



Mental Health and Well-Being Policy

Mental Health & Well-Being Policy

1, Why Mental Health and Well-Being is Important

At Colerne Church of England Primary School, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health. We believe that the children at Colerne Church of England Primary School are '**Lights for all to see**'. We ensure that all children are guided and supported wherever they may be on their journey. This is supported by 100% of parents in December 2022 stating that relevant staff knew their child well and cared about them.

We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. About 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement.

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils' well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma

- positive mental health is promoted and valued
- bullying is not tolerated

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being.

2, Purpose of the Policy

This policy sets out

- how we promote positive mental health
- how we prevent mental health problems
- how we identify and support pupils with mental health needs
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems
- where parents, staff and pupils can get advice and support

3, Definition of Mental Health and Well-Being

We use the World Health Organisation's definition of mental health and wellbeing:

... 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 her or his community.

Mental health and well-being is not just the absence of mental health problems. We want all children/young people to

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

4, Links to other Policies

This policy links to our policies on Safeguarding, Inclusion, Looked After Children, Anti-Bullying, Behaviour and Discipline, Personal Social Health Education (PSHE), Relationships and Sex Education (RSE) and Special Educational Needs and Disabilities (SEND) Policy.

Links with the Behaviour and Discipline Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need. We consider ***behaviour to be a message.***

5, A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping pupils to develop social relationships, support each other and seek help when they need to
3. helping pupils to be resilient learners
4. teaching pupils social and emotional skills and an awareness of mental health
5. early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services
6. effectively working with parents and carers
7. supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'Open Door Policy'.

6, Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

The school's Mental Health Team (*Headteacher/Deputy and SENCO*):

- leads on and works with other staff to coordinate whole school activities to promote positive mental health
- provides advice and support to staff and organises training and updates
- keeps staff up-to-date with information about what support is available
- liaises with the PSHE Leader on teaching about mental health
- is the first point of contact and communicates with mental health services
- leads on and makes referrals to services

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families. Support includes:

- Class teachers
- Emotional Literacy Support Advisors (ELSA) to manage mental health needs of pupils
- SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.
- THRIVE
- Play Therapist
- School nurse
- CAMHS core meetings to support staff to manage mental health needs of pupils

7, Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

Pupil-led Activities

- Campaigns and assemblies to raise awareness of mental health

Transition Support

- Support for vulnerable children, for example, Speech and Language (SALT) support small group work such as Lego Therapy or Social Communication groups
- Transition meetings with parent/carers, pupils and relevant staff
- Yearly Transition Passports for vulnerable children
- Transition Passports available for all staff to be aware of vulnerable children's needs
- Key Adults might support secondary school visits with vulnerable pupils

Class Activities

- Worry boxes
- Kindness/Compliment Boards
- Mindfulness and breathing/meditation in class
- Classroom scripts and signposting

Whole School

- Wellbeing Focus
- Jigsaw resources
- Anna Freud *Schools in Mind* resources
- Assembly themes

- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school

Small Group Activities

- Small friendship, social skills groups
- Orchard Room for those children who are finding the classroom overwhelming

Teaching about Mental Health and Emotional Well-being

- Through PSHE we teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

Key Stage 1 and Key Stage 2 children learn to explore feelings through Jigsaw topics:

- Being Me in My World
- Celebrating Difference
- Dreams and Goals
- Healthy Me
- Relationships
- Changing Me

Our approach is to:

- provide a safe environment to enable pupils to express themselves and be listened to
- ensure the welfare and safety of pupils as paramount
- identify appropriate support for pupils based on their needs
- involve parents and carers when their child needs support
- involve pupils in the care and support they have
- monitor, review and evaluate the support with pupils and keep parents and carers updated

8, Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Identify individuals that might need support
- being an Attachment Aware School
- working with the School Office staff who are often the first point of contact with families seeking support
- Close relationships with local playgroups
- induction meetings for pupils / families joining at any point during the year
- analysing behaviour

- staff report concerns about individual pupils to the SENCO and Headteacher
- weekly staff briefing for staff to raise concerns about individual children
- gathering information from a previous school at transfer or transition
- parental meetings
- enabling pupils to raise concerns to class teacher and support staff
- enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'
- drop-ins with School Nurse or Educational Psychologist
- All staff have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the SENCO or Headteacher

These signs might include:

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed. A risk assessment and plan will be made.

Verbal Disclosures by Pupils

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advise. Staff are clear to pupils that the concern will be shared with the Inclusion Manager/Designated Safeguarding Team and recorded in order to provide appropriate support to the pupil.

Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

Confidentiality

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support

All concerns are reported to the Headteacher and recorded. We then implement our assessment system based on levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

We recognise that just like physical health, mental health and emotional well-being can vary at any given time and is fluid and changes, there are no absolutes.

<p>Need</p> <p>The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff</p>	<p>Evidence-based Intervention and Support - the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and pupils</p> <p><i>For example</i></p>	<p>Monitoring</p>
<p>Highest need</p>	<p>CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies</p> <p>School Mentor/counsellor -1:1 support</p> <p>Educational Psychologist involvement</p> <p>External agency support that provides 1:1 support and group work</p> <p>Weekly Music Therapy on site</p> <p>If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report.</p>	<p>All pupils needing targeted individualised support will have an Individual Care Plan drawn up setting out -</p> <ul style="list-style-type: none"> • The needs of the pupils • How the pupil will be supported • Actions to provide that support • Any special requirements <p>Pupils and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a Strengths and Difficulties Questionnaire</p> <p>Multi-agency meetings and regular reviews and feedback with parents/carers</p>
<p>Some need</p>	<p>Access to in school Nurture Room</p> <p>1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends</p> <p>ELSA</p> <p>THRIVE</p> <p>Play Therapist</p>	<p>Early Help Referral and Children's Services if appropriate</p> <p>Discussion, advice and support in Child and Mental Health Services (CAMHS) core hours for key staff</p> <p>An electronic log is kept and there are monthly safe-guarding team meetings</p> <p>Weekly staff briefing</p>
<p>Low Need</p>	<p>General support e.g., class teacher/TA,</p>	

9, Working with Specialist Services to get swift access to the right Specialist Support and Treatment

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, school refusal and other complex needs.

We make links with a range of specialist services and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.

School referrals to a specialist service will be made by the Inclusion Manager/SENCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil's specific needs.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
School Mentor	Accessed through the SENCO
PlayTherapy	Accessed through the SENCO

10, Involving Parents and Carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

To support parents and carers:

- we organise a range of Mental Health workshops accessing expertise from voluntary services such as Greenwich Time to Talk. This includes topics such as Anxiety, Stress Management and Sleep.
- we provide information and signposting to organisations on our websites on mental health issues and local wellbeing and parenting programmes.
- we run a P4P Parenting programme.
- have an Open Door Policy.
- supporting parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting.

When a concern has been raised the school will:

- contact parents and carers and meet with them
- in most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- agree an Action Plan
- discuss how the parents and carers can support their child

- keep parents and carers up to date and fully informed of decisions about the support and interventions

Parents and carers will always be informed if their child is at risk of danger.

We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

11, Involving Pupils

- we seek pupils' views and feedback about our approach and whole school mental health activities through Pupil Voice, surveys, class questions and suggestion boxes

12, Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help (see Appendix 3).

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Staff training to raise awareness of Mental Health and emotional well-being topics have been accessed through The Charlie Waller Memorial Trust

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing with relaxation activities such as yoga, steel pans and staff choir.

13, Monitoring and Evaluation

This policy was made in collaboration with the whole school. Its effectiveness will be monitored by the SLT.

Policy Review

Policy Issue	Date Policy Reviewed	Revisions Agreed	Date Revised Policy Agreed	Date of Next Review
1.0	January 2023	Policy issued and adopted by FGB.	January 2023	January 2026

Signed Chair of Governors

SignedHeadteacher

Date

APPENDICES

Appendix A

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

A brief overview of some of the recent research into the prevalence of mental health problems amongst children and young people (compiled September 2021)

- 50% of all mental health problems start by the age of 14.¹
- Anxiety and depression are the most common mental health problems experienced by young people and have risen in the last few years. In 2020, 1 in 6 children and children and young people aged 5 - 16 were identified as having a probable mental health problem.²
- Large increases were seen in depression and poor sleep in young people over a ten year period to 2015; 8.5% of males and 22.8% females self-harming at age 14.³
- Reported self-harm in young people has risen considerably over the past two decades, from 6.5% in 2000 to 19.7% in 2014.⁴
- At age 17, prevalence of self-harm was found to be 20.1% in males and 28.2% in females, with sexual minority adolescents reporting a prevalence of self harm and attempted suicide two to four times higher.⁵
- The prevalence of self-harm and suicidal behaviour in young people under the age of 18 with an autism spectrum condition is likely to be higher than the general population, ranging from 7% to 73% depending on different groups and population samples.⁶
- Young people who have engaged in self-harming behaviours which require hospital treatment are at increased risk of suicide, with evidence suggesting the risk could be up to 30 times higher in the year following hospitalisation.⁷
- Economic hardship and parental stress are associated with mental health problems in children and young people and it is possible that the COVID-19

¹ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.

² NHS Digital. Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. 2020. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

³ Patalay P and Gage S. Changes in millennial adolescent mental health and health-related behaviours over 10 years: a population cohort comparison study. *International Journal of Epidemiology*, 2019 1650-1664. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6904321/pdf/dyz006.pdf>

⁴ McManus S, Gunnell D, Cooper C, et al. Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population. *Lancet Psychiatry* 2019;6(7):573-81.

⁵ Patalay P and Fitzsimons E. Psychological distress, self-harm and attempted suicide in UK 17-year olds: prevalence and sociodemographic inequalities. *The British Journal of Psychiatry* 2021 219, 437–439. Available at: <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/psychological-distress-selfharm-and-attempted-suicide-in-uk-17-year-olds-prevalence-and-sociodemographic-inequalities/01B1D33B67CD8D00A81EA4C0E6CD1BE8>

⁶ Oliphant R, Smith E and Grahame V. What is the prevalence of self-harming and suicidal behaviour in under 18s with autism spectrum disorder, with or without an intellectual disability? *BJPsych Open*. 2021 Abstracts of the RCPsych Virtual International Congress 2021, 21–24 June.

⁷ Hawton K, Bale L, Brand F, et al. Mortality in children and adolescents following presentation to hospital after non-fatal self-harm in the Multicentre Study of Self-harm: a prospective observational cohort study. *Lancet Child and Adolescent Health* 2020;4(2):111-20.

lockdown restrictions may have increased the risk of mental health problems in vulnerable individuals.⁸

- Eating disorders have risen, particularly during the COVID pandemic. Simultaneously, eating disorder services have been increasingly unable to meet targets for urgent and routine referrals.⁹
- The number of children and young people in contact with mental health services has risen by 46% over the last 18 months from December 2019 to May 2021.¹⁰

Apps, Online Support and Further Reading

A range of apps, online support and further reading covering mental health problems most commonly seen in school-aged children and young people. Some resources are aimed at children and/or young people experiencing mental health problems, whilst others are suited to parents/carers and school staff supporting a child or young person. Some of the apps and other resources may be helpful for more than one specific issue.

General Mental Health & Wellbeing

Apps

- **eQuoo:** a storyline and skills game which supports the development of resilience, personal growth and interpersonal relationship skills.
<https://www.equoogame.com/>
- **MeeToo:** a safe and secure forum for teenagers wanting to discuss any issue affecting their lives.
<https://www.nhs.uk/apps-library/meetwo/>
- **ThinkNinja:** a mental health app designed for 10 to 18 year olds. Using a variety of content and tools, it allows young people to learn about mental health and emotional wellbeing and develop skills they can use to build resilience and stay well.
<https://www.nhs.uk/apps-library/thinkninja/>

Online Support

- **Hub of Hope:** a mental health database of local, national, peer, community, charity, private and NHS support.
<https://hubofhope.co.uk/>
- **ChildLine:** information, advice, support and tools for children and young people up to 19 years old.
0800 1111 www.childline.org.uk
- **Kooth:** free online counselling for 10-18 year olds.
<https://www.kooth.com/>
- **The Mix:** advice, blogs, articles and 1-2-1 online chat and messenger options for older teens and young adults.
0808 808 4994 www.themix.org.uk

⁸ Creswell C, Shum A, Pearcey S, et al. Young people's mental health during the COVID-19 pandemic. 2021. The lancet. Available at: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00177-2/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00177-2/fulltext)

⁹ Royal College of Psychiatrists. Royal College of Psychiatrists' briefing Mental Health Watch policy summary, July 2021. Available at: <https://mentalhealthwatch.rcpsych.ac.uk/docs/default-source/default-document-library/mental-health-watch---july-2021-summary.pdf>

¹⁰ NHS Digital Mental Health Monthly Statistics. 2021. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>

- **Muslim Youth Helpline:** non-judgemental, confidential support 7 days a week, 365 days a year including bank holidays and Eid.
www.myh.org.uk
- **Shout:** a free, confidential and anonymous text support service.
Txt 85258 <https://giveusashout.org/get-help/>
- **Young Minds:** mental health support for young people and their parents. and carers
<https://www.youngminds.org.uk/>

Books

- Adrian Bethune (2018) *Wellbeing in the Primary Classroom: A practical guide to teaching happiness and positive mental health*. London: Bloomsbury.
- James Hollinsley (2018) *An Educator's Guide to Mental Health and Wellbeing in Schools* London: Woodbridge: John Catt Educational Ltd.

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 worrying thoughts, overwhelming anxiety, fear or panic are repeatedly present over several weeks or months and negatively impact a young person's ability to access or enjoy day-to-day life, intervention is needed.

Apps

- **Chill Panda:** Tasks include simple breathing techniques and light exercises to take your mind off your worries.
<https://www.nhs.uk/apps-library/chill-panda/>
- **Worry Tree:** Uses cognitive behavioural therapy (CBT) techniques to help notice and challenge worries and create an action plan for managing worry.
<https://www.nhs.uk/apps-library/worrytree/>
- **Thrive:** helps prevent and manage stress, anxiety and related conditions. The game based app can be used to relax before a stressful situation or on a more regular basis.
<https://www.nhs.uk/apps-library/thrive/>

Online support

- **Anxiety UK:** A range of free and paid for self-help resources.
www.anxietyuk.org.uk
[Free Anxiety Resources](#)

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.

Depression

Ups and downs are a normal part of life, but for someone who is experiencing depression, negative thoughts, feelings of failure, hopelessness, numbness or sadness may affect functioning over an extended period, having a significant impact on behaviour, motivation and ability to engage in day-to-day activities.

Apps

- **Catch It:** Learn how to manage feelings like anxiety and depression with Catch It. The app will teach you how to look at problems in a different way.
<https://www.nhs.uk/apps-library/catch-it/>
- **MoodTools:** A free app for managing depression with mood tracker, videos, meditations and thought diary.
<https://www.moodtools.org/>

Online support

- **The Campaign Against Living Miserably (CALM)**
0800 585858
[Get Help On: Depression](#)
<https://www.thecalmzone.net/>

Books

- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers.
- Nadja Reilly (2015) *Anxiety and Depression in the Classroom: A Teacher's Guide to Fostering Self-Regulation in Young Students*. London: W.W. Norton & Company.

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.

Apps

- **Blue Ice:** an evidence based app to help young people manage their emotions and reduce urges to self-harm.
<https://www.oxfordhealth.nhs.uk/blueice/>
- **Calm Harm:** an app designed to help people resist or manage the urge to self-harm.
<https://calmharm.co.uk/>
- **Self-Heal:** A free app to help with the management of self-harm. Includes distraction task suggestions, useful contacts, information on self-harm and a gallery of inspirational images.
<http://www.self-healapp.co.uk/>

Online support

- **Alumina (Formerly Self Harm UK):** Free self-harm support for 14-19 year olds.
<https://alumina.selfharm.co.uk/>
- **Harmless:** Provide a range of services to support people who self-harm, and those that support them.
<https://harmless.org.uk/>
- [A Guide for Young People – Self Harm from Young Minds](#)
- [Information and Support - Self-Harm from Mind](#)

Books

- Tina Rae and Jody Walshe (2015) *Understanding & Preventing Self-Harm in Schools: Effective Strategies for Identifying Risk and Providing Support*. Buckingham: Hinton House.
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. 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.

Suicidal thoughts

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 without any warning.

Apps

- **distrACT**: easy, quick and discreet access to information and advice about self-harm and suicidal thoughts.
<https://www.expertselfcare.com/health-apps/distract/>
- **Stay Alive**: a pocket suicide prevention resource for the UK, packed full of useful information. Can be used by individuals who are having thoughts of suicide or if you are concerned about someone else who may be considering suicide.
<https://www.prevent-suicide.org.uk/find-help-now/stay-alive-app/>

Online support

- **Samaritans**: Young People and Suicide.
<https://www.samaritans.org/about-samaritans/research-policy/young-people-suicide/>
- **Papyrus**: prevention of young suicide.
www.papyrus-uk.org
- **The Campaign Against Living Miserably (CALM)**: helpline support and webchat 0800 585858
<https://www.thecalmzone.net/>

Books

- 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.

Obsessions and compulsions

Obsessions are intrusive thoughts or feelings which are disturbing or upsetting; compulsions are the behaviours carried 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.

Online support

- **OCD UK:** advice, information, and support services for those affected by OCD.
www.ocduk.org/ocd
- **OCD Youth:** aims to increase awareness and access to support for anyone under 25 affected by OCD.
<https://ocdaction.org.uk/ocd-youth/>

Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers.
- Patricia Rice Doran (Ed) (2016) *PANDAS and PANS in School Settings: A Handbook for Educators*. London: Jessica Kingsley Publishers.

Eating problems

Problems with eating, along with preoccupation with weight and shape, may develop as a way of coping with difficult emotions or experiences. Some young people develop eating disorders such as anorexia (where food intake is restricted), or bulimia nervosa (a cycle of bingeing and purging). Early intervention is crucial to protect physical and mental health.

Apps

- **Recovery Record:** Technology-enabled best practice for eating disorder treatment.
<https://www.recoveryrecord.co.uk/>

Online support

- **Beat Eating Disorders:** helplines, chatrooms and resources.
<https://www.beateatingdisorders.org.uk/>
- NHS Advice for parents: eating disorders.
<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/advice-for-parents/>

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.

For further e-learning opportunities [MindEd](#) is a free educational resource hub on children, young people and adult mental health.

Appendix B: Guidance and advice documents

[Promoting children and young people's emotional health and wellbeing: A whole school or college approach.](#)

Guidance for headteachers and college principals on the 8 principles for promoting emotional health and wellbeing in schools and colleges.

Public Health England and Children & Young People's Mental Health Coalition (2021)

[Mental health and behaviour in schools.](#)

Departmental advice for school staff.

Department for Education (2018)

[Counselling in schools: a blueprint for the future](#)

Departmental advice for school staff and counsellors.

Department for Education (2016)

[Teacher Guidance: teaching about mental health and emotional wellbeing](#)

PSHE Association.

Funded by the Department for Education (2019)

[Keeping children safe in education](#)

Statutory guidance for schools and colleges.

Department for Education (2021)

[Supporting pupils at school with medical conditions](#)

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

Department for Education (2015)

[Healthy child programme from 5 to 19 years old](#)

A recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.

Department of Health (2009)

[Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing](#)

A report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people.

Department of Health (2015)

[NICE guidance on social and emotional wellbeing in primary education](#)

[NICE guidance on social and emotional wellbeing in secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#)

Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: Data Sources

[Children and young people's mental health and wellbeing profiling tool](#) collates and analyses a wide range of publicly available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

[The National Child and maternal Health Intelligence Network Knowledge Hub – School Health](#)

Provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing.

[Health behaviour of school age children](#)

An international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

Appendix D: Sources of support at school and in the local community

School and Local Based Support

List the full range of support available to students.

What is it?	Who is it suitable for?	How is it accessed?	How is this information shared with parents and students?
Emotional Literacy Support Assistant (ELSA)	All ages	Parent or teacher referral	Regular meetings between class teacher, ELSA and parents
THRIVE	Whole School	SENCO	Regular meetings between class teacher, ELSA, SENCO and parents
1-1 Play Therapy	Children with specific mental health needs	SENCO and Headteacher in consultation with parents	Parents have specific feedback from the play therapist
Army Welfare Team	Military families	Parental or school referral to the Army Welfare Team	Confidential

Appendix E: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help guide initial conversations with students 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 student has come to you, it’s because they feel they can trust you and want 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 talk about what they are thinking and feeling can make a huge difference and can be an important first step in recovery. Up until the point they start to talk to you, 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 student 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 student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with open questions to encourage the student 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; that may be appropriate 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.”

You may find the concept of a mental health difficulty such as an eating disorder or self-harm to be difficult to understand, particularly if you have not had first-hand experience. You may experience judgemental thoughts, perhaps wondering why someone would do these things to themselves. You may have had similar experiences yourself and be tempted to say ‘I know exactly how you feel’; however, this may be experienced as patronising. Whether we think we might understand or not, it is important to bracket off any judgements and avoid asking intrusive questions. Instead,

continue to listen carefully, using open questions. Encourage the young person to keep talking, and try to get a sense of the emotions they have been experiencing - the 'music behind the words'. Demonstrating empathy by reflecting back your sense of how the young person may be feeling can be validating.

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, for example staring straight into the eyes of the student rather than a soft focus on their face, the student may feel uncomfortable or even threatened. However, if you don't make eye contact at all, for example looking away from them or looking at a computer screen, then a student may interpret this as evidence that you are disgusted, to the extent that you can't bring yourself to look at them. Maintaining natural eye contact will convey a positive message to the student that you are interested in what they have to say and focussed on wanting to support them.

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 school's policies on such issues. Whatever happens, you should have some form of action/s to carry out after the conversation because this will help the student 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 student 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 student which will encourage them to keep seeking support.

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 student has confided in you and may even have expressed a

desire to overcome the mental health problems they are experiencing, that does not mean they will readily accept help. The distress they are experiencing may result in them resisting help for as long as they possibly can, which may be particularly the case for eating disorders. Try not to be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the student.

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 student 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 student'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.

Remember that you can make a difference

“Even though I said I didn’t want to talk and that it was none of their business, it felt like I was a bit closer to getting help because someone bothered to notice that I was struggling.”

Even if you don't think the approach that you made may have been helpful, the fact that you tried can make a real difference. Leave the door open.

Appendix F: What makes a good referral to Child and Adolescent Mental Health Services (CAMHS) referral?¹¹

General considerations

- Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.
- You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.
- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CAMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the student's parents' or carers' attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil and their family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem or issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?

¹¹ Adapted from Surrey and Border NHS Trust

- Is there a history of developmental delay e.g. speech and language delay?
- Are there any symptoms of ADHD/ASD and if so, have you talked to the educational psychologist?
- You might also find it helpful to ask the student to complete a [Strengths and Difficulties Questionnaire \(SDQ\)](#) and provide the score to the person who takes the referral. SDQ is available to download in a range of languages and can be found [here](#).

The screening tool on the following page will help guide you as to whether or not a CYMPHS referral is appropriate.

For further support and advice, our primary contacts are:

Professional's advisory line 01865 903330 www.oxfordhealth.nhs.uk/swb-referrals
Primary Mental Health worker team (Melksham) 01865 903777
melkshamcamhs@oxfordhealth.nhs.uk

INVOLVEMENT WITH CAMHS/CAMHS	
<input type="checkbox"/>	Current CYMPHS/ CAMHS involvement – END OF SCREEN*
<input type="checkbox"/>	Previous history of CYMPHS/CAMHS involvement
<input type="checkbox"/>	Previous history of medication for mental health issues
<input type="checkbox"/>	Any current medication for mental health issues
<input type="checkbox"/>	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
<input type="checkbox"/>	1-2 weeks
<input type="checkbox"/>	Less than a month
<input type="checkbox"/>	1-3 months
<input type="checkbox"/>	More than 3 months
<input type="checkbox"/>	More than 6 months

*** Ask for consent to telephone CYMPHS/CAMHS clinic for discussion with clinician involved in young person's care**

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS	
<input type="checkbox"/>	1 Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
<input type="checkbox"/>	1 Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
<input type="checkbox"/>	2 Depressive symptoms (e.g. tearful, irritable, sad)
<input type="checkbox"/>	1 Sleep disturbance (difficulty getting to sleep or staying asleep)
<input type="checkbox"/>	1 Eating issues (change in weight / eating habits, negative body image, purging or binging)
<input type="checkbox"/>	1 Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
<input type="checkbox"/>	2 Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
<input type="checkbox"/>	2 Delusional thoughts (grandiose thoughts, thinking they are someone else)
<input type="checkbox"/>	1 Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
<input type="checkbox"/>	2 Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3
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HARMING BEHAVIOURS

1	History of self harm (cutting, burning etc)
1	History of thoughts about suicide
2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
2	Current self harm behaviours
2	Anger outbursts or aggressive behaviour towards children or adults
5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / plans for doing so)
5	Thoughts of harming others* or actual harming / violent behaviours towards others

*** If yes – call CAMHS/CAMHS team to discuss an urgent referral and immediate risk management strategies**

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)

Family mental health issues	Physical health issues
History of bereavement/loss/trauma	Identified drug / alcohol use
Problems in family relationships	Living in care
Problems with peer relationships	Involved in criminal activity
Not attending/functioning in school	History of social services involvement
Excluded from school (FTE, permanent)	Current Child Protection concerns

**How many social setting boxes have you ticked?
Circle the relevant score and add to the total.**

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3
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Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice.

Appendix G
Protective and Risk factors (adapted from Mental Health and Behaviour DfE
March 2016)

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<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 relationship or the absence of severe discord
In the School	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the Community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness 	<ul style="list-style-type: none"> • Wider supportive network • Good housing

	<ul style="list-style-type: none">• Disaster, accidents, war or other overwhelming events• Discrimination• Other significant life events	<ul style="list-style-type: none">• 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
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