

**Broad Oak
Primary
School**



POSITIVE MENTAL HEALTH POLICY
January 2019

Attitude

Behaviour

Courage

Determination

Enthusiasm

Friendship

Resilience

Policy Statement

Wellbeing is “feeling good, feeling that our life is going well, and feeling able to get on with our daily lives” (Deighton et al. 2016)

At our school, we aim to promote positive mental health and wellbeing for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. We aim to promote the positive mental health of the school staff through an open and supportive culture alongside regular CPD sessions and targeted support for those requiring it.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

We will stay up to date with current policy and research in this area to ensure that we take advantage of the growing evidence base.

Mental health and wellbeing: some key facts

- In 2004, 1 in 10 children and young people aged 5 - 16 suffered from a diagnosable mental health disorder - that is around three children in every class. Several studies since have indicated that the rate of difficulties has increased.
- 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, over 8,000 of these are aged under 10 years old.
- 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.
- There is increasing policy emphasis on schools as a primary focus for providing support to young people to overcome difficulties through programmes and strategies that aim to support resilience.
- Young people who experience mental health difficulties are less likely to do well academically and more likely to drop out of formal schooling early.
- In recent studies over three quarters of teachers reported suffering mental health difficulties within the last 2 years including stress, anxiety and depression.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our 'Supporting Pupils with Medical Conditions at school' policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the 'SEND & Inclusion' policy where a pupil has an identified special educational need. In relation to staff wellbeing, the Staff Handbook should be consulted.

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The Policy Aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents or carers
- Raise awareness of support available for staff suffering mental ill health

Lead Members of Staff

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

- Kevin Corteen - Headteacher. Designated child protection lead/ safeguarding officer (CPOMS key holder)
- Thaley Clough - Mental health lead (CPOMS key holder)
- Lisa Walker - Pastoral lead (CPOMS key holder) / Staff wellbeing coordinator
- Richard Osler - Deputy head. Safeguarding team (CPOMS key holder)
- Sandy Castell - PSHE lead
- Lucy Dimond - First aider

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead/safeguarding officer in the first instance. This should also be logged on CPOMS (Child Protection Online Management System). If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated child protection officer. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Thaley Clough mental health lead.

Individual Health Care Plans

It is helpful to draw up an individual health care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals.

This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

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 and Healthy Schools curriculum in 2017/18.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching 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.

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We ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in [Appendix C](#).

We will display relevant sources of support in the staff room, in classrooms and on our school mental health notice board. We will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil and staff help-seeking by ensuring they understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should log their concerns on CPOMS at the end of the morning or afternoon session.

This will be picked up by one of the four key holders.

Possible warning signs include:

- 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
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

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Staff should listen rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see [Appendix B](#).

All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, Thaley Clough who will store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest regarding the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Staff will report disclosures via CPOMS for the attention the four key holders. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence; and it provides an extra source of ideas and support.

If a child gives us reason to believe that there may be underlying child protection issues, parents may not be informed, but the child protection officer Kevin Corteen must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should consider the following questions (on a case by case basis):

- Can 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? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE via the website.

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support, in particular;

- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe.

We will host relevant information in a folder on the school's shared drive for staff who wish to learn more about mental health. The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Sandy Castell, who can also highlight sources of relevant training and support for individuals as needed.

Staff Mental Health and Wellbeing

We recognise that:

- the staff at Broad Oak Primary are our most important resource and are to be valued, supported and encouraged to develop personally and professionally within a learning and caring community.
- the Governing Body has a duty of care towards employees which requires them to manage and safeguard the physical and psychological wellbeing.
- there is a relationship between healthier more positive staff, pupil achievement and school improvement

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- the role modelling of good mental health by teachers has a positive impact on the wellbeing of the pupils.

To help facilitate positive mental health, the importance of a work-life balance will be communicated to all staff. Demands on staff will be reviewed and practical solutions sought wherever possible. The Senior Leadership Team will be sensitive to any problems which may cause the employee stress-related issues and external pressures which affect the lives of staff members will be responded to sensitively.

The Governing Body and Senior Leadership Team will encourage an atmosphere where all staff members feel comfortable asking for help or raising concerns. Reasonable opportunities for employees to discuss concerns will be created, within an environment where stress is not considered a weakness. Staff members will be made aware of the channels which can be used to manage and deal with stress or health and wellbeing issues. This includes access to the Health Assured Employee Assistance Programme which provides professional confidential counselling and signposting to practical support where relevant.

Staff will be provided with support to deal positively with stressful incidents and provide them with a sense of confidence particularly in responding to distressing occurrences for example the Acorn team have half termly commissioned supervision from an external provider.

There will be clear communication between staff and management with regards to all areas of school life and staff will be involved in the school decision making processes.

Staff will be expected to raise issues at the earliest possible opportunity so that effective strategies can be put in place to support them and manage workloads.

The following actions will be implemented to assist in the development of the open and supportive culture and to raise awareness of the importance of looking after our mental health:

- Weekly communications via staff briefings.
- Continuing professional development for all staff.
- Appraisal system
- All staff encouraged to contribute to the School Improvement Plan.
- All staff invited to INSET days.
- Termly phase meetings to give staff the opportunity to voice concerns and to have their views sought.
- INSET days and staff meetings with mental health focus
- Confidential counselling service and access to practical support (Health Assured Employee Assistance Programme)
- Staff wellbeing board to share positive feedback and social events
- A day's unpaid leave to be offered to all staff

A staff wellbeing co-ordinator will be appointed and be responsible for ensuring that the good health and wellbeing of all staff members is supported, promoted and valued by the school.

Staff wellbeing meetings, open to all staff, will be held every half term to raise concerns and discuss solutions.

If staff require professional or confidential support the following services are available:

Staff can access the **Health Assured Employee Assistance Programme** which provides a confidential counselling service and access to practical support. There is a free helpline available 24 hours a day on **0800 030 5182**. Further details are displayed in the staffroom.

Staff can also contact **Education Support Partnership Teacher helpline** on **08000 562 561**. Txt: **07909 341229**

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Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in February 2021.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Kevin Corteen via head@broad oak.manchester.sch.uk.

This policy will always be immediately updated to reflect personnel changes.

Appendix A: Sources of support at school and in the local community for pupils and staff

School Based Support

We offer a tiered approach to mental health and emotional wellbeing support within our school. Access to targeted and indicated provision is reviewed by the mental health lead Thaley Clough in the SAFs meeting every half term.

Tier 1 Provision

- Whole school and class reward systems promoting learning behaviour
- Whole school / class rules
- Door pass to speak to SLT or Pastoral Lead
- Whole school policy for behaviour management with graduated response
- Circle time as part of citizenship
- Addressing attendance/ punctuality

Tier 2 Provision

- Social Communication Skills group training e.g. Turn taking, social stories, Lego Therapy
- Small group circle time
- Small group re-tracking activities
- Monitoring at break times
- Mentoring sessions (One Goal)
- Daily Behaviour record
- Therapeutic work in small groups to enhance self-esteem (Messy Crew, Wild Crew)
- In- Crowd at lunchtimes- for vulnerable pupils who may be referred, or self-refer
- Achievement team referral to SAFs team
- Child, young person or family who would benefit from a co-ordinated programme of support from more than one agency using the EHA, TAC/Early Help Hubs
- Child, young person or family who requires intensive and co-ordinated support for complex issues via targeted services/Early Help Hubs
- Children for whom Tier 1 outcomes have not improved

Tier 3 Provision

- Individual arrangements for SATs
- Positive Handling Plan and/or Daily Behaviour record
- Outreach from Behaviour Support Team
- TA 1-1 support – used to support and monitor targets (PHP)
- Surveillance at break-time
- Therapeutic Play worker sessions – Rainbow Island
- Peer mentoring/attachment figure
- Child or young person at risk of, or suffering significant harm, due to compromised parenting, or whose needs require acute services or care away from their home
- Referral to Children's services

Local Support

Information, Advice and Support Manchester parents@manchester.gov.uk

Free impartial information, advice and support to parents/cares of children and young people from the age of 0-25, who have special needs and/or disability.

Gaddum Centre info@gaddum.co.uk

Counselling for children and their families (bereavement)

Manchester Early Help Hub South earlyhelpsouth@manchester.gov.uk

General advice, guidance and information

HSM.manchester.gov.uk

Online directory of services available in the Manchester area

Youth Wellbeing Directory <https://www.youthwellbeing.co.uk/>

Listings site that is searchable by location and has details of local services for young people.

Childline 0800 1111

Winston's Wish <https://www.winstonswish.org/>

A child bereavement support service

Online resources may also offer valuable support:

Mentally Healthy Schools <https://www.mentallyhealthyschools.org.uk/>

MindEd www.minded.org.uk

Young Minds www.youngminds.org.uk

Mind www.mind.org.uk

Support for staff

Health Assured Employee Assistance Programme

Staff are able to access this service which provides a confidential counselling service and access to practical support. There is a free helpline available 24 hours a day on **0800 030 5182**.

Further details are displayed in the staffroom.

Education Support Partnership Teacher helpline

Staff can call for free 24 hours a day to speak to trained counsellors on **08000 562 561**. Txt: **07909 341229**

Mental Health in Manchester <http://www.mhim.org.uk/>

This site is for Manchester people who want to know more about how to look after their emotional health and wellbeing. You will find information and resources about mental health and mental health problems and advice about where to go for help if you're worried about yourself or someone else.

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Appendix B: Talking to pupils when they make mental health disclosures

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, themselves, 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.

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

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 because we think they are useful for school staff too.

Information and Support on all these issues can be accessed via

- Mentally Healthy Schools <https://www.mentallyhealthyschools.org.uk/>
- MindEd www.minded.org.uk for e-learning opportunities
- Supporting mental health in schools by The Evidence Based Practice Unit <https://www.annafreud.org/what-we-do/schools-in-mind/youre-never-too-young-to-talk-mental-health/supporting-mental-health-and-wellbeing-in-schools/>
- Schools in Mind <https://www.annafreud.org/what-we-do/schools-in-mind/>
(Sandy Castell has registered for access to materials)
- Young Minds www.youngminds.org.uk resources for schools & parent helpline
- Mind www.mind.org.uk

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

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

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

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.

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OCD UK: www.ocduk.org/ocd

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/

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 preschool 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

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Appendix D: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)

Healthy child programme from 5 to 19 years old is 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

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)



The Charlie Waller Memorial Trust

Depression – let’s get talking

Based on mental health and wellbeing policies for schools and colleges Example policy and Guidance

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