Positive Mental Health Policy

King's College London Mathematics School

Monitoring and review

	Name	Date	Role
Last Reviewed	Obehi Orukpe	Spring 2024	Assistant Head PDBW
Ratified	Education Committee	Spring 2024	Governors
Next review	Education Committee	Spring 2026	Governors

Introduction

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 Organisation)

All members of King's College London Mathematics School (hereafter, KCLMS) community (students, staff, parents / carers, governors) should be encouraged to make positive choices that benefit themselves and the wider KCLMS community. At KCLMS we aim to promote positive mental health for every member of our school community. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health need as it arises. National statistics state that in an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

Legal Framework

This policy has been written with reference to the following guidance and documents:
- KCLMS Safeguarding Policy
- KCLMS Home School agreement
- KCLMS First Aid Policy
- KCLMS SEND Policy
- KCLMS Staff Code of Conduct

Also see the Department for Education's Mental Health & Behaviour - advice for Schools 2018.

Aims of the policy

The policy seeks to promote proactive wellbeing and an environment enabling positive mental health across the KCLMS community by increasing understanding and awareness of common mental health issues.   The policy also recognises the need to respond to situations where an individual is experiencing mental ill health. As such, the policy aims to alert staff to early warning signs of mental ill health and provide support to staff working with young people with mental health issues, as well as to students suffering mental ill health and their peers. The policy also seeks to provide guidance on record keeping in order to ensure clarity and good practice.

We aim to ensure that our school supports staff mental health and wellbeing by minimising stress, helping staff to keep a healthy work-life balance, ensuring that staff feel valued, offering specific support to staff when need arises, and involving staff in decision making. This policy aims to ensure that there Is cohesion and progress in working towards the health and wellbeing of all staff.

Scope of the policy

This policy describes the school's approach to promoting positive mental health and wellbeing, and the action taken where an individual is experiencing mental ill health, for both students and staff. This policy is intended as guidance for all staff including teaching and support staff and governors.

Section 1: Students

1.1 Responsibilities

All staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- The Assistant Head (PDBW) is our Designated Safeguarding/Child Protection Lead as well as being our Mental Health Lead. The AH (PDBW) oversees all aspects of pastoral care and is trained as a Designated Safeguarding Lead as well as having Mental Health First Aid training.
- The Head Teacher is our deputy Designated Safeguarding/child protection Lead and is trained as a Designated Safeguarding Lead.
- The Lead Teachers for Y12 and Y13, who are also Mental Health First Aid trained, oversee the individual wellbeing of all students and work closely with the AH (PDBW) in following up any concerns in this area.
- Each Tutor takes frontline responsibility for the collective wellbeing of those in their tutor group.
- All teachers look after the wellbeing of those in their classes, noticing and following up on any concerns.
- Support staff who come into contact with our students also follow up on any concerns.

Any member of staff who is concerned about the mental health or wellbeing of a student must speak to the Mental Health Lead, in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures must be followed with an immediate referral to the Designated Safeguarding Lead. If the student presents a medical emergency then the normal procedures for medical emergencies will be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to the Child & Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix F.

1.2 Individual Support Plans

It can be helpful to draw up an individual support plan for students with mental health issues or who receive a diagnosis pertaining to their mental health. This will be drawn up by the Designated Safeguarding Lead involving the student, the parents / carers and (where appropriate) relevant health professionals, and kept on the student's confidential file. This will be individual to each student/circumstance but may include:

- Details of a student'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

1.3 Teaching about Wellbeing, including positive mental health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our Personal Development curriculum. The specific content of lessons will be determined by the specific needs of the cohort 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 follow the PSHCE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

1.4 Signposting

We will ensure that staff, students and parents / carers 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 D.

 We will display relevant sources of support and will regularly highlight sources of support to students within relevant parts of the curriculum. We recognise that by highlighting sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it

- Why to access it
- What is likely to happen next

1.5 Warning Signs

Staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs must **always** be taken seriously and staff observing any of these warning signs must communicate their concerns to the Mental Health Lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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
- Not participating in Physical Education lessons or getting changed secretively
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism to school and/or to lessons

1.6 Managing disclosures about mental health

A student may choose to disclose concerns about their own, or a friend's mental health to any member of staff, so all staff need to know how to respond appropriately to a disclosure.

If a student 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 student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix E.

A write up of such disclosures will be recorded and held on the student's confidential file. This record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation (without additional commentary)
- Any agreed next steps

This information must be recorded on the school safeguarding software, CPOMS, and shared with the Mental Health Lead, who will offer support and advice about next steps.

1.7 Confidentiality

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

- 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 student 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.

Disclosures should always be shared with the AH (PDBW), who will keep others involved in safeguarding informed as necessary. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, ensures continuity of care in our absence and provides an extra source of ideas and support. This should be explained to the student.

Parents / carers should always be informed if the student is in danger of harm and this would not cause more harm. Students may choose to tell their parents / carers themselves, and this is to be encouraged. If this is the case, the student should be given a short window of time (no more than 24 hours) to share this information before the school contacts parents / carers. We will always give students the option of us informing parents / carers for them or with them.

If a student gives us reason to believe that there may be underlying child protection issues, then the relevant Safeguarding Procedures will be activated.

1.8 Working with Parents / Carers

Where it is deemed appropriate to inform parents / carers (this decision must be made with the AH (PDBW) or the Head Teacher), we need to be sensitive in our approach. Before disclosing to parents / carers we should consider the following (on a case by case basis): where the conversation should take place, who should be there and the aims of the meeting. Notes on the meeting must be added to the student's confidential file.

It can be shocking and upsetting for parents / carers 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 highlight further sources of information and give them relevant information 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 / carers 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 / carers often have many questions as they process the information. We should finish each meeting with agreed next steps and always keep a brief record of the meeting on the student's confidential record. Any verbal communication with parents / carers whose child is receiving support from mental health

professionals must be followed up with an email to the parents / carers confirming the content of the conversation. All written communications for these students must be forwarded to the Mental Health/Designated Safeguarding Lead.

1.9 Working with All Parents / Carers

Parents / carers 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 / carers we will:

- Highlight sources of information and support about common mental health issues
- Ensure that all parents / carers are aware of who to talk to, and how to get information 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 / carers
- Share ideas about how parents / carers can support positive mental health in their children
- Keep parents / carers informed about the mental health topics their children are learning about in PD and share ideas for extending and exploring this learning at home

1.10 Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to access support but do not know how. In the case of self-harm or eating disorders, it is also 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 may be provided either in one-to- one or group settings and will be guided by conversations by the student who is suffering and their parents / carers with whom we will discuss:

- What it is possible and helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs 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

1.11 Working with Mental Health Professionals

We always aim to work closely with any professionals who are supporting our students, as this enables us to offer joined up care for the benefit of the student. For this reason, we encourage students/families to give permission for information to be shared between the professionals and the school. This allows both school and professionals to share any key information plus any concerns or changes, so that the student can be supported appropriately. As a school, we can often give insights into how the student is coping with day-to-day life and can describe any

particular concerns. We listen carefully to, and reflect on, any advice given by the professionals about how best we can support the student in school. Any verbal communication with mental health professionals about students they are supporting must be followed up with an email to the mental health professionals confirming the content of the conversation. All written communications about these students must be forwarded to the Mental Health/Designated Safeguarding Lead.

1.12 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 in order to enable them to keep students safe. We will host relevant information, both within this policy and its appendices, and on our Sharepoint area 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.

All staff will receive Mental Health First Aid training every three years as a minimum, which will become part of our compliance register along with First Aid.

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 students. Where the need to do so becomes evident, we will host 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 the Mental Health Lead, who can also highlight sources of relevant training and support for individuals as needed. As an example, the Charlie Waller Memorial Trust provides funded training to schools on a variety of topics related to mental health.

1.13 School Counselling Provision

KCLMS offers 1-1 counselling for students through a Tier 2 trained school counsellor. Students can self-refer through conversation with their tutor, Year Lead, AH or any other member of staff. Students will be assessed in their first meeting for their needs, and an appropriate length of weekly meetings will be agreed. The school also employs a Wellbeing Consultant to work with students in small groups as well as 1-1, run drop-ins and workshops, as well as support the training of staff and parents in supporting the emotional wellbeing and mental health of KCLMS students.

1.14 Safety Plans

The AH (PDBW) will complete Applied Suicide Intervention Skills Training (ASIST). If a student creates a safety plan with the AH (PDBW) or with a school counsellor, a copy will be kept on CPOMS and shared with the Safeguarding Team. A KCLMS pro-forma is shared with the school counsellors, though this can be adapted based on the needs of the individual student.

Section 2: Staff

2.1 Responsibilities

The senior leadership team (SLT), governing body and school staff will work towards an ethos where everyone is valued, where respect, empathy and honesty are the cornerstones of all school relationships and where health and wellbeing are held central to school practice. We expect all staff to show respect and empathy for each other, and to treat confidential information sensitively and according to school policy.

The Governing Body is responsible for:
- fulfilling its duty of care as an employer
- monitoring the workload of the headteacher
- receiving any concerns from members of staff
- ensuring that resources are in place to keep staff workload at healthy levels
- reviewing this policy in conjunction with the headteacher
- considering how its own members are treated and valued
- ensuring that demands are not placed on individual members of staff that interfere unfairly with their work-life balance
- operating a sensitive appraisal policy
- ensuring that other school policies and procedures take account of staff wellbeing
- overseeing that change management is operated in a fair and reasonable way.

The Head Teacher and Senior Leadership Team is responsible for:
- working towards a school ethos where all staff are valued, where respect, empathy and honesty are the cornerstones of all school relationships
- providing personal and professional development such as team building, management of change, stress management, assertiveness, communication
- providing a non-judgemental and confidential support system such as coaching, mentoring and pastoral support for staff
- operating sensitive Performance Management and Appraisals linked to clear job specifications
- monitoring the workload of members of staff and being alert to signs of stress, and providing extra support at certain times of particularly busy workload
- listening to the views of members of staff and providing a range of strategies for involving staff in school decision making processes
- ensuring that the efforts and successes of staff are acknowledged and celebrated
- ensuring that staff feel valued, and that time is set aside for them
- acting as gatekeeper and prioritising reforms and innovations
- ensuring that staff are equipped with the right training to do the job confidently and to deal positively with stressful incidents
- ensuring that, as part of the risk assessment processes of work-related stress and staff workload, there are robust evaluations of the risks of harm and act upon such findings

- providing meeting guidelines that are agreed upon and followed
- planning the year's timetable considerately bearing in mind staff commitments
- providing a set budget for staff facilities, environment and welfare
- promoting information about and access to supportive services e.g. providing access to an Employee Assistance Programme, and ensuring support services are made available or signposted on behalf of members of staff where additional specialist support is needed
- including in professional development meetings opportunity for staff to discuss their aspirations and career intentions
- making special arrangements, where possible, to enable staff to combine the demands of family life and work life
- responding sensitively and flexibly to external pressures that impact on staff lives which may make them vulnerable to pressures at work and which may have a temporary influence on their work performance, whilst at the same time ensuring the efficient running of the school
- ensuring that pastoral staff have access to peer supervision
- ensuring that the Head Teacher is accessible to all staff, as are all members of SLT
- ensuring that there are effective methods of communication
- maintaining contact with staff during long absences
- ensuring that each new member of staff is well supported through their induction, including regular reviews with line manager for new staff to support staff wellbeing
- reviewing the demands on teachers, learning mentors and administrative staff in the time spent on paperwork and seeking practical alternative solutions wherever possible through the School Improvement Plan process
- maintaining positive staff-student relationships to ensure an effective teaching and learning environment
- ensuring all staff have an equal right to wellbeing in the workplace

The Head Teacher implements these responsibilities with the support of the SLT who all strive to be positive role models through their own practice.

KCLMS will use the following to assess the impact of the staff wellbeing policy:
- Decision making processes are clearly understood and supported by staff
- Opportunities are provided for all staff to socialise and relax with each other
- New staff are supported with an appropriate level of induction
- An open listening management system that responds quickly to problems
- A welcoming staff room that is sensitive to issues of race, gender, homophobia, culture and disability
- The quality of staff facilities and accommodation e.g. access to refreshment, adequate seating and toilet facilities
- The regular and systematic monitoring of staff absences, staff/student/parent/carer relationships and the recruitment and retention of staff

Members of staff are responsible for:
- treating one another with empathy, respect and kindness
- taking care of their own health and safety at work and communicating with key staff where they need support
- being committed to the ethos of staff wellbeing and keeping in mind the workload and wellbeing of colleagues
- valuing all members of staff in the school and acknowledging the important role that everyone takes, celebrating the different ways in which individuals think and act in pursuing the goal of good outcomes for students
- respecting how a staff member may want to manage their own mental or physical health, providing this doesn't impact on the safeguarding of students
- contributing to the ethos and social aspects of school life where possible to build morale and effective team spirit
- promoting ways of working with each other in harmony, including at times when opinions differ
- developing and respecting shared areas where possible so that there is space to relax as well as appropriate work spaces
- communicating concerns either about themselves or colleagues in person or by email/Teams to the senior mental health lead (AH (PDBW)), their line manager or other trusted colleague

2.2 Good practice for staff wellbeing
Examples of good universal support practice at KCLMS may include:
- supporting opportunities for training specific to each individual
- providing INSET training in mental health and wellbeing
- recognising and praising staff for their valuable work; celebrating staff achievements
- providing creative opportunities for building morale and promoting wellbeing (e.g. end of term parties, celebrating staff birthdays, half-termly SLT-round)
- giving staff the option to plan their own social activities
- holding designated health and wellbeing days
- trusting staff to complete their work by balancing their own time across the week outside of the core school hours, with line manager support for TOIL where appropriate if cleared with the AH (Academic)
- creative spaces for staff to be able to meet, relax and work quietly
- making refreshments available to staff and providing lunches at INSET
- encouraging staff to share their mental and/or physical needs in an open way with colleagues, to maximise support networks available
- allocating time for staff with additional responsibilities to complete major tasks
- involving staff in the development of the school through contributions to the staff surveys and Quality Improvement Plans
- having regular opportunities to listen to staff and being open to suggestions for change – through staff surveys, 1:1 conversations, focus groups

- Limiting hours within which you can be contacted by work

Examples of good targeted and specialist support practice at KCLMS may include:
- Assistant Head (PDBW) and Assistant Head (Academic) providing pastoral services – drop-ins and confidential sessions on a termly basis
- access to Employee Assistance Programme (EAP) through Education Support
- opportunity to discuss wellbeing during individual staff appraisals
- mentoring system for all new staff
- specific training around mental health and emotional wellbeing
- allowing flexible working where possible to support staff needs
- supporting staff through workplace needs assessments and implementing reasonable workplace adjustments where possible
- having an online Wellbeing Hub for use by staff

2.3 Staff Absence
KCLMS will monitor and regularly review staff absence data to ensure that it is looking out for its staff, and can offer support where needed.

KCLMS recognises the parity of mental with physical health, and works to reduce stigma associated with talking openly about mental health. If KCLMS staff are not fit for work, they are asked to declare to the school their reasons. We welcome and encourage staff to communicate a need to look after their mental health, as they would a need to look after their physical health. KCLMS commits to treating mental health equally with other illnesses.

Where possible, staff are supported with their work-life balance and wellbeing outside the school. KCLMS staff are provided with three days of paid leave for special events and celebrations. They are also entitled to time off to deal with specific family circumstances or crisis as set out in the KCLMS Discretionary Leave Policy.

2.4 When problems arise:
If an employee advises they are off sick due to their mental wellbeing, a manager should follow guidance on talking about mental health and dealing with disclosure:
- Talking about mental health and dealing with disclosure | Bupa UK
- When Your Employee Discloses a Mental Health Condition (hbr.org)

The school will provide support and discuss options as appropriate to the circumstances. In some cases, this may include external support such as the teacher helpline, support from the Local Authority, Occupational Health and/or Education Support EAP services. The school will continue to support even when external services are involved.

During this time the school will seek at all times to maintain the confidentiality, rights and dignity of the staff involved.

KCLMS's guidance on reasonable temporary adjustments allow SLT to offer up to a 10% reduction in workload for a period of up to six weeks for a member of staff who discloses that they are, or is identified to be, struggling to cope.

The outcome of stressful or violent incidents from students will be considered in the school's response.

Managing absence due to ill health – The school follows the KCLMS procedure for managing absence due to ill health as set out in the KCLMS Sickness and Absence Policy. The school will implement the use of risk assessments regarding health needs, when required.

KCLMS will work with its HR team in all cases.

2.5 Reasonable adjustments

If a member of KCLMS staff's mental health problem is a disability and there is a feature of their work which is causing them major disadvantage because of this disability, then KCLMS is under a duty to make adjustment to avoid that disadvantage. Examples of adjustments staff could ask for include:

- changes to their working area
- changes to their working hours
- spending time working from home
- being allowed to take time off work for treatment, assessment or rehabilitation
- temporarily re-allocating tasks they find stressful and difficult
- getting some mentoring.

The adjustments must be ones that are reasonable for KCLMS to make. Whether a change is reasonable or not depends on the circumstances of each case. KCLMS will consider carefully if the adjustment:

- will remove or reduce the disadvantage for the person with the disability
- is practical to make
- is affordable
- could harm the health and safety of others.

2.6 Sources of Professional support for staff

Staff members who are experiencing issues with their mental health can find general information on sources of support below. If a member of staff is concerned about the mental health of a fellow staff member they can raise these concerns with the Mental Health Lead (AH (PDBW)), their line manager, or other appropriate colleague.

KCLMS offers staff professional support via the Education Support Employee Assistance Programme (EAP): Contact number: 08000856148. Confidential help, 24/7, 365 days a year. Further resources can be accessed online: educationsupport.org.uk/onlinesupport

Where appropriate, staff may be offered time either as a one-off or on an ongoing basis with the KCLMS school counsellor or Wellbeing Consultant.

Other useful websites are:
https://www.annafreud.org/schools-and-colleges/
https://www.mentallyhealthyschools.org.uk/
https://www.mindfulteachers.org/
https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/top-tips-to-improve-your-mental-wellbeing/
https://www.mentalhealth.org.uk/
https://beta.lambeth.gov.uk/adult-social-care-and-health/health-and-wellbeing/mental-wellbeing/help-and-support

Appendices:

- Appendix A: **Further information and sources of support about common mental health issues**
- Appendix B: **Guidance and advice documents**
- Appendix C: **Data Sources**
- Appendix D: Sources of support at school and in the local community
- Appendix E: Talking to students when they make mental health disclosures Appendix F: How to talk to a student you are worried about (Samaritans)

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

Prevalence of Mental Health and Emotional Wellbeing Issues[2]

- NHS 2018 report found that 1 in 9 children and young people aged 5 - 15 suffer from a diagnosable mental health disorder - that is around three children in every class.
- NHS Digital report 2018 found that a quarter of 11- to 16-year-olds with a mental health disorder had self-harmed or attempted suicide. This compared with 3 per cent who do not have a diagnosed condition.
- 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 approximately 70%.
- More than half of all adults with mental health problems were diagnosed in student-hood. 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, there is 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 / carers but they are listed here because we think they are useful for school staff too. Support on all of these issues can be accessed via [Young Minds](www.youngminds.org.uk)(www.youngminds.org.uk), [Mind](www.mind.org.uk)(www.mind.org.uk) and (for e-learning opportunities[) Minded](www.minded.org.uk)(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
Self-harm awareness: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk

Books

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies.* London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents.* London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm.* London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for everyone, 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 everyone 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 a person's mind 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. 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 / carers 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: StudentLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-studentline-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 student does not have the words to convey.

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

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

Books
- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals.* London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies.* London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook.* Teachers' Pocketbooks

Appendix B: Guidance and advice documents

- 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 (2015)
- Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHCE Association. Funded by the Department for Education (2015)
- Keeping children safe in education - statutory guidance for schools and colleges. Department for Education
- Supporting students at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)
- Promoting children and young people's mental health and wellbeing is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2021)
- 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

- ChiMat school health hub 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 is 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

Source of support	Who (or what) offers the support	Who is the support is suitable for	How the support is accessed	How students are made aware of this source of support
Tutors/ Teachers	Staff	All students	Speak/note/email	Handbook/Welcome Evenings/Assemblies/PD lessons, posters, etc.
AH (PDBW) **Lead Teacher Pastoral**	Staff	All students	Speak/note/email	Handbook/Welcome Evenings/Assemblies/PD lessons, posters, etc.
Head Teacher	Staff	All students	Speak/note/email	Handbook/Welcome Evenings/Assemblies/PD lessons, posters, etc.
School Counsellor	Staff/self/peers	All students	Via tutors/email requests to AH (PDBW) or LT (Pastoral)/online booking site	Handbook/Welcome Evenings/Assemblies/PD lessons, posters, etc
Friends	Students	All students	However you want	As part of education on what to do if… in PD, tutorials, 1-1s, etc
Family/ carers	Parents / carers, Carers, siblings, etc	All students	However you want	Handbook/Welcome Evenings/Assemblies/PD lessons, posters, etc

National sources of support

Kooth	Online site manned by professionals	www.kooth.com (site available 24/7 and counsellors available evenings/weekends)
GP	Your doctor	By appointment with GP surgery, letters of support from school can be written by the Assistant Head
CAMHS	Mental Health professionals	By referral (by GP or school)
Grief Encounter	Bereavement Charity	www.griefencounter.org.uk
Samaritans	Charity providing support 24/7	Tel: 08457 90 90 90 jo@samaritans.org www.samaritans.org
Childline	Charity - free 24 hr helpline for young people	Tel: 0800 1111 www.childline.org.uk
Young Minds	UK's leading charity for mental health/ emotional well- being of young people.	www.youngminds.org.uk
Hospital A&E	Immediate access to doctors if someone is at risk	Go to nearest hospital
Young Minds Crisis Messenger	Free 24/7 crisis support across the UK for young people (and a parent line too)	Text YM to 85258 https://youngminds.org.uk/f ind-help/get-urgent-help/youngminds-crisis- messenger/
Barnardo's	Offer services for young people with mental health difficulties.	www.barnardos.org.uk
Children's Society	local services to support young people at risk of harm.	https://www.childrenssociet y.org.uk
The Mix	Support service for young people, inc. confidential helpline	www.themix.org.uk/get- support

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 you in 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 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 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 questions to 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. 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 student 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 student 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 student.

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 next steps 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 they have a problem to themselves, 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.

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 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 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.

Appendix F: How to talk to a student you are worried about
(Samaritans advice sheet for staff)

Starting difficult conversations: If you're worried about a young person, try to get them to talk to you.
- Often people want to talk, but won't speak until someone asks how they are. Try asking open questions, like *'What happened about...', 'Tell me about...', 'How do you feel about...'*
- Repeat back what they say to show you understand and ask more questions.
- Focus on their feelings instead of trying to solve the problem - it can be of more help and shows you care.
- Respect what they tell you. Sometimes it's easy to want to try and fix a young person's problems, or give them advice. Try and let them make their own decisions.

How do I start a conversation with someone I'm concerned about?
You might feel that you don't know how to help someone, because you don't know what to tell them or how to solve their problems. You don't need to be an expert. In fact, sometimes people who think they have the answers to a problem are less helpful. Don't forget that every person is different, so that what worked for one will not always work for another.

Find a good time and place
- Ask gentle questions, and listen with care. Ask them how they feel.
- If you're gentle and calm it's ok to bring up the subject of self-harm or suicide.
- The more open the question the better. Questions that help someone talk through their problems instead of being able to say 'yes' or 'no' are the most useful.
- Questions such as:
  - **When –** 'When did you realise?'
  - **Where –** 'Where did that happen?'
  - **What –** 'What else happened?'
  - **How –** 'How did that feel?'
  - **Why –** be careful with this one as it can make someone defensive. *'What made you choose that?'* and *'What were you thinking about at the time?'* are more effective.

Find out how they feel: Revealing their innermost emotions – anger, sadness, fear, hope, jealousy, despair and so on — can be a huge relief. It sometimes also give clues about what the person is really most worried about.

Check that they know where to get help. Useful questions you might ask them include:
- *'Who else have you talked to about this?'*
- *'What do you think about getting some help?'*
- *'Would you like me to come with you?'*

If you say something that appears to cause more upset, don't panic.

- show you are listening;
- look after yourself, and talk to someone too.

If the person has made an explicit threat of suicide, you could contact the emergency services on 999.

- REMEMBER TO: Listen without judgment, assumptions, or interruptions. Let them know that you believe what they are saying and take them seriously.
- Know your limits and do not place yourself in physical danger – the best way to help is to connect your friend to appropriate support.

No matter what, you shouldn't be embarrassed or worried about offending or upsetting your friend. Helping your friend may take some courage, but it is always worth the effort to support their health and safety.