advice about how to approach this topic with young children without alarming them. Meanwhile, Place2Be's Executive team, building on the existing business continuity plan, put together a detailed plan in the event that schools would have to close. This was seen as a sensible and constructive precaution while recognising that the situation may or may not arise. In this regard, Place2Be teams reflected the uncertainty amongst the UK population.

Clinical delivery decisions before school closures

Place2Be operates within the UK regulatory frameworks and at the start of the pandemic there was little pre-prepared guidance provided by regulators on how to meet required standards of practice in the context of the changing service delivery.

In order to ensure safe and ethical practice, Place2Be took a cautious approach during this first lock down (March - July 2020) and most schools were keen to limit the number of adults on the school premises. Place2Be has 402 paid clinicians¹ and nearly 1000 Counsellors on Placement² who are in training to work with children and young people. Very few of these clinicians had training in, or experience of working therapeutically on the telephone or via video conferencing. It was agreed therefore, that Place2Be would not be able to offer Counsellors on Placement the clinical experience, training or supervision that they needed whilst on placement, so the decision was made to temporarily suspend clinical placements. One important element that remained constant throughout was that clinical supervision arrangements for Place2Be staff would continue as usual, but via telephone or video call, to uphold safe and ethical practice as a priority.

The agreed approach was to offer telephone 'check-ins' for parents and/or young people who were receiving one-to-one counselling from

1. Place2Be employs clinically qualified staff to manage its individual school projects.

2. Place2Be offers a placement programme for individuals studying towards, or qualified in, a Diploma (equivalent to level 4 or above in England and Wales) or a Counselling degree or Masters (<https://www.place2be.org.uk/counselling-training-placements/counselling-placements-in-schools/>).

Place2Be at the time of the closure. The check-ins had very clear parameters and it was made clear in the guidance that this intervention was not therapy, but a means of maintaining contact with the family, ensuring well-being and signposting to statutory services where there was an urgent need.

At this stage, it was unclear how long schools would be closed. Place2Be had only very recently invested in new video conferencing licenses for staff and thus, it was a relatively new technology to grasp in a short space of time. There was certainly no thought at this stage of offering any kind of therapeutic intervention, however light, via this medium. The practicalities of offering even just telephone contact raised many questions:

- Would parents/carers or young people have a quiet confidential space in their homes to take the call?
- What was the best mechanism to get agreement from parents/carers to gather phone numbers and e-mail?
- How to record this information?
- How would we ensure that the personal data we were gathering from parents and carers (phone numbers and e mail addresses) were being recorded and stored appropriately?
- How could we make sure that there was a clear audit trail of contact made and sessions undertaken as our case management system was not set up for this level of service delivery change?

All Place2Be teams were mobilised to come up with solutions and clear processes and guidelines to address these points.

Policies, procedures and permissions before school closures

On the 17th of March, Place2Be sent out the clinical continuity plan documentation to all school-based staff and partner schools for action in the event of school closure. Included in this was an agreement form for schools to sign indicating that they:

- Wanted Place2Be to continue to deliver a service to children and families while the school was closed
- Could guarantee a school link and safeguarding contact in the school would be available at all times in case of possible safeguarding concerns

- Would seek permission from parents of children being seen in counselling for Place2Be to contact them by phone

Schools' agreements, once signed, were returned to Place2Be's head office and the details noted and stored securely.

On the 18th of March 2020, school closures were announced by governments across all four UK nations. On the 19th of March, Place2Be provided guidelines for School-based clinical staff about the delivery of telephone check-ins during schools' closure including safeguarding procedures. There was a varied response from clinical staff as including those who wanted to do more than check-ins and others who found the change in the service more of a challenge.

After schools closed

On the 20th of March 2020, all schools closed and Place2Be was ready to implement the business continuity plan for school closures. School-based staff with support from their managers, contacted their schools to agree next steps, get agreements signed and contact with parents/carers and young people under way.

Practicalities

In common with NHS and other organisations, it was a requirement of Place2Be that staff should not use personal equipment (phones, computers) to deliver the service because of concerns about information security. This led to an immediate challenge as many of Place2Be's school-based staff did not have work phones or laptops. As many businesses in the UK were instructing staff to work from home, there was a national shortage of phones and laptops and it took several weeks to get the right equipment to the right people. In the interim, colleagues used their tablets as telephones.

Guidelines and training

Many Place2Be clinicians observed how helpful the short phone calls were for parents, especially those who were socially isolated or shielding alone at home. Clinical staff noticed that there was a disinhibiting effect for some parents who felt more comfortable being at home in a familiar environment, or more comfortable on the telephone than in per-

son. This led to enhancements in the relationship for some, but challenges in maintaining the boundaries of the therapeutic relationship for others.

Place2Be continued to proceed cautiously, not offering any kind of formal psychological intervention until the necessary boundaries and processes were in place to maintain the safety and integrity of the work. New guidelines were written and issued over the course of the next few months as Place2Be clinicians became more confident in their skills to deliver more elements of the service remotely or virtually.

In June 2020, all Place2Be clinicians were offered a two-day intensive online training in delivering therapy to children and young people via video conference. By the end of June, Place2Be had extended guidelines to incorporate delivering Place2Talk (our self-referral appointment service) and Place2Think (our consultation service for teachers, via video conference) services.

Digital services

Before the pandemic Place2Be had been, for some time, considering the ways in which digital tools might help reach more children and families.

As a service delivery organisation, with its roots firmly in the relational and face-to-face intervention, considering digital solutions was a notable potential change to clinicians' practice to which there was a mixed response. Nonetheless, the organisation had pushed ahead with creating new digital partnerships and developing the website as a resource for children, young people, parents and teachers and support staff. Place2Be had also just won a funding bid to develop our own online support tool for parents. When schools closed, all of these activities came to the fore and the digital development was accelerated in terms of service delivery, training and resources. Thus, Place2Be developed the existing services and new partnerships with external agencies, as follows:

- Place2Be resources for parents - Place2Be mental health support for parents at home with children.
- Place2Be resources to support community recovery – to help schools and children and young people transition back together after lockdown
- Mental Health Champions Foundation Programme - Place2Be's online children's mental health training for school professionals

- Parenting Smart - a web platform for parents to access support and advice launching April 2021
- Parenting Fast and Slow – Online Parenting programme
- Place2Be partnership with Shout Crisis text line
- Place2Be partnership with Kooth
- Place2Be partnership with Healios - Think Ninja

When schools re-opened between lockdowns

Schools returned for some year groups before the summer holidays and for all pupils at the start of the autumn term (August/September) 2020.

While the pandemic was not over and a second wave more likely, Place2Be brought all the previously generated policies and guidelines into one coherent service directory. Once schools closed again in January 2021, Place2Be was far more prepared, now offering a more comprehensive and flexible service.

SERVICE DELIVERY ACTIVITIES AND DATA GATHERED

Supporting children and young people at home during lockdown

The majority of partner schools at the time (335 primary and secondary schools) chose to take up Place2Be’s clinical continuity offer during partial closure. During the COVID-19 first national lockdown, teachers, parents, and young people were supported by Place2Be mainly through telephone check-ins (table 1). A total of 4,339 children and young people were supported through 10,982 check-in sessions with them directly and 20,764 check-in sessions with parents and carers. This represents a mean of 13 children and young people per school and a mean of seven support sessions for each child in need.

Safeguarding

Place2Be continued to work in partnership with schools to manage safeguarding concerns. At the start of lockdown, around 700 children and young people had safeguarding concerns. The check-ins were recorded depending on who arranged the contact, thus:

- Place2Be had been in contact with 46% of these children/young people

Table 1. Place2Be service delivery 23rd March–24th July 2020.

Service delivery	23 March to 24 July
Number of young people supported in one-to-one and brief counselling	1316
Number of one-to-one and brief sessions	8105
Number of children and young people supported in Place2Talk	1354
Number of Place2Talk sessions	2877
Number of Parent Partnership sessions	14478
Number of Other Parent Partnership sessions	3072
Number of parents supported in A Place for Parents	368
Number of A Place for Parents sessions	3214
Number of Place2Think sessions	3031
Total child sessions	10982
Total parent sessions	20764
Sessions with school staff	3031
Total sessions	34777
Number of children and young people supported	4339

- School had been in contact with 39%
- Neither had been in contact with 15%.

The reasons for no established contact between the school or the charity with the children or young people were the following:

- Check-ins were being carried out by a Social Worker/ Family First workers (support workers)
- Another charity organisation was checking-in
- Family declined check-ins
- Awaiting Headteacher’s³ decision to check-in
- The school had not yet agreed to continuity of service.

Over the period of school closure, 23rd March – 31st July 2020, the number of Safeguarding concerns received by Place2Be decreased by 58% compared to the same time period in the previous year⁴ (a reduction from 1,944 concerns to 808 concerns). The five most common safeguarding issues raised while schools were partially closed, were as follows:

3. Someone who is in charge of a school <https://dictionary.cambridge.org/dictionary/english/headteacher>

4. Safeguarding concerns reported to Place2Be between 23/3/2020–31/7/2020

- General mental health/emotional difficulties – 171 issues (13%, note that multiple issues could be raised under one concern)
- Suicide ideation – 138 issues (11%)
- Parental mental health – 133 issues (10%)
- Self-harm – 122 issues (10%)
- Physical abuse – 79 issues (6%)

The issues relating to parental mental health increased by 46% compared to the same time period the year before (91 issues). This shows the possible impact of lockdown on parents and carers.

Digital services

Place2Be's partnership with digital providers provided an additional source of support to many children, young people and parents/carers.

- Shout Crisis text line – 143 (March–May 2020) and 73 (June–August 2020) users accessed it via Place2Be's signposting. Around 1,500 users accessed Shout via the standard route each day during lockdown, after which this decreased to around 1,000 per day.
- Kooth – during April–June 2020, 247 children and young people from Place2Be schools used the service
- Parenting Fast and Slow - a total of 181 parents registered with the online parenting programme who were signposted by Place2Be staff
- Place2Be online resources – for parents at home with children: 41,112 unique downloads between March 23 and September 21, 2020.

Clinical continuity of Place2Be's targeted one-to-one intervention

Three-quarters of children and young people (73%/2,785 primary aged pupils and 74%/826 secondary pupils) who were engaged in a one-to-one counselling intervention at the time schools partially closed, received clinical continuity support via direct or Parent Partnership phone check-in sessions.

As a service that works with vulnerable children and young people, Place2Be continued to reach vulnerable groups through the clinical continuity provision (table 2). Where comparisons were available for the whole school populations, children and young people in the Place2Be cohort were over-represented in each category, apart from Pupil Premium in secondary schools which was equal.

Mental health

Place2Be uses the SDQ to assess the mental health of children and young people and to measure the impact of the one-to-one counselling intervention between baseline, during and end of therapy.

The SDQ is a validated behavioural screening questionnaire that consists of 25 items grouped into five subscales: emotional problems, conduct problems, hyperactivity-inattention, peer problems, and prosocial behaviour. A total difficulties score is calculated by summing the totals of the first four subscales; a higher score indicating greater difficulties. Level of difficulties

Table 2. Characteristics of Place2Be's one-to-one counselling cohort who received clinical continuity support 23rd March–24th July 2020

Socio-demographic characteristics	Primary schools		Secondary schools	
	Place2Be	Comparison	Place2Be	Comparison
Lone parent households	50%	–	42%	–
FSM ¹	49%	25%	39%	23%
Pupil Premium	48%	34%	43%	43%
Social care	28%	–	14%	–
SEN ²	27%	17%	21%	14%
Child Protection Plan ³	8%	0.5%	5%	0.45%

1. Free School Meals is a statutory benefit available to school-aged children from families who receive other qualifying benefits and who have been through the relevant registration process (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/266587/free-school-meals-and-poverty.pdf).
2. Special Educational Needs also known as Additional Support Needs in Scotland and Additional Learning Needs in Wales.
3. Child Protection Plan is a plan drawn up by the local authority to ensure a child or young person's safety.

are categorised into three clinical domains (Normal; Borderline; Abnormal).⁵ The SDQ has satisfactory internal consistency (teacher $\alpha=0.82$; parent $\alpha=0.80$), test-retest reliability (teacher $r=0.84$; parent $r=0.76$), and parent/teacher inter-rater agreement correlation (0.44), and is able to discriminate between clinical and community samples (Stone, 2010).

Figures 2 and 3 show that the children and young people supported by Place2Be over lockdown had significant mental health needs, the proportion classified in abnormal being significantly higher than the 10% of a general community sample.

Challenges of maintaining contact

Over 800 (n=863) children and young people did not continue their intervention started with Place2Be. This was either because the school was already in touch with them or the parents declined. Nevertheless, for around a quarter of children and young people other barriers were identified like language difficulties or complex family circumstances.

Staff survey

In May 2020 (146 staff) and again in July 2020 (173 staff), Place2Be school-based staff members completed a survey about their clinical continuity delivery and its perceived impact.

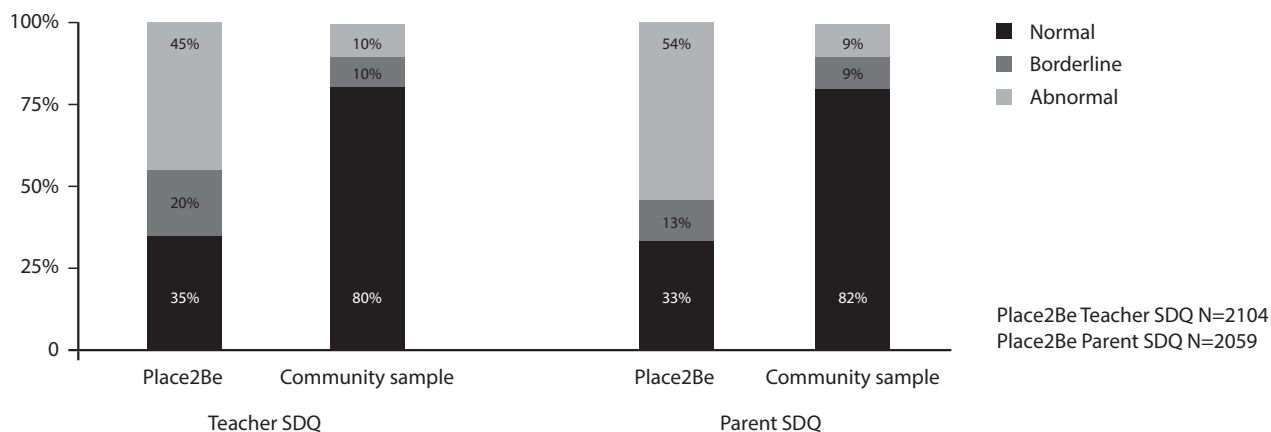


Figure 2. SDQ baseline assessment of primary school aged pupils (23rd March–31st July, 2020).

5. From the total difficulties score, the SDQ enables, based on cut-off points, the classification of students as normal (teacher 0–11 points; parent 0–13), borderline (teacher 12–15 points; parent 14–16), or abnormal (teacher above 16 points; parent above 17 points), before and after the intervention.

The perceived impact of COVID-19

Place2Be staff perceived that the pandemic had some negative effect on most of the parents and carers they spoke with through a telephone check-in. For nearly three quarters (74%/913) of parents and carers,⁶ this effect was identified as "major" or "moderate". In addition, Place2Be staff reported a 'major' or 'moderate' negative effect of the pandemic for 514 (60%) children and young people⁷ supported in check-in sessions over lockdown.

The reflections of Place2Be's school-based staff on the check-in calls they had undertaken with parents/carers (figure 4) and young people (figure 5) suggest that the concerns and priorities evolved over time and changed from fundamental concerns about food, finances and becoming ill to school-related concerns and in particular to transitions and associated rituals. Another widely discussed concern was related to the return to schools once they planned to fully re-open.

The perceived impact of Place2Be's clinical continuity provision

The Place2Be staff's reflections on the impact of the support they had provided to schools and families during the partial school closure show that the check-ins had helped families be better supported.

6. 132 Place2Be staff responded to this question about 1,234 parents they had been in contact with.

7. 88 staff responded to this question about 857 children and young people they had been in contact with.

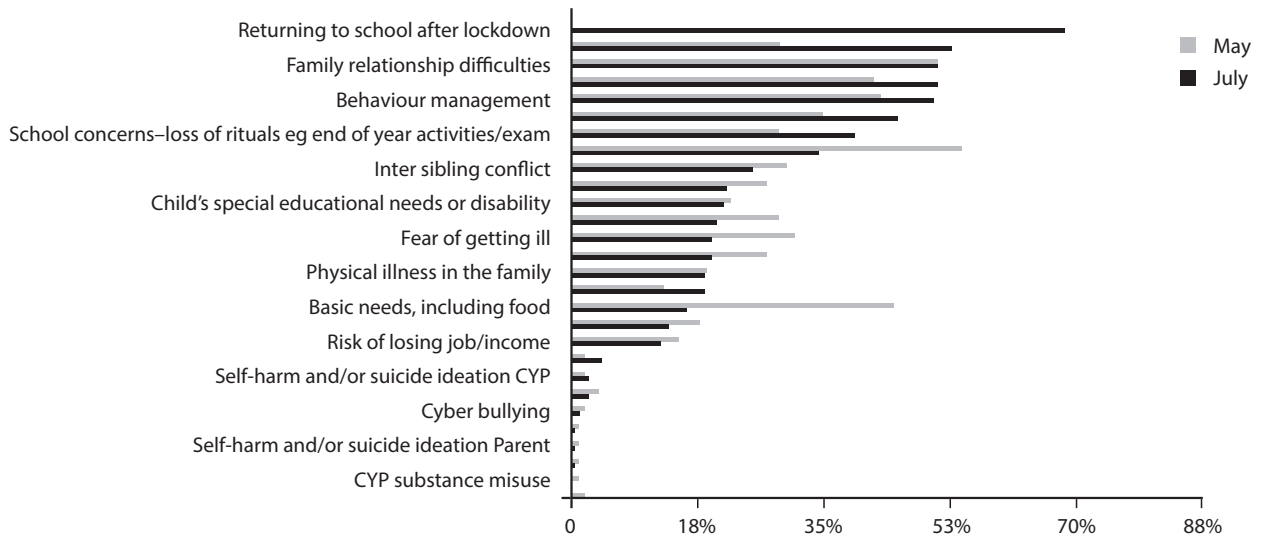


Figure 4. Issues discussed with parents (% "always" or "very often").

Source: Place2Be staff survey April/May (N=67–69) and July August 2020 (N=104–107)

Note: Item Returning to school after lockdown was in July survey only

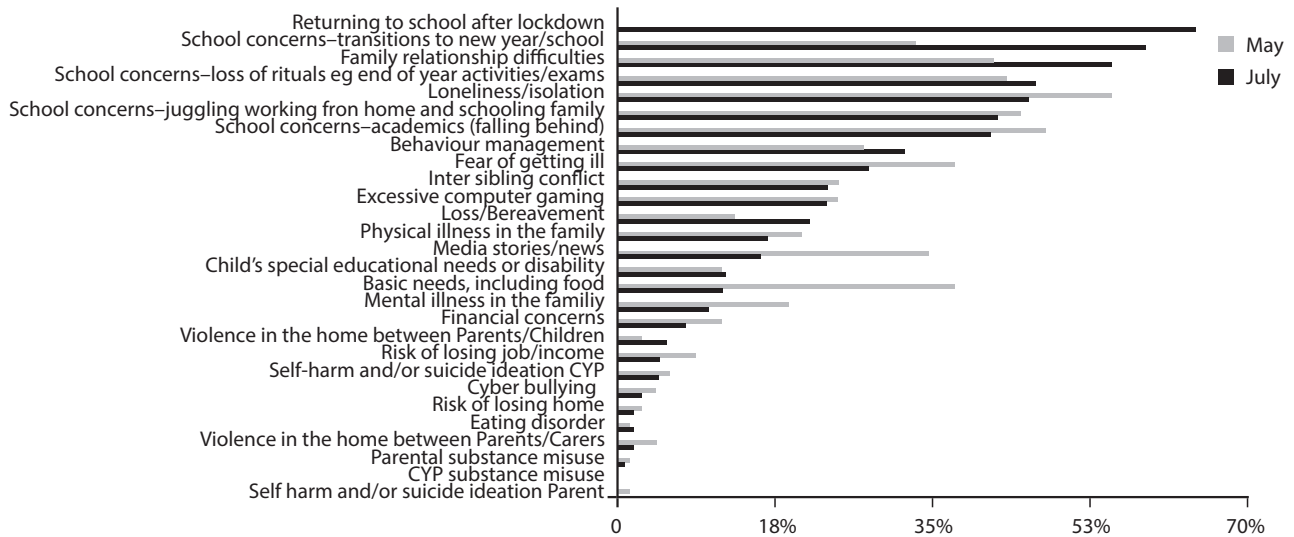


Figure 5. Issues discussed with young people (% "always" or "very often").

Source: Place2Be staff survey April/May (N=67–69) and July August 2020 (N=104–107)

Note: Item Returning to school after lockdown was in July survey only

- 94% agreed or strongly agreed that it had helped parents and carers to cope better with the lockdown situation (or 46% strongly agreed)
- 90% agreed or strongly agreed that it had helped schools to better support their families (or 47% strongly agreed)
- 86% agreed or strongly agreed that it had helped parents and carers better support their children during lockdown
- 45% agreed or strongly agreed that the school would have found it harder to engage with their families without Place2Be's support.

Presenting issues

Place2Be analysed the issues discussed by children and young people in Place2Talk and those that staff raised during Place2Think sessions discussed in first half of the autumn term in 2020, when schools reopened nationally for all pupils. Comparisons were made with the previous autumn term, 2019, to identify any key differences as a result of the pandemic.

In Place2Talk, compared to the first half term in 2019, in primary schools, there was a greater proportion discussing media, loss and family issues, as well as their community, and there is also an increase in emotional worry and checking in with the Place2Be school-based staff member (figure 6).

In secondary schools there was also a greater proportion discussing family-related issues and emotional worry, but also sleeping difficulties and self-harm being discussed more, compared to the equivalent period of time in 2019 (figure 7).

In Place2Think, there was some indication of school staff using the service more for their own needs - advice on self-care and managing the impact of a personal issue on their work - but also on discussing strategies to support a Place2Be intervention. While discussions were less focussed on managing children and young people and classroom situations, compared to the start of the 2019 academic year (figure 8).

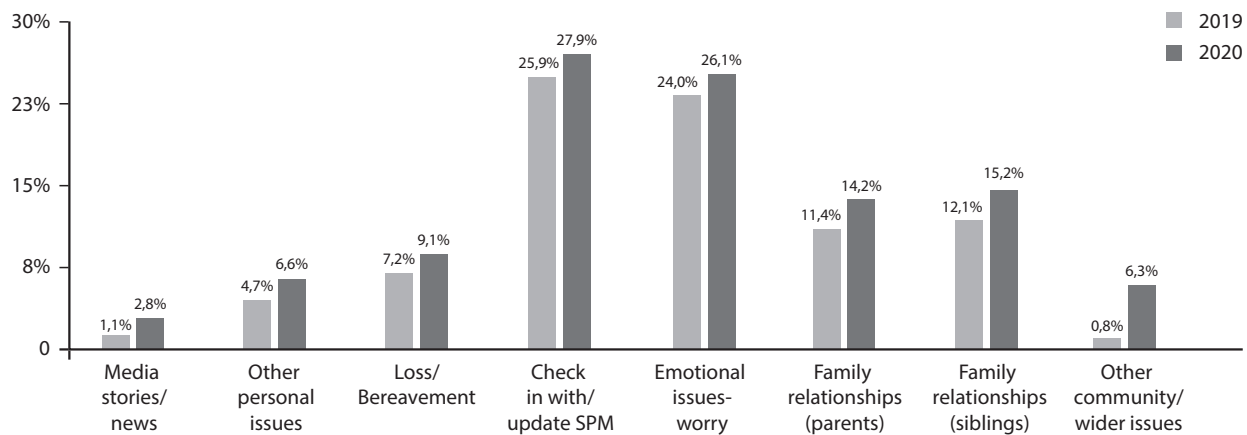


Figure 6. Selected issues discussed by primary school aged children in Place2Talk in first half of autumn term 2020 compared to autumn term 2019.

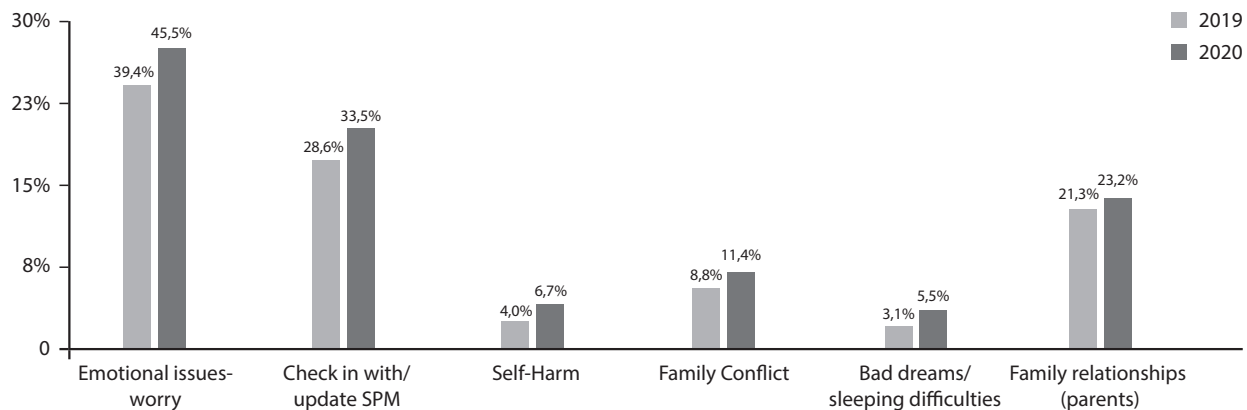


Figure 7. Selected issues discussed by young people in secondary schools in Place2Talk in first half of autumn term 2020 compared to autumn term 2019.

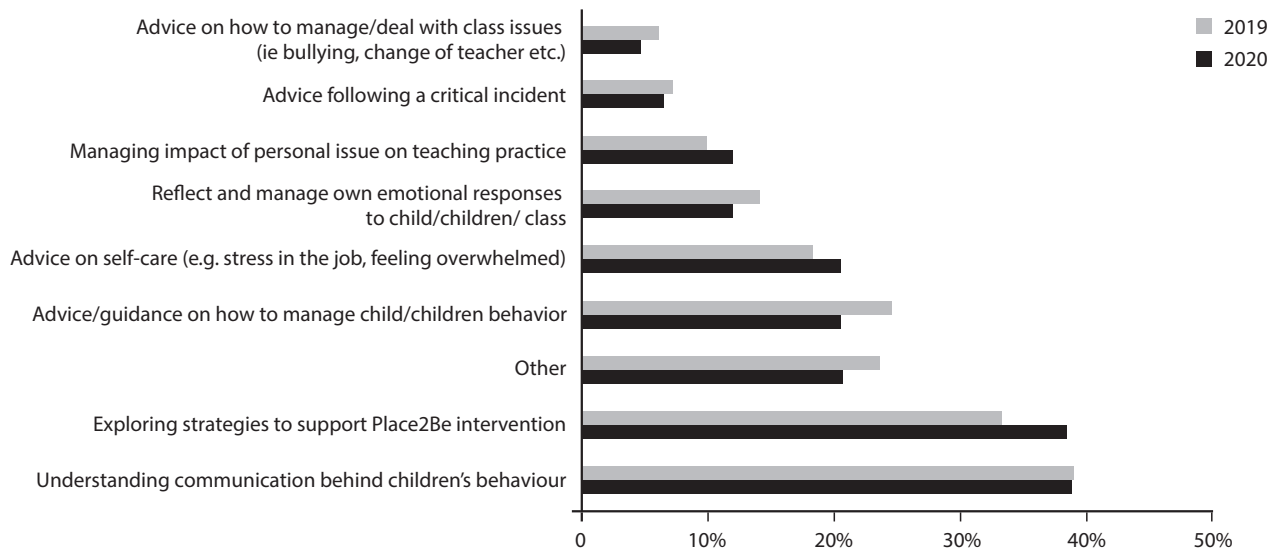


Figure 8. Issues discussed by school staff in Place2Think in first half of autumn term 2020 compared to autumn term 2019.

Changes in safeguarding issues

As well as looking at safeguarding concerns and issues raised over lockdown, Place2Be identified the safeguarding issues raised in the autumn 2020 term, when schools re-opened to all pupils, and compared this to the equivalent autumn 2019 term. Safeguarding issues relating to suicide ideation increased by 35% (from 350 to 473 issues); issues regarding self-harm disclosures increased by 51% (from 322 to 486 issues) and issues relating to eating disorders increased by 140% (from 35 to 84 issues) compared to the equivalent term one year earlier (pre-COVID-19).

DISCUSSION

Following the WHO and UK government lockdown announcements, Place2Be acted promptly in preparation for schools' closure. As expected, this was not without challenges. Nonetheless, the fact that Place2Be took a cautious and iterative approach to changing its service delivery methods was fruitful - resulting in a more varied and accessible service. The pandemic accelerated this development in a beneficial way. Moving forward the charity will be a more efficient, agile, responsive, and cost-effective service with increased use of

digital tools and enhanced and more flexible clinical skills.

The findings presented in this paper suggest that Place2Be has been able to maintain contact and reach most of the children and young people being supported in one-to-one counselling at the start of the pandemic, despite the challenges. The children and young people that Place2Be staff were not able to contact may have been from a more deprived circumstances (often without access to telephones or computers) or those who do not have English as a first language. This is an ongoing challenge, not just for a mental health service but for schools generally.

The staff survey suggests that parents experienced the check-ins as highly supportive but perhaps this was more to their benefit than to their children, given the increase in parent mental health safeguarding issues at the time. Possibly we should not expect support for parents to impact on outcomes for their children, even though it is clear that parental mental ill health is a significant risk factor for children's mental health (Amrock & Weitzman, 2014).

The staff survey suggests that the majority of parents and children who used the check-ins were negatively impacted by the lockdown, also further

supported by an increase in safeguarding issues relating to parental mental health. However, there was a minority who were not. It is important to consider that most of those who used the check-in service were those negatively impacted while those who did not would have been less likely to be in contact with a mental health service. School-based mental health services should not assume that the pandemic had a detrimental impact on all children. A tailored and individualised approach is needed when schools return.

It is striking that the issues raised by both primary and secondary aged children in the self-referral service were more focused on worries about parents or family members than previously, which also coincides with an increase in disclosures of self-harm, eating disorders and suicide ideation. Children and young people may have been exposed more than before to the fears, worries anxieties and vulnerability of their own caregivers and this could have left them feeling less safe and with less agency. Self-harming could be a response to this, providing the sense of control over circumstances. The occurrences of self-harm continue to grow in prevalence as a response to distress. Moving forward, it will be important to support the adults that are around the children and young people so that they will be able to offer their children structure, consistency and reassurance so that these very distressing symptoms are reduced.

LESSONS LEARNT AND RECOMMENDATIONS

Preparation

The necessity for a clear continuity plan for school closure proved to be important. The organisation adapted provision with the clear purpose of maintaining a service to partner schools and the children, young people and families. The charity was perhaps cautious when deciding what it could safely offer, in order to ensure all of the legal and ethical issues were thoroughly addressed. As a large organisation supporting a partner school community of over 225,000 children and young people, our policies and parameters needed to be crystal clear in order to be safe and consistent across the whole UK.

Policies, guidance and clear communication

As the situation was changing all the time, and the majority of staff were working from home, it was a challenge to make sure everyone was regularly updated when new or enhanced guidelines were issued. Communication of up to date guidance and Frequently Asked Questions (FAQ) was via a weekly clinical bulletin and a regularly updated page on the company intranet.

Nonetheless, by the end of the lockdown in July, the number of documents had become indigestible and it was hard to find the most up to date guidance. Fortunately, the time between the lockdowns was used to streamline the documents into one directory, this remained constant during the second lockdown.

Staff's familiarity with the video conferencing platform, made possible the organisation of local and national question and answer sessions. For those outside London this led to an increased sense of connectedness to the whole organisation. Regional and National 'town hall' meetings are now a regular feature of our communications strategy in Place2Be. One of the greatest learnings for Place2Be is the way these meetings helped to make internal communication more human and connected.

Responding creatively

Place2Be staff have generated many creative solutions to continue delivering the service in exceptional times, some of which will become incorporated into the organisation's practice and training moving forwards. Place2Be's challenge is to capture and shape these to ensure that post-pandemic service delivery benefits from the learning and creativity without losing consistency and coherence.

Data and recording

Place2Be puts a great emphasis in gathering good quality data therefore great efforts were made to develop and adapt the data collection system to the new challenges. Nevertheless, there were some valuable bespoke activities developed and undertaken by staff in response to the situation that could not be fully recorded, and therefore demonstrated, within the constraints of our recording system.

CONCLUSION

It is never possible to measure everything that happens in a mental health delivery service such as this. It is also important to consider what Place2Be is not collecting or measuring and the remaining unknowns.

The paper has focused on the clinical delivery of the school-based service, rather than the wider organisation and our move to adapt other aspects of our services such as providing learning and development opportunities for thousands of teachers online. The data presented presents the delivery of a clinical continuity programme put in place to support children and young people, and parents to provide emotional and mental health support to the school communities we serve, through an unprecedented time globally.

However, there is still much to learn about how the pandemic has impacted children and young people and what they need from mental health services, such as Place2Be, to build resilience and shore up emotional well-being in the long term. This will have lasting implications for Place2Be as an organisation, and in collaboration with the wider professional field, there needs to be further joined up thinking, consideration and reflection on these longer-term impacts as they begin to emerge.

To this point, Place2Be is continuing to gather information from children and young people, families and schools as part of routine monitoring and evaluation of its services. Learning from the analysis of this information will be shared in contribution to the international evidence-base pertaining to the long-term impact of COVID-19 on children and young people's mental health.

ΥΠΗΡΕΣΙΕΣ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΕΝΤΑΓΜΕΝΕΣ ΣΤΗ ΣΧΟΛΙΚΗ ΚΟΙΝΟΤΗΤΑ ΓΙΑ ΤΗΝ ΑΝΤΙΜΕΤΩΠΙΣΗ ΤΗΣ ΠΑΝΔΗΜΙΑΣ COVID-19 ΣΤΟ ΗΝΩΜΕΝΟ ΒΑΣΙΛΕΙΟ

V. Cooper, J. White, K. Toth, V. Naag, M. Murphy

Place2Be

Ψυχιατρική παιδιού & εφήβου 2021, 9:47–59

Το Place2Be είναι ένας Μη Κερδοσκοπικός Οργανισμός ο οποίος παρέχει στις σχολικές κοινότητες υπηρεσίες ψυχολογικής υποστήριξης σε παιδιά και εφήβους που φοιτούν στην Πρωτοβάθμια (4–11 ετών) και Δευτεροβάθμια (11–18 ετών) εκπαίδευση. Για να αντιμετωπίσει τη δύσκολη περίοδο της πανδημίας COVID-19, ο Οργανισμός αυτός άλλαξε τον τρόπο λειτουργίας του, έχοντας λάβει υπόψη τις επιπτώσεις στις πολιτικές υγείας, στην κλινική πρακτική, στη δεοντολογία, στην εφαρμογή κατευθυντήριων και εκπαιδευτικών οδηγιών, καθώς και άλλες πρακτικές με σκοπό να πετύχει μέσω σχεδιασμού ψηφιακών εφαρμογών τη μεγαλύτερης κλίμακας προσφορά των υπηρεσιών θεραπευτικής υποστήριξης παιδιών, εφήβων, γονέων και εκπαιδευτικών. Κατά την περίοδο του εγκλεισμού (lockdown), από 23 Μαρτίου έως 31 Ιουλίου 2020, όπου τα σχολεία ήταν κλειστά: (α) Το Place2Be υποστήριξε 4,339 παιδιά και εφήβους, μέσω 10,982 ατομικών συνεδριών και 20,764 συνεδριών με τους γονείς ή τους φροντιστές τους. (β) Τα αιτήματα που αφορούσαν στην προστασία και ασφάλεια των παιδιών μειώθηκαν, ωστόσο, αυξήθηκαν αυτά που αφορούσαν σε θέματα ψυχικής υγείας των γονέων. (γ) Το Place2Be

συνέχισε να καλύπτει τις ανάγκες ψυχικής υγείας ευάλωτων ομάδων μέσω της συνεχιζόμενης παροχής φροντίδας. (δ) Επιπλέον, τα παιδιά και οι έφηβοι που υποστηρίζονταν από το Place2Be είχαν σημαντικές ανάγκες αναφορικά με την ψυχική τους υγεία. (ε) Το προσωπικό του Place2Be αντιλήφθηκε ότι η πανδημία, στην πλειοψηφία των γονέων και παιδιών που ήρθαν σε επαφή με τον Οργανισμό, είχε ορισμένες αρνητικές επιδράσεις στην ψυχική τους υγεία. Χρησιμοποιώντας δημιουργικές και καινοτόμες μεθόδους, το Place2Be κατάφερε να διατηρήσει την ευεργετική επίδραση της ψυχολογικής στήριξης σε παιδιά και εφήβους. Ωστόσο, έχουμε ακόμα πολλά να μάθουμε για το πώς η πανδημία επηρέασε τα παιδιά και τους εφήβους. Το Place2Be συνεχίζει να συλλέγει πληροφορίες ως μέρος της διαρκούς παρακολούθησης και αξιολόγησης των υπηρεσιών του. Αυτό θα επιτρέψει στο Place2Be να επεκτείνει τη γνώση σχετικά με τη μακροχρόνια επίδραση της πανδημίας COVID-19 στην ψυχική υγεία.

Λέξεις ευρετηρίου: Ψυχική υγεία παιδιών και εφήβων, σχολική υπηρεσία ψυχικής υγείας, Ηνωμένο Βασίλειο, COVID-19, lockdown.

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