

# Positive Mental Health Policy

## Bablake Senior School

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### VERSION HISTORY

Version Number	Amendment(s) Or Formal Review	Date [Month/Year]	Summary of change(s)
1.0	Formal Review	September 2023	Formal Review and Approval.
1.1	Update	April 2024	New branding, minor formatting [no core content change].





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## I Policy Statement

*“Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” (World Health Organization)*

The school promotes the mental and physical health and emotional wellbeing of all its pupils. Well-being is at the forefront of the school’s Life Choices programme and promoting good mental health is a priority. Through PCM, Mental Health Training and Mental Health conferences attended by Pastoral staff, the school community has identified 8 ways to achieve good mental health and well-being:

- |                          |  |
|--------------------------|--|
| 1. <b>Talking</b>        | being open with people I trust about how I’m feeling.                  |
| 2. <b>Exercising</b>     | looking after my body, playing sport, eating healthy.                  |
| 3. <b>Calming</b>        | trying meditation, good sleep habits e.g., turning my phone off early. |
| 4. <b>Learning</b>       | a new skill, a great way to gain confidence.                           |
| 5. <b>Relating</b>       | spending time with the people I care about.                            |
| 6. <b>Contributing</b>   | helping others or contributing to causes I believe in.                 |
| 7. <b>Creating</b>       | expressing myself creatively e.g. music, art, drama, writing.          |
| 8. <b>Congratulating</b> | being kind to myself or listing the qualities I value in myself.       |

Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through assemblies, extended form period and during Life Choices lessons with pupils, through staff INSET, and through parent pastoral information evenings. The school has developed partnerships with, ‘Relate’ counselling services, and ‘.b’ Mindfulness in Schools Programme, in order to best meet the needs of the pupils in our care, as well as guide parents on how they can promote positive well-being in the home.

## 2 Policy Aims

This policy aims to:

- describe the school’s approach to mental health issues;
- increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems;
- alert staff to warning signs and risk factors;
- provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from mental health issues;
- provide support to pupils who suffer from mental health issues, their peers and parents/carers;
- provide information on how to access professional services.

This policy should be read in conjunction with our safeguarding policy and the SEND policy where a pupil has an identified special educational need which might place them at further risk.



### 3 Lead Members of Staff

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

- Gill Press – Deputy Head Pastoral & DSL
- Nicky Cooper – DDSL and Pastoral Administrator
- Mrs Kayleigh Lacey – DDSL and Learning Mentor
- Amanda Weatherall & Amy Westwood - School Nurses
- Amy Cassell & Alex Larkin - Head of Life Choices
- Head of Shells – Miss Hayley Goody
- Head of 2<sup>nd</sup> Year – Mr Inderpal Kalsi
- Head of 3<sup>rd</sup> Year – Mrs Kelly Lenihan
- Head of 4<sup>th</sup> Year – Mrs Lorainne Alexander
- Head of 5<sup>th</sup> Year – Mrs Helen Sawyer
- Head of 6<sup>th</sup> Form – Mrs Helen Billings
- School Chaplain – Reverend Slavic
- Head of Learning Support – Mrs Nicola Wing

Any member of staff who is concerned about the mental health or wellbeing of a pupil, should speak to the DSL in the first instance. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by either the Senior or Deputy DSLs.

### 4 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 Life Choices 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 will follow the [PSHE Association Guidance](#)<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### 5 Early Warning Signs

School staff may become aware of early warning signs which indicate a pupil is experiencing mental health or emotional well-being issues. These warning signs should **always** be taken seriously and

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<sup>1</sup> [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)





staff observing any of these warning signs should communicate their concerns with either the Senior or Assistant DSLs. If staff are concerned about the mental health or wellbeing of a pupil, they can complete a Strengths and Difficulties Questionnaire (see Positive Mental Health Guidance for Staff: Appendix i) to get an overview of their struggles. After this, if there is still a concern for the pupil, staff must complete an Individual Care Plan (see Positive Mental Health Guidance for Staff: Appendix ii). This Individual Care Plan must then be submitted to a DSL, who will then use a Screening Tool (see Positive Mental Health Guidance for Staff: Appendix iii) to decide whether a CAMHS referral is appropriate.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental.
- Changes in eating / sleeping habits / activity / mood.
- Increased isolation from friends or family, becoming socially withdrawn.
- 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.

## 6 Definitions of Mental Health Illnesses:

### 6.1 Anxiety

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with – some people are just naturally more anxious than others and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

### Symptoms of an Anxiety Disorder

These can include:

- **Physical effects**
  - Cardiovascular – palpitations, chest pains, rapid heartbeat, flushing.
  - Respiratory – hyperventilation, shortness of breath, faintness.





- Neurological – dizziness, headache, sweating, tingling and numbness.
  - Gastrointestinal – choking, dry mouth, abdominal pain, nausea, vomiting, diarrhoea.
  - Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking.
  - Other – nose bleeds.
- **Emotional and psychological effects**
- Restlessness.
  - Irritability.
  - Difficulty concentrating.
  - Excessive worry.
  - Confusion.
- **Behavioural effects**
- Avoidance of situations.
  - Repetitive compulsive behaviour e.g. excessive checking.
  - Distress in social situations.
  - Urges to escape situations that cause discomfort (phobic behaviour).

## 6.2 Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than boys.

Support from family and friends is often enough and sad feelings and low mood will not usually have a serious effect on young people. It is always important to consider the severity, duration and effect on functioning in the context of depression.

### Symptoms of depression

- Sadness, low mood, or feeling unhappy most of the time.
- Loss of enjoyment and interest in life and activities that were previously enjoyable.
- Feeling tired and lacking energy.
- Lack of confidence and self-esteem.
- Inability to cope with things that used to be manageable.
- Difficulty concentrating and making decisions.
- Feeling restless and agitated.
- Change in appetite: significant changes in weight.
- Lack of sleep or sleeping too much.
- Loss of libido.
- Thinking of death and suicide.

### You may also notice that a young person:

- is often irritable or grumpy;
- cries often;
- interacts less with friends, family and other social activities (withdrawal);
- has difficulty relaxing;





- is eating more or less than usual;
- loses interest in their hygiene and personal appearance;
- is quick to criticise themselves or their performance or appears pessimistic;
- Talks about feeling guilty, worthless, sad, angry, or helpless;
- Says they feel empty, or unable to feel emotions (numb);
- Talks about suicide and self-harming;
- Self-harms, for example, cutting their skin or taking an overdose.

### 6.3 Bipolar Disorder (formerly known as Manic Depression)

A person with this mood disorder experiences alternating episodes of depression (involving the types of symptoms described above) and mania. Mania involves a significant uplifting mood, energy, and activity levels. There are often stretches of “normal” mood in between. The time it takes for a person to cycle from Depression to Mania differs from person to person.

#### Symptoms of mania

- Sadness.
- Increased energy/hyperactivity.
- Decreased need for sleep.
- Elated mood (feeling ecstatic or very happy).
- Being more talkative: rapid thinking and speech: frequent changing of subject.
- Feeling full of ideas.
- Overconfidence.
- Being more sociable and outgoing.
- Often appearing distracted and restless.
- Irritability (e.g. if unrealistic plans or ideas are questioned).
- Increased risk taking.

### 6.4 Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness, and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Eating disorders may seem to be all about food and weight, but they are in fact a sign of underlying distress.

#### Symptoms of an eating disorder

- Avoid eating with family, saying they have already eaten with friends, eaten earlier in the day, or that they are not hungry.







- Be increasingly preoccupied with exercise.
- Obsessively count calories or examine food labels for nutritional information.
- Say that food they have been given is fatty, unhealthy or disgusting.
- Eat more than usual between meals or at mealtimes.
- Cook for others but give themselves smaller portions.
- Be more secretive than usual.
- Wear baggy clothes.
- Avoid eating with friends, throw out lunches or spend lunchtimes exercising.
- Appear tired, lacking energy, or have trouble concentrating.
- Not want to be involved in Physical Education (PE) classes or get changed in front of people. They may also focus obsessively on PE.

### 6.5 Self-Harm

Recent research indicates that up to 1 in 10 young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of students currently engaging in self-harm.

People self-harm to cope with or communicate emotional distress to relieve overwhelming emotions, to control a sense of helplessness, or to feel something when they feel numb. Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- cutting, scratching, scraping or picking skin;
- swallowing inedible objects;
- taking an overdose of prescription or non-prescription drugs;
- swallowing hazardous materials or substances;
- burning or scalding;
- hair-pulling;
- banging or hitting the head or other parts of the body;
- scouring or scrubbing the body excessively.

#### Signs that a young person is self-harming include:

- unexplained accidents or injuries;
- keeping fully covered, even in warm weather;
- avoiding situations where revealing clothing is expected;
- sharp objects or cutting instruments in a person's belongings;
- blood stains on clothing, towels, bedding or tissues;
- relationship issues;
- changes in socialising, sleeping and eating patterns;
- low self-esteem, isolation, irritability and mood changes.

### 6.6 Gender Identity and Sexuality

Neither Gender Identity nor LGBTQ+ are recognised mental health illnesses, they have been included in this policy in recognition of the impact both can have on a young person's well-being. Schools should be a place where diversity does not mean discrimination and where the dignity of all individuals is respected.





## Gender Identity

A person whose gender identity is different from the sex they were assigned at birth. Some transgender people will choose to transition socially, and some will also take medical steps to physically transition (with the help of hormone therapy and/or surgery) to live in the gender role of their choice. Children and young people may question their gender identity for a range of reasons, and this may not mean they are definitely trans, or will go on to transition. The important thing is to validate the young person's identity as it is now and support any changes that may arise as they come to explore their gender identity further.

## 7 LGBTQ+

Supporting LGBTQ+ involves ensuring that the attitudes which generate homophobia are challenged in all areas of the work of the school, from school policies and procedures to curriculum content.

The school is committed to challenging homophobia and sexism within the Life Choices curriculum and is also developing links with outside agencies to offer expertise, advice and support to pupils experiencing issues around their developing sexuality.

Pupils who seek advice on sexual orientation or gender identity, will be signposted to appropriate local agencies such as local lesbian and gay counselling services or support groups for young trans people such as Mermaids. Teachers will also seek to help and provide support to pupils.

A request by a pupil for confidentiality will be honoured in all circumstances except where the teacher is concerned about the health and safety of the pupil. Confidential information will only be passed on against the wishes of the pupil in exceptional circumstances. In these situations, the school will inform the pupil first and attempt to explain why their request for confidentiality could not be met.

### Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. Available support is outlined in [Appendix i - ii](#)

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum and through the assembly programme. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- what help is available;
- who it is aimed at;
- how to access it;
- why to access it;
- what is likely to happen next.



## 8 Training

All staff receive regular information about recognising and responding to mental health issues, including a weekly photo email which identifies pupils with mental health issues. Weekly staff briefings also provide a forum for HoYs and Deputies to identify pupils who are particularly vulnerable and staff meetings (held termly) will also address pupils on a case by case basis where there is a need to do so.

As part of training opportunities HoYs who require more in depth knowledge, will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

The [MindEd learning portal](#)<sup>2</sup> provides free online training suitable for staff wishing to know more about a specific issue.

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

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

## 9 Absence from School due to Mental Health Issues

If a pupil is absent from school for any length of time then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil.

If the school considers that the presence of a pupil in school is having a detrimental effect on the well-being and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school, the Head reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

## 10 Reintegration to School

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

The Deputy Head of Pastoral Care will work alongside the Deputy Head Academic, the HoY, (Head of Learning Support where appropriate) the School Nurse, the pupil, and their parents or carers, to draw up an appropriate care plan (see Positive Mental Health Guidance for Staff – Appendix iii). The pupil should have as much ownership as possible with regards to the Individual Care Plan (see Positive Mental Health Guidance for Staff – Appendix iii), so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents or carers.

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<sup>2</sup> [www.minded.org.uk](http://www.minded.org.uk)



## 11 Working with Parents or Carers

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

- Make our mental health policy easily accessible to parents – on school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child ([Appendix i](#))
- Highlight sources of information and support about common mental health issues ([see Appendices ii, iii and iv](#))
- Share ideas about how parents can support positive mental health in their children through our regular Pastoral Information Evenings
- Keep parents informed about the mental health topics their children are learning about in Life Choices and share ideas for extending and exploring this learning at home.

## 12 Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of Self-Harm or Eating Disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the pupil who is suffering and their parents or carers 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.

## 13 Policy Review

This policy will be reviewed once per year as a minimum. It is next due for review in September 2024.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Mrs Gill Press, DSL via telephone on 02476 271200 or email [gp@csfoundation.org.uk](mailto:gp@csfoundation.org.uk).

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

## 14 Appendices

- 14.1 [Appendix i:](#) Sources or Support at School
- 14.2 [Appendix ii:](#) Support in the local community
- 14.3 [Appendix iii:](#) Further information and sources of support about common mental health issues
- 14.4 [Appendix iv:](#) Guidance and advice documents



## **Appendix i: Sources or Support at School**

### **School Based Support**

**Form Tutor/Head of Year (HoY)** – The School website provides full listing of Form Tutors

- Pupils can talk to their Form Tutor or HoY about any concerns, whether pastoral or academic before, during or after-school.
- Outcomes of discussions are dealt with on a case-by-case basis and can sometimes lead to accessing external support e.g. CAMHS or making a referral to our School Counsellor

**School Counsellor** – 2 qualified RELATE Counsellors attend school on Mon, Wed, Friday

- By appointment only
- Requests can be made directly to Pupil Services or via Form Tutor/HoY
- Pupils will also be referred by lead members of staff
- Pupils are informed of the counselling service through assemblies, newsletters and the daily bulletin
- The Counselling service is promoted through Assembly and by posters in Form Rooms

**School Nurse** - Mrs Amanda Weatherall and Ms Amy Westwood

- Able to listen and advise in a private/confidential room, and give recommendations i.e. see GP/counsellor or to return to see the School Nurse
- All students and staff welcome
- Attendance of medical room during school day or if unavailable to go to Pupil Services and they can locate the School Nurse and advise
- Information given in the Shell pack and Induction Day, recommendation given in Life Choice lessons and referred by Form Tutors and Head of Years if they have concerns

**School Chaplain** - Reverend Slavic

- Our school Chaplain is available before, during and after-school to offer pastoral guidance and counselling to all our pupils
- Morning prayer daily in the Meeting Room 8.10am
- Bereavement Counselling available
- Bereavement Courses held throughout the academic year

**Learning Support and PALS** – Mrs Nicola Wing

### **Learning Support**

- Quiet retreat to alleviate stress
- Staff available to talk through difficulties/anxieties
- Receive help with study skills, time management





### **PALS**

- PALS group is by invitation only. It consists of a group of pupils from across the Key Stages, with identified Learning Needs, or for those pupils struggling with social integration. The sessions are largely pupil-led.
- Meet every Wednesday 1.15 – 2pm (permission given to eat packed lunch in LS classroom)
- Friends welcome
- Biscuits provided!

### **Deputy Head Pastoral/Senior DSL - Mrs Gill Press**

- Available before, during and after-school to offer pastoral guidance and counselling
- Qualified to teach mindfulness in schools
- Senior Lead on Safeguarding matters

### **Learning Mentors – Mrs Kayleigh Lacey and Sonal Rajdev**

- Available before, during and after-school to offer pastoral guidance and counselling
- Chocolate and Chat every Thursday in the Pastoral Hub – a chance to relax, play board games and have something sweet (1.30-2.00pm)
- DDSL

### **Pastoral Administrator - Mrs Nicky Cooper**

- Available before, during and after-school to offer pastoral guidance
- DDSL

### **4<sup>th</sup> Year Peer Support**

- On duty before school and at lunchtime
- Happy to advise on pastoral or academic issues
- Pupils have received basic counselling skills to assist with difficult conversations

### **School Form Prefects**

- On duty every morning during registration and lunchtime from 1.30pm onwards
- Happy to advise on pastoral or academic issues

### **LGBTQ+ Society**

- Opportunity to meet with other pupils to discuss gender identity and sexuality issues
- Supervised by Mrs Fiona McClean, Head of English

### **Coming soon!**

**Canine Concern** - Therapy Dogs, Minnie and Woody – available throughout the day to help soothe anxiety and listen to children (or staff) worries.





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## Appendix ii: Support in the Local Community

### Coventry & Warwickshire

<http://www.cwmind.org.uk/>

<http://www.covwarkpt.nhs.uk/Pages/Aspen-Centre.aspx>  
for people 16 years and over living with a severe eating disorder

<https://reachcyp.org.uk/>

### Solihull

Solihull Mind  
14-16 Faulkner Road  
Solihull  
B92 8SY  
t: 0121 742 4941/743 4237 e: [contact@solihullmind.org.uk](mailto:contact@solihullmind.org.uk)

### Healthy Minds

#### Who is the Solihull Healthy Minds for?

Anyone who is aged 16 and above, registered with a Solihull GP, not already under the care of specialist mental health services and feels they are:

- Anxious - e.g. unusually nervous and on edge, tense, irritable, avoiding events or situations
- Depressed - e.g. loss of interest and pleasure, feelings of hopelessness, excessive tiredness, changes in appetite and sleep
- Experiencing feelings of panic
- Finding it hard to control feelings of worry
- Experiencing feelings of panic in social situations
- Experiencing flash backs of traumatic events
- Obsessing about thoughts or stuck in a repetitive routine

Getting help early is a key factor in enabling people to manage their psychological problems, maintain their lifestyle, improve their wellbeing and hold on to their job.

### Coventry & Warwickshire

<http://www.cwmind.org.uk/>

<http://www.covwarkpt.nhs.uk/camhs/Pages/default.aspx>

<http://www.covwarkpt.nhs.uk/Pages/Aspen-Centre.aspx>  
for people 16 years and over living with a severe eating disorder

<https://reachcyp.org.uk/>

#### Coventry School Foundation

Kenilworth Road, Coventry, CV3 6PT  
T: 02476 271 300





### **Warwickshire Well-being Hubs**

Warwickshire Wellbeing hubs are available across Warwickshire and provide the following services.

#### **One to one sessions**

One-to-one support sessions offer practical support on a one-to-one basis for individuals with issues affecting their mental health and wellbeing

People can self-refer for one-to-one support sessions which are free of charge. The type of support provided may include providing helpful information, identifying and signposting to other local services, finding practical solutions to difficulties.

#### **Drop in**

Drop in sessions – no appointment is required for these twice-weekly sessions. Facilities include a cafe, free internet access and the opportunity to browse 'Books on Prescription'.

#### **Community outreach**

Community outreach sessions are held in various locations in local communities. Wellbeing Hubs can also offer sessions for existing community groups on enhancing wellbeing. For details of outreach sessions and to enquire about wellbeing sessions for a community group, please contact your local Wellbeing Hub

<http://www.warwickshire.gov.uk/mentalhealth>

### **Solihull & Birmingham Services**

<http://www.bsmhft.nhs.uk/our-services/birmingham-healthy-minds/>

Solihull Mind  
14-16 Faulkner Road  
Solihull  
B92 8SY  
t: 0121 742 4941/743 4237 e: [contact@solihullmind.org.uk](mailto:contact@solihullmind.org.uk)

### **Healthy Minds**

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### **North Warwickshire and Rugby**

#### **The Railings**

Brunel House  
Woodside Park  
Rugby  
CV21 2AW

**Tel:** 01788 513700

The Railings is a purpose-built complex, situated close to Rugby railway station, providing adult mental health and learning disability services to adults, aged 16 and over.

#### **Respect Yourself**

This service provides support for young people experiencing mental health difficulties. You can be referred to this service by your GP or School.

<http://warwickshire.respectyourself.info/provider/children-and-adolescents-mental-health-services-camhs-north-warks-rugby/>

#### **Leicester**

<http://www.leicspart.nhs.uk/OurServicesAZ-ChildandAdolescentMentalHealthServiceCAMHS.aspx>

<http://www.leicspart.nhs.uk/OurServicesAZ-AdultCommunityMentalHealthTeams.aspx>

Coventry School Foundation

Kenilworth Road, Coventry, CV3 6PT

T: 02476 271 300

Coventry School Foundation is a registered charity (charity number: 528961) with a corporate trustee, Coventry School Trustee Limited, a company limited by guarantee registered in England and Wales under company number 10138291, whose registered office is Kenilworth Road Coventry CV3 6PT



### **Appendix iii: Further information/sources of support about common mental health issues**

#### **Prevalence of Mental Health and Emotional Wellbeing Issues<sup>3</sup>**

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.

Overleaf, 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).

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<sup>3</sup> Source: [Young Minds](http://www.youngminds.org.uk)

## Self-Harm

### 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

### 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

### 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

### 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 Disorders

### 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

## Personality Disorders



**[www.mind.org.uk](http://www.mind.org.uk)**

Dr Christina Katsakou (2012) *Making sense of dialectical behaviour therapy*

Katherine Darton (2013) *Understanding personality disorders*

## Gender Identity

Specialist Counselling

Janey Lansdell [janey@timeoutcounselling.org.uk](mailto:janey@timeoutcounselling.org.uk)

07592 538561

GIRES

[gires.org.uk](http://gires.org.uk)

[info@gires.org.uk](mailto:info@gires.org.uk)

01372 801554

Mermaids

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

07020 935066

Comprehensive guidance for schools and parents p.5 – 6 useful links and reading

Diversity

[www.diversityrolemodels.org](http://www.diversityrolemodels.org)

## Useful reading

### **The Transgender Child**

A Handbook for Families and Professionals by Stephanie Brill and Rachel Pepper

**Gender Born, Gender Made** by Diane Ehrensaft

A comprehensive guidebook for the parents and therapists of children who do not identify with or behave according to their biological gender.

**The Boy who was born a Girl** by Jon and Luisa Edwards

It is excellent in explaining things from a transperson's point of view.



#### **Appendix iv: Guidance and Advice Documents**

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

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

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

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

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

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

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

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

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