



## **Mental Health and Wellbeing Policy**

**Date Approved by The YES Trust:** April 2024

**Date for Policy review:** Spring 2025

Named mental health lead: Lucy Frederick (Assistant headteacher)

Named Governor with lead on mental health: (TBC)

### **LINKS TO RELEVANT POLICIES AND SUPPORTING DOCUMENTATION**

[Promoting Children and Young People Emotional Health and Wellbeing; A whole school approach 2015](#)

[United Nations Convention on the Rights of the Child \(UNCRC\)](#)

The Raise Academy Child Protection and Safeguarding Policy (Jan 2024)

[Special Educational Needs and Disabilities Code of Practice: 0 – 25 years \(Jan 2015\)](#)

The Raise Academy Behaviour Policy

The Raise Academy SEN Policy

[Mental Health and Behaviour in Schools \(2018\)](#)

[Supporting Mental Health in Schools and Colleges: Working in Partnership \(2017\)](#)

[Supporting Mental Health in Schools and Colleges: Assessment and Identification \(2017\)](#)

[Supporting Mental Health in Schools and Colleges: Engaging parents and Families \(2017\)](#)

[Young Minds Downloadable PDF Information Leaflets](#)

[www.cwmt.org.uk](http://www.cwmt.org.uk)

[Transforming-children-and-young-peoples-mental-health-provision](#)

[Halton Young People Mental Health Information](#)

## **IMPORTANCE OF MENTAL HEALTH AND WELLBEING: THE RAISE ACADEMY'S VISION**

At The Raise Academy, we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and recognise that mental health is an integral factor in overall health, and contributes and impacts on our physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. The World Health Organisation state that "Mental health is the foundation for the well-being and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others." This statement encapsulates our mission here at The Raise Academy. We are passionate about supporting children to not only cope, but to thrive and have successful futures.

The Raise Academy will provide our students with a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences, for overcoming adversity and building resilience. Students will be provided with the opportunities to attend focussed sessions on mental health and wellbeing as well as more targeted sessions if required. Pupils will have regular wellbeing form times as well as interventions focussed on mental health. Form tutors will greet and spend time with their form group each morning and will be a regular contact between parents/carers and school. This ensures we work together to provide a holistic approach to wellbeing, allowing us to understand and regulate triggers, and support the whole child.

At The Raise Academy we have a full time counsellor who works with students either in groups or 1:1 sessions in order to allow them to recognise and regulate their own mental health. This provision will ensure support is put in place at the earliest opportunity if students are dealing with transition or change which will allow them to help manage their heightened emotions. We recognise that not all students have the same life chances and we want to change that. The Raise Academy will provide positive role models in the form of staff and other pupils which is critical in promoting children's wellbeing and can help engender a sense of belonging and community; we are The Raise Family.

It is our mission to provide children with a wealth of quality education which doesn't just focus on academic achievements. We want to celebrate students for building resilience, self-worth and self-regulation in order to help drive ambition and motivation so that they become empowered to succeed and thrive in life.

Our aim is to help develop the protective factors which build resilience to mental health problems and allow them to cope in times of stress and anxiety. Ultimately, we want to support our students to progress, socially, emotionally and academically leading to future success.

We will:

- Create an environment where all our students feel safe and secure
- Ensure all our students feel valued and see their self-worth
- Support our students to grow in confidence
- Inspire children to develop a sense of awe, wonder and curiosity
- Raise children's aspirations, both academically and socially, encouraging and supporting social interaction with adults and peers
- Provide students with a staff team that are patient and empathetic, who are able to build positive relationships and know each child individually
- Ensure our students build a strong sense of independence and resilience
- Inspire children's minds and get them to think outside of the box through enquiry-based learning

In addition to supporting our student's wellbeing, we recognise the importance of promoting staff mental health and wellbeing. We understand that staff who are trained and well supported by their team will be engaged and fully equipped and able to provide effective care and a robust and targeted education. We want to ensure our staff team are fully committed to offering a high standard of support and are able to offer innovative actions and programmes in response to our student's needs.

### **THE PURPOSE OF THIS POLICY**

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff, including non-teaching staff and associates of the Local Support Board (LSB).

This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need. It is also to be read in conjunction with our Safeguarding Policy where applicable (especially regarding the process of handling disclosures). The links with our Behaviour Policy is specifically important because behaviour, whether it is withdrawn, anxious, depressed, disruptive or otherwise, may be related to an unmet mental health need. The Raise Academy will offer support of the highest level and will always aim to work collaboratively and cohesively in order to meet the needs of our students.

The Policy Aims to:

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

## THE RAISE ACADEMY – OUR APPROACH TO MENTAL HEALTH AND WELLBEING

Research identifies that there are four key elements in providing efficient and successful mental health and wellbeing support. This policy and our approach at The Raise Academy is formulated as recommended following these five key principals:

- A whole school approach to Mental Health and Wellbeing
- Knowing the whole child
- Staff training, engagement and wellbeing
- Parental Involvement and Engagement
- A Multi-agency approach

These five key principles have then been expanded to include a more in-depth explanation on how The Raise Academy promotes positive mental health and wellbeing throughout the school.

### A WHOLE SCHOOL APPROACH TO PROMOTING POSITIVE MENTAL HEALTH

The Raise Academy adopt a whole school approach to promoting positive mental health. This approach is integral to the daily running of the Academy and aims to help children become more resilient, happy and successful and to identify and support issues at the earliest opportunity. This whole school approach is built around 8 key components as evidenced in the Public Health document (2015):



Figure 1. Eight principles to promoting a whole school and college approach to emotional health and wellbeing

Health England, (2015 p.6)

The Raise Academy will offer a life line to children who suffer from emotional and mental health difficulties that prevent them from accessing both an education and social mobility. We will do this through a true dedication to whole school approach to emotional well-being and mental health.

The Raise Academy aims to re-connect students who have become detached from their education, and in some cases purpose in life. We will strive to enthuse, engage and empower students and to give them a vision of both their education and their place in the wider community.

*Creating an ethos and environment that promotes respect and values diversity*

The Raise Academy ensures that all its students are treated as an individual, celebrating success, achievement, diversity. We want our whole school community (students, staff, parents/carers and visitors) to feel part of family, to feel safe, secure, respected and confident to be themselves and for everyone to be treated as an individual. Equality and Diversity will be taught throughout all subjects and explicitly taught within PSHRE.

*Curriculum, teaching and learning that promotes resilience and supports social and emotional development*

The Raise Academy provides an education to children from Year 7 up to Year 11 and offers a varied, interesting and inspiring curriculum with a focus on vocational and well-being subjects as well as academic.

By focusing on a holistic approach to supporting children with both their education and their emotional well-being we can empower students to recognise and manage their own needs. With targeted support and guidance. Students will feel a sense of worth to become confident, contributing members of society who go on to become successful adults, leading happy lives.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

*Enabling and empowering student voice*

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) says that children and young people should have a say in decisions that affect their lives. The Raise Academy strongly agrees with this statement. As a result, we have a designated school council who are an integral part of the decision making process throughout the school. The school council team meet regularly to discuss how we could improve their education and wellbeing within school and the wider community. The school council members take the views of all students to each meeting and feedback to ensure all voices are heard and valued. We offer various forms of communication as we recognise that not all of our students feel confident to speak publically, therefore we also have a suggestion/concern/question box outside our Pastoral office that allows students the opportunity to share their views anonymously. As a staff team we are eager to hear student views about our approach, curriculum and how we promote a whole school mental health and wellbeing approach. It is *their* school and a shared responsibility supports a sense of pride and belonging.

Leaders who promote and champion efforts to support emotional health and wellbeing.

Leaders of The Raise Academy will work with other staff to coordinate whole school activities to promote positive mental health and wellbeing. They will provide advice and support to staff and organises training and updates. Each year mental health awareness week will be championed and celebrated. Staff will also support sessions carried out by our in school counsellor and will continue the discussion around mental health outside of these sessions.

### **KNOWING THE CHILD WELL**

From the first identification, The Raise Academy's pastoral team will be gathering information from students, parents/carers and other professionals in order to build a detailed profile of each student. Our aim is to identify any areas of need at the earliest opportunity so that the correct support and/or referrals can be made. We want all our staff to know each of our students well, in order to build positive relationships and ensure that they have a trusted team around them. Effective mental health provision cannot take place with a 'one size fits all' approach. We will offer our students a bespoke package of care and education so that they achieve the best possible outcomes.

#### Identifying need and monitoring impact

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

- SDQ (Social Difficulty Questionnaires),
- Liaising with outside professional
- Our Student Profile
- Analysing behaviour. By recognising small changes in behaviour staff can reveal any potential need at the earliest opportunity

#### Targeted support

Following the principles throughout this documentation The Raise Academy will offer targeted and bespoke support for each of our students. We will:

- Provide a safe environment to enable children to express themselves and be listened to
- Ensure the welfare and safety of children are paramount through our robust safeguarding procedures
- Identify appropriate support for children based on their needs.
- Involve parents and carers in all aspects of their child's care and education.
- Involve children in the decision making processes in relation to their care and education; engendering open and honest relationships
- Monitor, review and evaluate all aspects of care and education within the academy
- Early Identification of any unmet need and ensure the correct support is implemented

## **STAFF TRAINING, ENGAGEMENT AND WELLBEING**

### Staff development

All staff at The Raise Academy have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Our students will require additional help, and all staff should have the skills to look out for any early warning signs of a decline in mental health, and ensure that children get early intervention and access to the support they need.

All staff will be reflective practitioners, they will regularly monitor, review and adapt their approach to ensure each student makes progress. This will be supported by the leadership team in order to ensure a whole school approach. Student progress will be monitored holistically, acknowledging and celebrating academic, personal, social and emotional development. The staff at the academy understand about possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy. All staff will receive regular training on Mental Health and Wellbeing and will all complete training from Trauma Informed Schools UK, The Thrive Approach and other CPD delivered by the LA. Staff will also have access to:

- Regular CPD
- We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health.
- Advice and Support from key members of staff
- Career progression

The Raise Academy recognise that a whole school approach to mental health and wellbeing begins with the staff. If staff are cared for and emotionally and mentally healthy, then this will empower them to provide the best possible service to our students. The leadership team at The Raise Academy will not only support our students but will monitor and address stress levels within the staff team. We will aim to do this through:

- Supervision sessions
- Staff suggestion box
- Informal conversations
- Monitoring of sickness records (contact to be made, as and when required to offer support)
- Wellbeing sessions after school
- Access to 'perks' such as free vouchers and discounts
- The Raise 'family' approach

## **PARENTAL ENGAGEMENT**

### Working collaboratively with parents and carers



The Raise Academy recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting children who do have mental health needs. We feel passionately that effective communication between home and school is paramount in order to provide successful, robust and cohesive support systems for our students.

From our first meeting with potential students our pastoral team will work to build positive relationships with our students and their families. Our transition period will be tailored to meet the needs of our students on an individual level. We will meet with our parent's at the earliest opportunity, either at the Academy, or at a venue that is convenient for them. This meeting includes a discussion on the importance of positive mental health for learning. We ask parents to inform us of any mental health needs their child has, and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family. It is very helpful if parents and carers can share information with the School so that we can better support their child from the outset. Using this information, as well as information gathered from previous educational placements, other professionals and the students themselves a student profile will be built. The purpose of this document is to ensure that the best possible support, curriculum and care is achieved for each of our students.

In order to support our parents/carers The Raise Academy aim to will:

- Offer open lines of communication, open days, parents' evenings and other events to encourage engagement and keep parents fully up to date with their child's progress through school
- Use Class Dojo to share student progress on a daily basis
- Share strategies to support their child's needs
- Staff will carry out home visits when required
- Offer training programmes and support for parents on a range of key issues and subjects
- Provide a room within the school that parents can use to support their child during difficult transitions
- Invited to regular events in school

When a concern has been raised, the School will:

- Contact parents and carers (although there may be circumstances when this may not happen, such as where child protection issues are identified.)
- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of any meetings and agreed next steps
- Discuss how the parents and carers can support their child
- Keep parents and carers up to date and fully informed of decisions about support or any interventions provided

Parents and carers will always be informed if their child is at risk of danger and children may choose to tell their parents and carers themselves. We give children the option of informing their parents and carers about their mental health needs for themselves or of accompanying and supporting them to do so. We make every effort to support parents and carers to access services where appropriate. Our primary concern is the

children, and in the rare occasion that parents and carers are not accessing services we will seek advice from the Local Authority, or other health care professionals. We also provide information for parents and carers to access support for their own mental health needs.

## **A MULTI AGENCY APPROACH**

### Multi-Agency Collaboration

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

Sources of support within the Academy:

- Senior Leadership Team
- Safeguarding/Child Protection Lead
- SENDCO
- Onsite Mental Health Counsellor
- Pastoral Team
- Emotional Literacy Support Assistants

We believe the Academy has a key role in promoting children's positive mental health, however, we also recognise that it takes a holistic and collaborative approach to fully meet the needs of our students. The Raise Academy understands that to fully support our students we will need to access the mental health provision within our community. We will encourage and welcome support from a range of professionals in our area such as:

- CAMHS
- NHS
- Social Care
- SEN Team
- Medical Needs Team
- Play Therapists
- Music Therapist
- Speech and Language Therapists
- Youth Workers
- Family Support Workers

As part of our offer, we will also provide spaces within our building for outside agencies to hold meetings, clinics and therapy sessions. We are passionate about providing the best possible mental health and wellbeing support, and acknowledge that to do this successfully we need to empower, support and champion other professionals in order to meet the needs of our students.

## **SIGNPOSTING**

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas and will regularly highlight sources of support to students within relevant parts of the curriculum and during interventions. Whenever we highlight sources of support, we understand that we will increase the chance of students accessing the support they need. We will support our students to understand what help is available in terms of:

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

### **WARNING SIGNS**

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the school's Designated Safeguarding Lead.

Possible warning signs include:

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

### **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 to do so properly. In the case of self-harm or eating disorders, it is possible that young people 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.

### **MANAGING DISCLOSURES**

A student 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 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 and not advise, only asking questions to confirm what the student had said. The student's emotional and physical safety is of paramount importance and therefore staff members are expected to record the information rather than of exploring reasons behind concerning behaviour.

All disclosures should be recorded in writing on a Record of Concern Form and handed into the Designated Safeguarding Lead. The disclosure is to be recorded on the Academy's CPOMS system.

For further information, please refer to our Child Protection and Safeguarding Policy.

### **CONFIDENTIALITY**

Our students understand that "confidentiality" does not equal "secrecy". Any disclosure will be reported to the Designated Safeguarding Lead, and further steps will be taken at the discretion of the Designated Safeguarding Lead.

Parents will be informed of any disclosure at the discretion of the Designated Safeguarding Lead, and if this is deemed appropriate, students may choose to tell their parents themselves. If this is the case and the risk of harm is not imminent, the student will be given 24 hours to share this information before the school contacts parents. Students will be given the option of the school informing parents for them or with them.

### **MONITORING AND EVALUATION OF OUR POLICY**

The mental health and wellbeing policy is on the school website and hard copies are available on request.

The policy is monitored at an annually and is developed in conjunction with parents/carers, students and key staff members and outside agencies.

## **APPENDIX 1**

### **Current Statistics and Prevalence**

These mental health statistics will help you understand more about the scale, prevalence and the type of mental health issues affecting young people today:

12 facts about young people's mental health

- Mental ill health is the second-largest cause of burden of disease in England

- The economic costs of mental health issues in England have been estimated at £105 billion each year
- In an average classroom, ten children will have witnessed their parents separate, eight will have experienced severe physical violence, sexual abuse or neglect, one will have experienced the death of a parent and seven will have been bullied
- Half of mental ill health starts by age 15 and 75% develops by age 18
- 12.8% of young people aged 5-19 meet clinical criteria for a mental health disorder
- Women between the ages of 16 and 24 are almost three times as likely (26%) to experience a common mental health issue as males of the same age (9%)
- The percentage of young people aged 5-15 with depression or anxiety increased from 3.9% in 2004 to 5.8% in 2017
- About 20% of young people with mental ill health wait more than six months to receive care from a specialist
- In a 2018 OECD survey of 15-year-olds, the UK ranked 29th for life satisfaction, out of a total of 30 OECD countries
- About 10% of young people aged 8-15 experience a low sense of wellbeing  
Note: This report also states that older age groups have poorer wellbeing than younger age groups
- Only one in eight children who have been sexually abused come to the attention of statutory agencies
- Up to 25% of teenagers have experienced physical violence in their intimate partner relationships

## APPENDIX 2

### Emotional Health and Wellbeing Issues

#### **Self-harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special

needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

#### Online support

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

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

On the edge: ChildLine spotlight report on suicide:

[www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventingabuse/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/eatingdifficulties-in-younger-children](http://www.inourhands.com/eatingdifficulties-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 3**

### **Guidance and advice documents**

#### **Links to Helpful Websites**

Promoting Children's and Young Peoples Emotional Health and Wellbeing in Schools: A whole school approach. Department for Education (2015)



The Mental Health of Children and Young People in England. Department for Education (2016)

Transforming children and young people's mental health provision A summary of the delivery of commitments in the transforming children and young people's mental health provision green paper (2022)

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

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

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

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

Supporting students at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

### **Links to helpful websites and support**

[Samaritans](#)

[Heads Together](#)

[NHS](#)

[CAMHS Halton](#)

[Mind Halton](#)

[Halton SENDIASS](#)

[Halton MH Info point](#)

[Information on Children's Health and Wellbeing \(Children's Society\)](#)

[Young Minds Downloadable PDF Information Leaflets](#)

[Young Minds Parental information A-Z Guide](#)

## **APPENDIX 4**

### **Data Sources**

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publically 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 5

### Talking to students: 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. ([www.cwmt.org.uk](http://www.cwmt.org.uk))

### **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 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’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 are 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 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're working with them to move things forward.

### **Acknowledge how hard it is to discuss these issues**

*"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."*

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a 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.