Keble Prep Mental Health and Well-Being Policy

Policy Statement:

> *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 her or his community. (World Health Organization)*

At Keble Prep School, we aim to promote positive mental health and well-being for every member of our staff and our pupils. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

Children who are mentally healthy are able to:

- Develop psychologically, emotionally, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve problems and setbacks and learn from them

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average-sized classroom, three children will be suffering from a diagnosable mental health issue. The Mental Health Foundations says that 75% of all mental health disorders originate during adolescence. The Government Green Paper 2017 also states that adult mental health problems begin in childhood or adolescence. 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.

Mental Health is a Continuum:

Emotional Wellbeing / Mentally Healthy	Mental Distress	Mental Health Problems	Mental Health Disorders	Mental Illness

Mental Distress
This has a wider scope than the related term Mental Illness. Life situations such as bereavement, stress, parental separation etc can induce mental stress and symptoms of anxiety, depression and so on but these may resolve without medical intervention

Mental Health Problems
Interfere with the ability to learn, enjoy life and deal with adversity

Mental Health Disorders
Similar to problems but more severe, complex or persistent. Include emotional disorders and conduct disorders. (Identified in the DSM-5, ICD 10)

Three most common groups of disorders in children:

Emotional Disorders (anxiety, depression and obsessions)

Hyperactivity Disorders (involving inattention and over activity)

Conduct Disorders (characterised by awkward, troublesome, aggressive and antisocial behaviours)

Other disorders: Developmental disorders – including Autism, attachment disorders, eating disorders, habit disorders, post-traumatic stress syndromes, somatic disorders, and psychotic disorders

Mental Illness
Psychosis, clinical depression, extreme forms of anorexia nervosa.[1]

[1] *Family Action Sheffield TaMHS*

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

This policy should be read in conjunction with the school's medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a pupil has an identified special educational need, the safeguarding and PSHE policies.

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

Lead Members of Staff:
Whilst ALL staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit include:

- Perran Gill - Deputy Head, Head of PSHE, Head of Pastoral Care and Designated Safeguarding Lead
- Stella Stringer - Head of Inclusion, SENCo and member of the Pastoral Team
- Penny Pontin: Well-being TA in Senior School and a member of the Pastoral Team
- Penny Pontin, Stella Stringer, Scott Turner - Mental Health first aiders
- Sarah Winter - Designated Safeguarding Lead
- Joe Robe - Head of Junior School

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance.
If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the designated safeguarding lead, their deputy or the head teacher.
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 the SENCo and /or the DSL as mental health leads. Guidance about referring to CAMHS is provided in *Appendix A.*

The School will take all reports of concerns over the mental health and well -being of its pupils seriously and not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking steps to safeguard a pupil.

WHAT DO I DO?

STAFF CONCERN ABOUT A PUPIL

You may have noticed changes in behaviour and mood: see list of signs to observe
Support if needed.

PUPIL DISCLOSURE

Explain you will have to tell the DSL
Listen in a non-judgemental way
Ask open (Ted) questions to clarify
Do not interrupt the child
Reassure

CONCERN OVER A MEMBER OF STAFF

Staff will voice their concern to the Head teacher who will follow procedures

Complete a Record of Concern

Send to SENCo and DSL immediately

Joint meeting and investigation

Action as appropriate

Individual Care Plan:
It is helpful to draw up an individual plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. The plan may be written as a Pupil Passport if overlapping with learning support needs or as an Individual Health Care Plan (IHP) if the focus lies within a medical sphere, *see Appendix B*. The plan should be drawn up involving the pupil, the parents and with due regard to the advice of the relevant health or clinical professionals. It should be readily accessible to all relevant staff and a copy attached to the boys profile on Arbor.
This can include:

- Details of a pupil's condition
- Targets to support the child
- Reasonable adjustments to be made by the school
- Medication and any side effects
- What to do and who to contact in an emergency

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 via the Jigsaw PSHE Scheme of Work.

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

We will 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, students 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 such as access to a Listening Mentor on the Well-Being Board in the main school corridor.

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 communicate their concerns with either the DSL and / or the SENCo using the Record of Concern, *Appendix D*

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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Risk factors to child mental health:

In the Child

• Specific learning difficulties
• Communication difficulties
• Specific developmental delay
• Genetic influence
• Difficult temperament
• Physical illness
• Academic Failure
• Low self esteem
Signs of being drawn to antisocial or criminal behaviour including gang involvement

Parenting/In the Family

• Overt parental conflict
• Family breakdown
• Inconsistent or unclear discipline
• Hostile or rejecting relationships
• Failure to adapt to a child's changing needs
• Physical, sexual or emotional abuse
• Parental psychiatric illness
• Parental criminality, alcoholism, substance misuse or personality disorder
• Death and loss – including loss of friendship
Child is privately fostered or adopted
At risk of modern slavery, trafficking or exploitation

In the Community

• Socio-economic disadvantage
• Homelessness
• Disaster
• Discrimination
At risk of radicalisation or exploited

• Other significant life events[2]

[2] *From "Targeted Mental Health in Schools Project: Using the evidence to inform your*

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.

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?'.

All staff should follow the **ALGEE action plan** taught on the Mental Health First Aider training and supported by Young Minds:

A: Assess for risk of harm
L: Listen non-judgmentally
G: Give reassurance and information
E: Encourage appropriate professional help
E: Encourage self-help and other support strategies

All disclosures should be recorded in writing. 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 DSL and SENCo who will store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest with regard to 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. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. This is vital for any pupils up to 16 years who are in danger of harm.

It is important to share disclosures with a colleague, usually the mental health lead. 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. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

---

approach: a practical guide for head teacher and commissioners" DCSF 2008 Family Action TaMHS

Parents must always be informed and pupils may choose to tell their parents themselves.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection office must be informed immediately. Safeguarding protocol must be followed as set out in the safeguarding policy.

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 student, 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 record of the meeting on the child's 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 and parent portal
- 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 and mail shots
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home. The Jigsaw Programme has parental information sheets which will be sent home when appropriate.

Supporting Peers:

When a student 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. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- 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)

Additionally, we will want to highlight with peers:

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

Training:

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

The MindEd learning portal[3] provides free online training suitable for staff wishing to know more about a specific issue, see *Appendix E* for additional information on common mental health issues.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management 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 INSET or twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. The School has received such training from the Charlie Waller Memorial Trust on Areas of Mental Health and Warning Signs.

Staff Well-being:

- The governing body will take overall responsibility for ensuring that staff enjoy a reasonable work-life balance implemented by the Headteacher.
- To respond sensitively to external pressures which affect the lives of staff members
- To ensure that there is clear communication between staff and management with regards to all areas of school life
- To ensure that all new staff will receive staff induction and information on all important policies and regular support from their line manager
- All staff will have access to and opportunities for professional development
- All staff are invited to INSET days
- The Head teacher will hold annual job description/appraisal meetings with an opportunity to raise concerns

[3] www.minded.org.uk

- There is a staff room or designated place for staff to relax and talk
- All staff are invited to contribute to the School Development Plan
- The school will support and assist if external support such as counselling is needed for up to 5 sessions and will maintain the staff member's privacy at all times
- The school will look into a well-being working party or possible questionnaire to inform the Head of general concerns.

Policy Review:
This policy will be reviewed every 2 years as a minimum. It is next due for review in the Autumn Term 2020.
This policy will always be immediately updated to reflect personnel changes.

Appendix A: What makes a good CAMHS referral?
If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

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 record**s.**

General considerations
- 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 parent or carer pupil's 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 / 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?
- 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?

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

	INVOLVEMENT WITH CAMHS
	Current CAMHS involvement – **END OF SCREEN***
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

	DURATION OF DIFFICULTIES
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

*** Ask for consent to telephone 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
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	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

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 / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

*** If yes – call 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

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,**

Appendix B: Individual healthcare or care plan (IHP)

Date: _____ Review date: _____

Child's details

Name	
Group/class/form	
Date of birth	
Address	

Family contact information

1. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	
2. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	

Clinic/hospital contact or specialist

Name	
Role	
Phone number	

GP

Name	
Phone number	

Who is responsible for providing support at school?	

Details of condition

Reasonable Adjustments by School

• • • • • •

Targets for pupil

• • •

Name and dose of medication if needed	
Named individual(s) who may give medication	

Name:	Dose:
Name:	Dose:
Name:	Dose:

Side-effects of medication

Information about other treatments

Specific support or equipment required (for medical, educational, social, emotional needs)

Activities that require special precautions, and how to manage

Arrangement for school trips if needed

Other information

This plan has been agreed by (pupil/parent/carer/doctor/specialist):

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Name:	Signature:
Role:	Contact number:

Details of staff training required

Appendix C: Sources or support at school

Wave 1: Universal Whole School Provision

- Jigsaw PSHE programme in all years to Year 6: all parts of the school work cohesively together to promote well-being and help to prevent problems
- Supportive school and classroom climate and ethos
- Boxall Profile (BP) used to screen whole year groups (Year 1 and Year 4 plus individuals and new boys to the school as needed). Agree and input strategies where needed: class teacher. Monitor on an annual basis.
- A SEMH Policy including Individual Healthcare Plans (IHP), SEN and Safeguarding Policies, Behaviour Policy, Anti-Bullying and Diversity Policies: robust policies
- Clear pathways for specialist help and referrals; early identification of need
- Staff training on mental health identification, interventions and developments: all staff aware of warning signs
- A SEMH resources shelf in the meeting room
- Assemblies on mental health, mental health week, individual differences, resilience
- Promote staff well-being and an awareness of stress: staff meetings time given
- Pupil involvement: well-being notice board, signposting where to get help/ who to talk to, Time to Talk button and safeguarding on the Real Smart student dashboard, school council
- A room available for Time to Talk sessions. PP, STR, SS listening ear, drop-in times
- Transition work with Years 6 and 8 in PSHE
- Work in information technology on cyber bullying and internet safety
- Termly well-being letter to parents with information and signposting support organisation
- Parental information and support organisations signposted on the school site
- Yoga and Movement therapy in Years 1 and 2 with an external provider

Wave 2: Small Group and Individual Provision

- SEMH targeted weekly groups based on BP results: TA in Years 1 and 2, (TD) TA in Years 3 and 4, (LJ), TA in SS, (PP) using/liaising on the BP strategies
- 1:1 with the SENCo or LS specialist teachers on a weekly basis
- Lego therapy club (TD,HH HD), Art Therapy (MO), Mindfulness (SL),Yoga & Movement Therapy for ASD, ADHD and Learning Difficulties (External provider) available for targeted pupils, Mental Health First Aiders, (SS, STR, PP)
- Inclusion Plan agreed by all staff for SEN pupils **when necessary**
- Possible buddy system of older pupils with younger to be considered

Wave 3: Individual Referrals to Specialist Services

- Implement specialist pathways
- Information given on external services
- CAMHS referral by SENCo
- Referral by DSL for early help through: MASH (Multi-agency Safeguarding Hub)
- Referrals to other appropriate external services: Child Development Team (under 6 years), Motor Coordination Clinic, private EP/Clinical Psychologist, OT, SALT etc
- Liaison with school, home and specialist: disseminate information and recommendations, monitor progress.

- EHC applications written and supported, Annual Reviews undertaken

Appendix D: Record of Concern

Record of Concern form

Keble School
Initial Record of Concern

Date:

Name of child:	
Class / Form:	
Class/ Form /Subject teacher:	Class teacher

Areas of Concern (tick)	YES	NO
Communication and Interaction		
Cognition and Learning		
Social, Emotional and Mental Health		
Sensory and / or Physical		

Outline of Concerns:

-
-
-
-
-
-

Outline of Approaches /Strategies/Differentiation tried:

Appendix E: Further information and sources of support about common mental health issues: *on school website*

Prevalence of Mental Health and Emotional Wellbeing Issues[4]

- 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 because we think they are useful for school staff too.

Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.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

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

[4] Source: Young Minds

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 Conners (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 – PAPYRUS: 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 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

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

Guidance and advice documents for schools

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)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. 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

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)