



Hoyle Court Primary School believes that every child is a learner and can achieve.

POLICY TITLE:

Pupil Mental Health and Wellbeing Policy

Incorporating meeting Special Education needs associated with Social, Emotional and Mental Health Needs (SEMH)

COMPILED BY:	DATE APPROVED:	DATE TO BE REVIEWED:
Tim Phillips, Rosalind Sheridan School Bus In accordance with guidance from NHS England	18.7.19	18.7.22

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

This policy has been created with regard to the following DfE guidance:

- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's policies including, but not limited to, the following:

- **Special Educational Needs and Disabilities (SEND) Policy**
- **Child Protection and Safeguarding Policy**
- **Behaviour Policy**
- **Anti-Bullying Policy**
- **Staff Code of Conduct**
- **Supporting Children with Medical Conditions Policy**

Statement of Intent

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects.

All pupils have access to a wider curriculum which focusses on promoting pupils' resilience, confidence and ability to learn in order to provide them with the skills to manage their emotional wellbeing. This is supported through the creation of positive classroom environments to promote positive behaviour, social development and high self-esteem for all pupils.

As a school we differentiate between 'normal' stress and more persistent mental health problems. In an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures schools can promote a safe and stable environment for the many pupils affected both directly and indirectly by mental ill health.

Mental Health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. (World Health Organisation).

This policy outlines the framework for Hoyle Court Primary School to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through successful implementation of this policy, we aim to:

- Promote a positive outlook regarding pupils with SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Promote equal opportunities for pupils with SEMH difficulties.

- Ensure all pupils with SEMH difficulties are identified and appropriately supported.

We will work with the LA with regards to the following:

- The involvement of pupils and their parents in decision-making
- The early identification of pupils' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for pupils and their parents over their support

Creating a supportive whole-school culture

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

The school's Behaviour Policy includes measures to prevent and tackle bullying and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

The Leadership Team ensures that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

Pupils know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

Approaches the school uses

- Teaching about mental health and wellbeing through curriculum subjects such as:
- PSHE
- Pastoral interventions e.g. Friendships, anti-bullying, bereavement and loss, emotional support, transition, self-esteem, body image, communication and social interaction.
- Referrals to relevant agencies e.g. School Nurse, Educational Psychologist, Women's Aid, Barnados.
- Relationships and Sex Education (RSE)
- Positive classroom and behaviour management (see Behaviour Policy)
- Explicitly developing pupils' social skills
- Working with parents directly and working with parents alongside their children e.g. thought structured play sessions.
- Regular staff training on e.g. safeguarding and pupil mental health.
- Facilitating peer-to-peer support
- Playtimes and lunchtime entitlement (not being cut down, as in some schools)
- Access to outdoor learning opportunities e.g. woodland area, chickens,
- Nurture room provision for identified pupils.
- Close working relationships with staff
- Full 2 hours weekly PE entitlement and the 'daily run'
- The school employs a Pupil-Parent Support Manager who is also the school's Mental Health Lead (see below)

Teaching about mental health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms.

Roles and responsibilities

Whilst all staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit include:

- Tim Phillips – Designated Safeguarding Lead (DSL) / Headteacher
- Keeley Poole – Deputy DSL / Deputy Headteacher / SENCO
- Judy Walton – Nominated Safeguarding Governor
- Isobel Sheard – designated Mental Health Wellbeing Lead
- Rosalind Sheridan – designated Mental Health and Wellbeing governor
- Kate Lockwood – Head of PSHE

School's leadership as a whole is responsible for:

- **Preventing mental health and wellbeing difficulties:** By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- **Identifying mental health and wellbeing difficulties:** By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
- **Providing early support for pupils experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership can help pupils' access evidence-based early support and interventions.
- **Accessing specialist support to assist pupils with mental health and wellbeing difficulties:** By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.
- **Identifying and supporting pupils with SEND:** As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
- **Identifying where wellbeing concerns represent safeguarding concerns:** Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

The Governing Board is responsible for:

- Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.

- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to be the SENCO and coordinating provisions for pupils with SEMH difficulties.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.

The Headteacher is responsible for:

- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Ensuring that the SENCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- Ensuring that staff members understand the strategies to identify and support pupils with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

The Schools Mental Health Lead is responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- Collaborating with the SENCO, Headteacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.

- Liaising with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

The SENCO is responsible for:

- Collaborating with the governing board, Headteacher and the mental health lead, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the Teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support.

Teachers are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.
- Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the pupils in their class.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include:

Staff training

The SLT ensures that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.

The SLT promotes CPD to ensure that staff are able to recognise common symptoms of mental health problems, what represents a concern, and what to do if they believe they have spotted a developing problem.

Clear processes are in place to help staff, who identify SEMH problems in pupils, escalate issues through clear referral and accountability systems.

Identifying signs of SEMH difficulties

Hoyle Court Primary School committed to striving for early identification with regards to pupils with SEMH difficulties.

Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the pupil's needs
- A plan is set out to determine how the pupil will be supported

- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND (see appendix A). If this occurs, the Headteacher ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

Where appropriate, the Headteacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

Where possible, the school is aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.

Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.

Staff members consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.

Staff members take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.

The assessment, intervention and support processes available from the LA are in line with the local offer.

Staff members are aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.

Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.

Staff members promote resilience to help encourage positive SEMH.

Staff members understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.

Staff members understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, distancing from other pupils or changes in attitude.

Staff members understand that where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.

Unacceptable behaviour is managed in line with the school's Behaviour Policy.

Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, **only medical professionals** will make a diagnosis of a mental health condition.

Pupils' outcomes are reviewed on a termly basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

An effective pastoral system is in place so that every pupil is well known by at least one member of staff, for example, a Teacher who can spot where disruptive or unusual behaviour may need investigating and addressing.

Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include looked-after children (LAC), pupils with SEND and pupils from disadvantaged backgrounds.

Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties **may** include, but are not limited to, the following list:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Skipping PE or getting changed secretly
- An increase in lateness or absenteeism
- Unusual play (in playground)
- Unusual drawings (in class)
- Tendency to isolate themselves
- Compulsive lying
- Attention seeking
- Pulling hair out (self-harm)
- Hurting other children
- No empathy
- Anxiety
- Hiding inside clothes (making self invisible)
- Loud and disruptive
- Hiding lunch
- Over/under eating
- Soiling

The above could be significant in helping school to identify a mental health need. However, it must be recognised that if a child is displaying one or some of the above, this does not *necessarily* mean a mental health need is evident.

Vulnerable Groups

Some pupils are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties. Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse
- Contextual circumstances
- Children in need
- Looked After Children (LAC) and Previously looked-after children

- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

Protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

The table below displays common risk factors (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Protective factors
<u>In the pupil</u>	<ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills and sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
<u>In the pupil's family</u>	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord
<u>In the school</u>	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies. • An effective early help process • Understand their role in and are part of effective multi-agency working • Appropriate procedures in place to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively

In the Community

- Wider supportive network
- Good housing
- High standard of living
- High morale school with positive policies for behaviour, attitudes and anti-bullying
- Opportunities for valued social roles
- Range of sport/leisure activities

Specialist Intervention and support

The school implements the following specialist interventions:

- In addition to talking therapy, support is provided through non-directive play therapy.
- Interventions are structured in a way that addresses behavioural issues through education and training programmes.
- Individual pupil-orientated interventions are less effective than ones that involve parents, and so parents are involved in interventions where appropriate.
- Parental training programmes are combined with the pupil's intervention to promote problem-solving skills and positive social behaviours.
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour.
- Well-established nurture groups are in place to address any emerging SEMH difficulties in pupils.
- Play-based approaches are in place to develop more positive relationships between pupils and their parents.
- Specific classroom management techniques for supporting pupils are in place.

For pupils with more complex problems, additional in-school support includes:

- Supporting the pupil's teacher to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil.
- One-to-one therapeutic work with the pupil delivered by mental health specialists.
- The creation of an individual healthcare plan – a statutory duty for schools when caring for pupils with complex medical needs.
- Professional mental health recommendations regarding medication may be sought.
- Family support and/or therapy will also be considered upon the recommendation of mental health professionals.

When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the pupil as much as possible throughout the process. In addition to school support, the following support may be offered, dependent on assessment of need by the relevant services:

School-based counselling is offered to pupils who require it.

Relevant external services are utilised where appropriate, e.g. [MindEd](#), [Rethink](#) or [ThinkTwice](#).

A child psychologist is made available where a pupil requires such services.

The school develops and maintains pupils' social skills, for example, through one-to-one social skills training.

Where appropriate, parents have a direct involvement in any intervention regarding their child.

Where appropriate, the school supports parents in the management and development of their child.

Serious cases of SEMH difficulties are referred to CAMHS (Child and Adolescent Mental Health Service)

The services commissioned are suitably accredited and are able to demonstrate that they will improve outcomes for pupils.

Commissioning local services

The school commissions appropriately trained, supported, supervised and insured external providers who work within agreed policy frameworks and standards and are accountable to a professional body with a clear complaints procedure.

The school does not take self-reported claims of adherence to these requirements on face value and always obtains evidence to support such claims before commissioning services.

The school commissions support from school nurses and their teams to:

- Build trusting relationships with pupils.
- Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable pupils and provide tailored support.
- Engage with pupils in their own homes – enabling early identification and intervention to prevent problems from escalating.

Working with parents

Where it is considered appropriate to inform parents / carers of a disclosure, staff will always seek to be sensitive in approach and will consider on a case by case basis the following points

- Should the meeting happen face to face? *This is preferable.*
- Where should the meeting happen? *At school, at their home or somewhere neutral?*
- Who should be present? *(parents, child or young person, other members of staff)*
- What are the aims of the meeting?

The school accepts that, on learning of their child's issues, parents may be upset or surprised and may respond negatively during the first conversation. The school understands that (within reason) and will always seek to give the parent time to reflect.

As it can be difficult to 'take in' information while coming to terms with unexpected news, the school will provide parents with leaflets/information to take away in addition to highlighting sources of further support aimed specifically at parents - e.g. Parent helplines and forums.

The school will provide a contact point for parents if they have further questions and will consider booking in a follow-up meeting or phone call as parents often have many questions.

Each meeting will finish with agreed next steps and a brief record of the meeting will be kept on the child's confidential record.

Supporting peers/siblings

When a child is suffering from mental health issues, it can be a difficult time for their friends/siblings.

Friends/siblings often want to support but do not know how best to do it. The school will seek to support friends/siblings and will consider what is most appropriate on a case by case basis.

Support will be provided on a one-to-one basis or in a group setting and will be informed by the views of the pupil who is suffering and their parents with whom the school will discuss:

- What is helpful for friends/siblings to know and what they should not be told.
- How friends/siblings can best support.
- Things friends/siblings should avoid doing or saying which may inadvertently cause upset.
- Warning signs that their friend/sibling may need help (e.g. signs of relapse).

Additionally the school will highlight for peers/siblings:

- Where and how to access support for themselves.
- Safe sources of further information about their friend's/sibling's condition.
- Healthy ways of coping with the difficult emotions they may be feeling.

Working with alternative provision (AP) settings

The school works with AP settings to develop plans for reintegration back into the school where appropriate.

The school shares information with AP settings that enables clear plans to be developed to measure pupils' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for pupils with SEND.

Administering Medication

The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's Supporting Pupils with Medical Conditions Policy.

The governing board will ensure that medication is included in a pupil's IHC where recommended by health professionals.

Staff know what medication pupils are taking, and how it should be stored and administered.

Behaviour and Exclusions

When exclusion is a possibility, the school will consider contributing factors which could include mental health difficulties.

Where there are concerns over behaviour, the school carries out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.

Where underlying factors are likely to have contributed to the pupil's behaviour, the school considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue an exclusion. If a pupil has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.

In all cases, the school balances the interests of the pupil against the mental and physical health of the whole school community.

Appendix A.) SEMH and Special Educational Needs (SEND)

Some children and adults have more *acute* mental health need(s). These may be identified as special educational need(s). The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.

Where pupils have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety.

Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.

The Headteacher considers the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse Effect on the pupil.

The school recognises that not all pupils with mental health difficulties have SEND.

The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a pupil has SEND).

All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.

The SENCO ensures that staff understand how the school identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

Appendix B: **Further information and sources of support about common mental health issues**

Prevalence of Mental Health and Emotional Wellbeing Issues¹

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here as they are useful for school staff too.

Support on all these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk) [Place2Be](http://www.place2be.org.uk) (www.place2be.org.uk) and the leadership and governance pages on the MKC Website <https://www.milton-keynes.gov.uk/schools-and-lifelong-learning/leadership-and-governance/training-and-development-for-school-leaders-and-governors/mental-health-and-wellbeing-in-schools>

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – POPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or pre-school age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix C:
Talking to pupils when they make mental health disclosures (from NHS England Guidance 2016)

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a pupil has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The pupil should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening! Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes. Don’t be afraid to make eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are

horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit to themselves they have a problem, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you.

Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a pupil has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the pupil.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.