



Aiskew, Leeming Bar
Church of England Primary School

*'Rooted in love and growing together
to become lifelong learners'*

Mental Health and Emotional Wellbeing Policy

Date written: September 2022

Signed: _____ Date: _____
(Headteacher)

Date of review: September 2023

Aiskew, Leeming Bar CE Primary School

Mental Health and Emotional Wellbeing Policy

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)

This policy runs in line with our strapline around the school community being, 'Rooted in love and growing together to become lifelong learners' (based around Ephesians 3:17), and our vision which is to enable every member of our school family to grow and flourish into well-developed individuals who are inclusive, independent and inspired learners, equipped with the knowledge, skills and wisdom needed to succeed in life; to do this, the promotion of good mental health and wellbeing is paramount. Where pupils do not have good mental health and wellbeing, we acknowledge the need to give them the knowledge, skills and wisdom in accessing support and strategies to improve their mental health and wellbeing. We explicitly teach our 8 Christian values of friendship, forgiveness, compassion, endurance, truthfulness, trust, thankfulness and hope. It also takes into account the fundamental British values of respect and tolerance.

The staff and governors of Aiskew, Leeming Bar CE Primary School consider the emotional health and wellbeing of all members of our school community as being extremely important in our modern day world. In our school, our Christian vision and values provide a caring and supportive ethos for all members of our school community, where each individual and contribution is valued.

Objectives:

- Promoting mental health as part of school life in all staff and students.
- Improving the emotional wellbeing of staff, students and their families.
- Ensuring mental health problems are identified early and appropriate support provided for the student, their peers and parents/carers.
- Offering provision and interventions that matches the needs of its students and staff.
- Engaging the whole-school community in the importance of mental health awareness.
- Capturing the views of parents, carers, students and teachers on mental health issues.
- 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

These objectives will be the basis for the aims of this policy

Aims

At Aiskew, Leeming Bar CE Primary School we will:

- Support children and adults to understand and talk about their emotions and feelings.

- Encourage children and adults to feel comfortable and able in sharing any concerns or worries they may have.
- Help children and adults to develop emotional resilience and to manage challenging situations which arise.
- Help children and adults to form and maintain appropriate relationships with others.
- Promote confidence and self-esteem.
- Teach children and adults that their views and thoughts are important and valued.

These aims will be achieved through:

- Our whole school agreed approaches.
- Following our Home School agreement.
- A whole school family team approach to supporting each other.
- Providing support for pupils going through recent difficulties e.g. bereavement.
- Accessing specialised, targeted approaches aimed at pupils with more complex or long-term difficulties e.g. attachment disorder.

This policy will use the 8 principles of mental health as outlined by Public Health England to outline how our school will provide mental health care.



https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf

Our school promotes a mentally healthy environment and ethos through:

- Promoting our Christian ethos through our school vision and values.
- Encouraging a sense of belonging to our whole school family.
- Promoting pupil voice and opportunities to participate in decision-making.
- Celebrating and valuing academic and non-academic achievements.
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others.
- Providing opportunities to reflect and learn from experiences.
- Access to appropriate support that meets their needs when appropriate.
- Creating displays of our school values throughout school.
- Each classroom having a designated reflection space, available to children throughout the day.
- Appointing a staff member as a designated well-being champion (Fiona McKnight).
- Explicitly teaching essential learning skills through Building Learning Power such as resilience, being resourceful and collaboration. These underpin all our teaching.

Our school provides targeted support and provision through:

- Whole class discussions / teaching time.
- Circle time approaches or 'circle of friends' activities.
- PSHE, SMSC and British Values lessons taught through a comprehensive scheme 1Decision and is further supplemented by work from The Linking Network.
- Worship focus.
- Whole class mindfulness as required.
- Targeted individual support including use of fiddle toys, mindfulness activities and opportunities to talk 1:1 with a trusted adult.
- Use of the school's worry monster.
- The whole school community is able to award 'Golden Tickets' and our 'Values' awards.
- The daily mile in order to improve wellbeing.
- Providing breakfast for all children each morning which in turn creates a calm start to the school day.
- Healthy food choices through providing free fruit each morning playtime for KS2 (in addition to the government free fruit scheme for EYFS/KS1).

Teaching about 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 developmental PSHE curriculum.

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 students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

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

Our school will work closely with outside agencies:

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- Early Help
- The Healthy Child Team
- CAMHS (child and adolescent mental health service)
- Compass Buzz
- Family support workers
- EMS for SEMH
- Educational Psychology services
- Paediatricians
- Further therapists as guided by professionals

Our school will identify children's needs through:

Children are discussed by school staff at regular intervals in staff meetings and during Pupil Progress Meetings and IEP reviews. Any concerns, changes of behaviour or queries about individuals are discussed as a teaching team and shared with senior leaders.

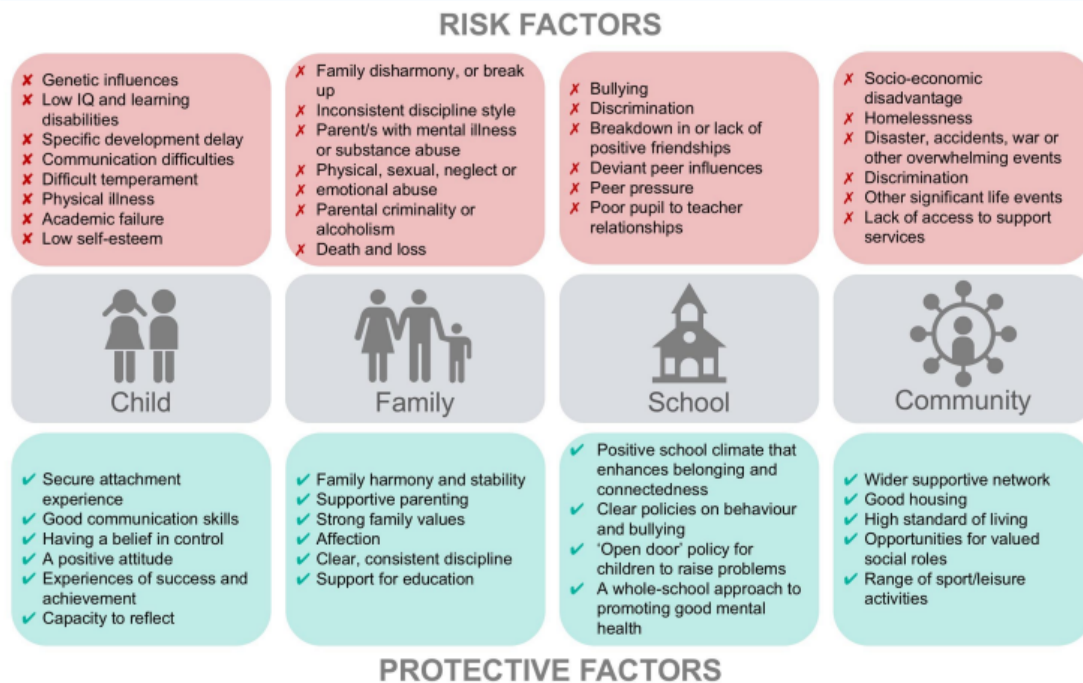
Staff wellbeing is promoted through regular opportunities to review workload and approaches to working within our school.

Warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the Designated Safeguarding Lead/deputy Designated Safeguarding Lead as appropriate.

Possible warning signs include:

- Changes in eating / sleeping habits
- Becoming socially withdrawn
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Physical signs of harm that are repeated or appear non-accidental
- Lowering of academic achievement
- Abusing drugs or alcohol
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause

Risk and protective factors for CYP's mental health



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This diagram has been taken from Public Health England, The mental health of children and young people in England (Public Health England, 2016), p. 5, available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf

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 disclosures should be recorded in writing and held in the secure DSL records and followed up in line with the Child Protection & Safeguarding Policy as appropriate.

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 & actions

This information should be shared with the DSL (Mrs Bethany Stanley) who will store the record appropriately and offer support and advice about next steps. Our wellbeing champion (Mrs Jade McAlle) will also be part of the discussion, support and advice.

Confidentiality:

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a pupil 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

It is always advisable to share disclosures around mental health with a colleague, usually the DSL and wellbeing champion: 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.

Parents should be informed if there are concerns about pupil mental health and wellbeing 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 DSL/deputy DSL must be informed immediately.

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 by 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 / saying which may inadvertently cause upset
- Warning signs that their friend 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

Individual Care Plans

It is helpful to draw up an individual 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

Our school will make use of resources to assess and track wellbeing as appropriate including:

- Informal pupil interviews / reviews /pupil voice
- Strengths and Difficulties questionnaire
- Formal assessment audits as guided by support agencies

Our school will promote positive mental health through curriculum teaching and learning:

- Reflection time is particularly given during RE, PSHE AND SMSC/British Values lessons as well as through Collective Worship.
- Reflection areas are available in all classrooms and other areas around school to allow pupils time to think/reflect and talk.
- Through all curriculum areas the promotion of a positive mindset is emphasised and Building Learning Powers are promoted and taught.
- Through all curriculum areas, children's contributions are valued and respected.

Our school will promote positive mental health through pupil voice:

- The school council has a say in up and coming events or issues in school.
- All classes undertake pupil conferencing regularly throughout the year, to hear the pupils' voice about their progress in school.
- Children are listened to informally whenever an issue occurs.

Our school will promote positive mental health through working with parents and carers through:

- Raise Mental Health and Emotional Wellbeing as an important focus.
- Highlight sources of information and support about mental health and emotional wellbeing.
- Share and allow parents/carers to access sources of further support.
- Ensure that all parents/carers are aware of who to talk to, and how to get about this, if they have concerns about their child.
- Make our emotional wellbeing and mental health policy easily accessible to parents/carers.
- Share ideas about how parents can support positive mental health in their children.

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 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 are 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 step and always keep a brief record of the meeting on CPOMS.

Our school will provide staff training and support:

- School staff have received Mental Health and Wellbeing Level 1 training provided by Compass Buzz. Key members of staff to receive Level 2 and 3 provided by Compass Buzz.
- All staff and Governors complete regular Child Protection and Safeguarding training to ensure our children's safety and wellbeing.
- Staff wellbeing is reviewed during individual Performance Management review/interim review meetings.
- We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support.

Wellbeing of staff

We recognise that school staff are in a position where they offer support and advice to others but sometimes need their own support. We are a very small staff and 'look out' for each other. In addition to seeking support from colleagues, school buys into The Health and Wellbeing Service from North Yorkshire County Council which provides occupational health and counselling services

This provides occupational health and counselling services for staff, focussed on the maintenance of good health, management of attendance, health promotion and health surveillance.

Staff have access to 24/7 support. The 24/7 helpline gives immediate access for staff who may need help with problems which can be work related or external to work. It also provides a pathway to face to face support if this is the best solution.

Managers can also obtain impartial advice and information via telephone through the Management Consultancy Service (available Monday to Friday, 9am to 5pm) designed to assist managers in supporting their employees at work. Access to short term counselling is also available if a need for emotional support is identified via triage process and to executive coaching in order to support managers in achieving goals and dealing with obstacles.

The Health and Wellbeing service is completely confidential and no details or information about the support sessions are ever shared.

Annual Package

The annual package for schools provides a professional service for staff which includes:

- Access to our Employee Assistance Programme, which includes:
- 24/7 telephone helpline to speak to a councillor
- Confidential advice and support, including emotional wellbeing e.g. bereavement, stress, family illness, anxiety, and legal e.g. neighbour dispute, moving house
- Access to an online portal that provides tailored personal health assessments and practical health improvement advice, 24/7
- Comprehensive advice to managers provided by registered nurses on interventions for phased returns to work and reasonable adjustments, suitability for redeployment and fitness to work
- Telephone consultations and internet resources for quick one to one support
- Occupational health referrals
- Employment Health Questionnaires
- Ill health retirement assessments

It also provides a range of our services on an 'at need' basis. These include:

- Health Promotion Screening
- Health Surveillance
- Face to Face Counselling
- GP / Consultant reports required for management of attendance and ill health retirement cases
- Ill Health retirement assessment (Local Government Pension Scheme)
- Ill Health retirement second opinion
- Occupational Health Advisor Appointment
- Occupational Health Physician Appointment
- Employment Health Questionnaires
- Mediation and Facilitation

Further details can be found here: <http://nyestraining.co.uk/Article/14453>

Responsibility:

All members of staff have a responsibility to promote the mental health of our children and staff. In addition, the following staff take a lead in monitoring, promoting and planning provision:

Mrs Bethany Stanley: Designated Safeguarding Lead

Alison Watson: Deputy Designated Safeguarding Lead

Mrs Jade McAlle: Wellbeing champion

Miss M Dearlove: Governor responsible for Well-being

Mrs Sue Richardson: Safeguarding Governor

Mrs Alison Watson: Lead first aider

Class teachers – support for children within own class

Teaching Assistants – intervention groups / individual support

This policy should be read in conjunction with the school's Child Protection Policy and SEND policy in cases where pupils' mental health needs are supported in addition to other needs. This policy should also be read in conjunction with our school's Behaviour Policy, Anti-bullying, RE, PSHE and SMSC policies.

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 records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carers attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / 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/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 to guide 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
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HARMING BEHAVIOURS	
1	History of self harm (cutting, burning etc)
1	History of thoughts about suicide
2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
2	Current self harm behaviours
2	Anger outbursts or aggressive behaviour towards children or adults
5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / 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
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Add up all the scores for the young person and enter into Scoring table:

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

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

Appendix B: 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 is 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 are 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 is 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 have touched on more deeply, or to show that you understand and are supportive. Do not 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 are 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 have never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but do not explore those feelings with the sufferer. Instead listen hard to what they are saying and encourage them to talk and you will 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 is important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it does not 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 do not make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you cannot 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 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 student to realise that you are 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.

Do not 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 will readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Do not 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 cannot then you must be honest. Explain that, whilst you cannot 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 do not have all the answers or are not 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 C: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 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 of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

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](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): www.nshn.co.uk

Books

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

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

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

Depression

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

Online support

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

Books

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

Anxiety, panic attacks and phobias

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

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

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

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

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

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

Susan 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](http://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/](http://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](http://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](http://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

Addendum

Stress Management

MISSION STATEMENT

“Rooted in love and growing together to become lifelong learners.”

Our vision guides us in all that we hope to be, enabling every member of our school family to grow and flourish into well-developed individuals who are inclusive, independent and inspired learners, equipped with the knowledge, skills and wisdom needed to succeed in life.

“Your roots will grow down into God’s love and keep you strong.” Eph 3v17.

Introduction

1.0 North Yorkshire County Council is committed to the maintenance and improvement of employee health and well being. We will therefore promote a positive workplace culture that seeks to minimise the harmful effects of stress, provides effective support for all staff and helps each individual to achieve an appropriate work-life balance.

Background

2.0 Stress occurs when the demands placed upon an individual, either directly or in relation with others, exceed their perceived ability to meet or cope with those demands. It can seriously impair an employee’s health and their ability to contribute fully to the needs of the organisation.

2.1 As a responsible employer and in recognition of our legal responsibilities, we must all take a positive and understanding approach to the management of stress in line with current best practice.

2.2 We also recognise the importance of integrating our approach to stress management with other policies and initiatives under the umbrella of the People Strategy. This includes:

- Corporate Health and Safety Policy
- Attendance Management and the development of associated support services
- Resolving Issues at Work Policy
- Employee assistance programmes e.g. Staff Care Network
- Appraisal and staff development processes and the overall management of change
- Causes of stress outside the workplace can also have a detrimental effect and the way
- we help employees achieve an appropriate work-life balance is therefore particularly important

Aims

3.0 A rolling programme of action has been introduced to ensure that all practicable measures are taken to manage stress, including in particular:

- risk assessments and stress audits to identify work related potential causes of stress
- appropriate support for those suffering from work related stress
- ongoing monitoring of resources and workload
- the development of a programme of learning and development for managers and employees on stress, causes, prevention and management

3.1 The programme and progress made will be subject to regular monitoring and review by the Health and Wellbeing Portfolio group, support staff and union representatives.

3.2 Individuals should expect that any issues raised will be taken seriously and that information they disclose will be treated with respect and confidentiality.

Responsibilities

4.0 The Chief Executive and Directors are responsible for ensuring that the policy is fully implemented in NYCC and is progressed corporately with the support of the Management Board.

4.1 Assistant Chief Executive, Human Resources and Organisational Development is responsible for monitoring and assisting with the development and implementation of the policy.

4.2 All managers are responsible for ensuring that potential causes of stress at work are identified and managed, that work-life balance issues are recognised and that work life balance strategies are explained and that any adverse effects of stress are identified and managed.

Appropriate remedial action should be taken as early as possible, including consideration of new ways of working and other alternatives.

4.3 All employees should be made aware of the information and training materials developed regarding the causes and symptoms of stress and the early warning signs to identify stress in themselves and others. This includes initial discussions with their manager and/or specialist support services as appropriate and cooperation with the advice and guidance they may be given.

This policy will be reviewed annually.