



Full name of policy:	<b>Policy on Mental Health and Emotional Wellbeing</b>		
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	<b>Name (role):</b>	<b>Signature:</b>	<b>Date:</b>
Written:	Paul Spraggs (Mental Health Lead)	<i>Paul Spraggs</i>	04/07/2019
Ratified	Johnny Clark (Deputy Head, Pastoral)	<i>J Clark</i>	04/07/2019
Ratified			

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## **Introduction**

At London Academy of Excellence Tottenham we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health by developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

The policy also, insofar as it is possible, sets the parameters for the School's actions given that the responsibility for a child's health, be that mental, emotional or physical, is a shared one with parents or carers and designated children's services.

This policy should be read in conjunction with the School's Safeguarding and Welfare Policy, Behaviour Policy, Anti-bullying policy, Substance Education and Management policy and the Learning Support (SEND) policy.

The Well-Being and Mental Health policy draws on specific guidance and material from the following publications:

- Mental Health and behaviour in Schools, DfE, March 2015
- Healthy Minds: Promoting emotional health and well-being in schools, Ofsted, July 2005
- Mental Health and Wellbeing in Schools, James Hollinsley, National Education Trust, 2018.

### **At London Academy of Excellence Tottenham we encourage our students to:**

- Be able to form and maintain relationships with others
- Be able to express themselves
- Be committed to learning
- Build resilience in their transition to adulthood
- Be able to develop the resilience to manage ordinary setbacks
- Be able to express their emotions appropriately and return to a level state afterwards.

### **The whole school community:**

- Acknowledges the value of promoting positive mental health
- Contributes towards the ethos of the school.

### **This 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/carers
- Will help to de-stigmatise mental health This policy also supports and works in conjunction with the Anti-Bullying policy, Behaviour policy, Student Voice, Curriculum, Child Protection and Safeguarding policies.

London Academy of Excellence Tottenham is committed to actively promoting equality of opportunity in everything that it does and to ensuring that differences between all of our learners and staff are valued and respected. This policy complies with the 2010 Equality Act. In addition to the child protection measures outlined in the School's child protection policy,

the School has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

**This Policy on Mental Health and Emotional Wellbeing will be reviewed annually.**

**Whole school perception of mental health**

Type	Condition	Initial response
<p><b>Major psychological disorders</b></p> <ul style="list-style-type: none"> <li>There is suggested evidence that these are traceable to the same genetic variations</li> </ul>	<ul style="list-style-type: none"> <li>Autism – early</li> <li>ADHD – early</li> <li>Clinical depression – late</li> <li>Bipolar disorder – late</li> <li>Schizophrenia – late</li> </ul>	<ul style="list-style-type: none"> <li>Autism and ADHD are more commonly diagnosed in primary years and have a heavier involvement with the SENCO</li> <li>Those labelled as late are more prevalent in secondary school and in need of clinical help</li> </ul>
<p><b>Mental health problem</b></p> <ul style="list-style-type: none"> <li>Needing referral</li> <li>More likely to be the result of environmental factor</li> </ul>	<ul style="list-style-type: none"> <li>Post-Traumatic Stress Disorder</li> <li>Eating disorders</li> <li>Anxiety</li> <li>Depression</li> <li>Obsessive Compulsive Disorder</li> <li>Paranoia</li> <li>Self-Harm</li> <li>Suicidal Ideation</li> </ul>	<ul style="list-style-type: none"> <li>Initial referral to Mental Health Lead (MHL)</li> <li>Referral to CAMHS through MHL</li> </ul>
<p><b>Wellbeing</b> Actions and states of wellbeing as a result of life events</p>	<ul style="list-style-type: none"> <li>Loneliness</li> <li>Panic attacks</li> <li>Low self-esteem</li> <li>Stress</li> <li>Anger</li> <li>Mild physical symptoms (<i>headaches, stomach aches etc.</i>) with no obvious medical cause.</li> </ul>	<ul style="list-style-type: none"> <li>Referral to Mental Health Lead</li> <li>Pastoral team meetings with parents</li> <li>Concerns handled within the school, professional advice can be utilised where needed</li> </ul>

**Signs and symptoms of mental or emotional concerns:**

Teachers would benefit from taking a student and looking at whether they show signs of good mental health. This is detailed by Gunnar (2017)<sup>1</sup>:

- They are curious and interested in the world
- They are willing and wanting to learn
- They can sit and reflect at times about what is going on
- They have the ability to experience love, affection and emotions
- They get upset when things are upsetting them and bring themselves back to a level state without needing intense intervention

*Another important role school staff play is to familiarise themselves with the wealth of information on mental health concerns in [Appendix 2](#).*

<sup>1</sup> Gunnar, M. (2017): Center on the Developing Child. In Brief: Early Childhood Mental Health. Available at: [developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health](http://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health)

Figure 1 below illustrates the procedures for staff if a mental health or emotional wellbeing concern is raised.

**Figure 1: procedures for staff**

procedures that are followed if staff, a student, or another student raises concerns about one of their friends or if an individual student speaks to a member of staff specifically about how they are feeling. Additional training and support is always available if required.

## **Initial Interaction**

### **Assess the situation**

Where a young person is distressed, the member of staff should tailor the response around the individual by asking them what support they feel that they need and want. Throughout this conversation the member of staff should assess the risk of harm to self or others and try to reduce any risk that is present.

### **Listen non-judgementally**

Give them time to talk and gain their confidence to take the issue to someone who could help further

### **Give reassurance and empathy**

Be honest with the student, try to empathise with the way the student is feeling. **Do not promise confidentiality** - it could be a child protection matter.

### **Enable the young person to get help**

Avoid giving advice and instead signpost the student to the correct information, services or self-help strategies. Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help available to them. Encourage them to speak to someone and offer to go with them.

Appropriate staff to complete an incident report

Do not speak about your conversation or concerns with other pupils/casually to a member of staff.

## **High Risk**

If you consider the young person to be at risk, then you must follow Child Protection procedures and report your concerns directly to the Designated Person (Mental Health Lead and/or Deputy Head Pastoral). The appropriate course of action will be taken which may include:

- Contacting and meeting with parents/carers
- Organising a GP appointment with the student
- Arranging an appointment with the school counsellor
- Arranging a referral to CAMHS -with parental consent
- Giving advice to parents, teachers and other students.

## **Low Risk**

The young person should be signposted to the appropriate self-help strategies. They can self-refer to school based services and should check in regularly with their form tutor's and be monitored by their teaching staff in lessons. After a period of waiting, a student deemed to have continuing symptoms should be assessed further by the Mental Health Lead.

Any concerns logged on MyConcern by the member of staff directly involved with the student.

**Tasks can be assigned to team members and student can be monitored via MyConcern**

**If a student does not want to talk or want to access further support:**

- Accept the student's decision and maintain an open, non-judgemental approach - in time they may change their mind.
- Keep good records of any conversations had and any assessments made.
- Pass on any concerns to the pastoral team.

**Support Plans**

(see Appendix 4): Following consultation between the relevant members a team consisting of staff such as form tutors, head of house and relevant teaching staff will be created on MyConcern to support a student. Between this team tasks can be set and assigned via MyConcern and ongoing monitoring of the student will take place. The Safeguarding team may agree to withhold confidential information from other team members.

**Accessing counselling**

Students can self-refer to the schools counselling service by contacting the MHL or speaking to the counsellor directly. The waiting list for the school counselling service is managed by the MHL. For more information on counselling procedures please see the LAET counselling handbook

**Promoting good mental health:**

The following steps will be taken to promote good mental health and a positive attitude towards mental health in the school. These are informed by the Haringey Anchor Project Resiliency wheel (See Appendix 1)

- A carefully considered PSHE curriculum, which includes: the promotion of social skills and problem-solving skills; teaching awareness of mental health issues to raise awareness and decrease stigma (eating disorders, self-harm, depression etc.); values; emotional awareness; confronting bereavement; anger management and conflict resolution, etc.
- Pastoral support from trained staff available in each School, e.g. in Senior School - Heads of House, Tutors, Mental Health Lead, School Counsellor.
- Self-referral and drop-in options to see the School Counsellors who also advise on ways of being referred to external psychiatric or other counselling services
- An active and supportive team of Learning Support teachers in each school – practical learning issues are addressed as part of reinforcing the self-esteem and mental health of pupils
- Teaching to help pupils recognise and reflect on their personal strengths and limitations to help themselves or to help fellow pupils
- Pupils and Staff are expected to value and respect every individual member of the School community.
- All staff are encouraged to listen to pupils and hear what they say – through regular child protection training and via formal forums for the voice of the pupils to be heard, e.g. Student Councils, Assemblies, the Head and Deputy Head's Q & A with pupils, Form meetings with Tutors.

- An emphasis on both the academic and personal development of each pupil – regular academic monitoring and strong encouragement for pupils to develop friendships through engagement in the co-curricular life of the school; opportunities for pupil-led activities and other initiatives are actively investigated and encouraged, with informal and formal rewards systems in place to celebrate the academic and co-curricular achievements of the children. Identification, and monitoring, of vulnerable pupils – effective internal communication between academic and pastoral staff; clear channels of communication with parents via pastoral staff; highly responsive pastoral intervention when necessary to safeguard the wellbeing of the child
- A commitment, where necessary, to reasonable adjustments within the school environment for pupils with physical or mental health issues which do not affect the learning environment of other pupils
- Appropriate support and training for staff – particularly pastoral staff who may be involved in supporting physical and/or mental health issues with pupils.
- A commitment to joint working between LAET's pastoral staff and parents and external experts, e.g. health services; specialist mental health units; Children's Social Services.
- The establishment, and fostering of, strong and trusting relationships with parents - with the well-being and educational progress of the pupil as the focus

*The School recognises that it is not a specialist physical or mental health facility and our principal objective will always be to educate the child as effectively as possible; This policy aims to help parents to understand what the School can do to help, and what it can only do in concert with health experts.*

### **Principles of lesson planning with promoting emotional well-being as a guiding philosophy**

*If the emotional and mental wellbeing of students becomes the foundation for all other learning then this, in turn, increases the chances of positive long term educational outcomes.*

- Every child has a right to feel safe in the classroom
- Alienation is a barrier to learning
- Emotional attachment to adults is a prerequisite for meaningful learning
- Our actions and words have a constant impact on whether pupils feel they belong in the classroom
- The classroom is a place where every voice is valued
- Belonging is reinforced with responsibility
- Pupils are more able to be adventurous and creative if this is built on foundations of security
- Academic difficulty is best met when pupils feel emotionally secure
- Academic struggle is different from emotional powerlessness

### **Confidentiality and information sharing**

**It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.**

- Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer.

- Students should be made aware that it may not be possible for staff to offer complete confidentiality.
- If a member of staff considers a student is at serious risk of causing themselves or others harm then confidentiality cannot be maintained.
- After an initial assessment, any immediate concern for a student's mental health would be reported to the Mental Health Lead and an appointment made.
- Confidentiality will be maintained within the boundaries of safeguarding the student.
- The Deputy Head Pastoral and Mental Health Lead will decide what information is appropriate to pass on to parents/carers.
- Parents/carers must disclose to the school any known mental health problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing.

### **Assessing Mental Health & Emotional Wellbeing**

As a school we will continue to use Warwick-Edinburgh mental wellbeing scale survey (See appendix 6) on an annual basis with all students. The analysis of these results will shape our mental health priorities and enable us to know our students better.

### **Response to students disclosing suicidal ideation**

If a student discloses any form of suicidal ideation the member of staff's initial reaction should be one of non-judgement and empathy. Staff should be mindful not to convey shock, shame or alarm in the interaction with the student, and instead focus on listening and understanding. All incidents of suicidal ideation should be reported as urgent safeguarding concerns on MyConcern so that they can be quickly referred to the school DSL's. Following this referral the EWMH Lead will meet with the student to carry out a risk assessment. If the student is at an immediate risk of harm to themselves then they will be taken to the nearest ER by a member of the safeguarding team, or failing this, an ambulance. If they are not seen to be at a high risk of immediate harm then a contingency plan will be created between the student, the school and any other professionals involved, specifically including the student's parents/carers to ensure that the student is safe when they are not in school and are being monitored at home.

### **Response to students disclosing self-harm**

If a student discloses any form of self-harm behaviour or intent to do so the member of staff's initial reaction should be one of non-judgement and empathy. Staff should be mindful not to convey shock, shame or alarm in the interaction with the student, and instead focus on listening and understanding.

All incidents of self harm should be reported as safeguarding concerns on MyConcern so that they can be referred on to the school DSL's. Following this referral, the EWMH Lead will meet with the student to discuss this disclosure. Responses may include:

- Informing adults who need to know in order to keep the young person safe.
  - This will usually include parents or carers.
- Advising a visit to the GP to seek further support and guidance.
- Providing access to a school counsellor.



- Setting up regular meetings with a trusted adult such as a form tutor who can provide practical support and guidance.

### **Meeting with parents of vulnerable students**

It is important in any cases where a young person discloses suicidal thoughts that the school find a way to bring the parents/carers into the conversation, whilst also being mindful that this may cause distress to the young person.

In these incidents the EWMH Lead and Deputy Head Pastoral will meet with the young person to discuss the need to include their parent/carers. During this initial meeting staff will be clear with the young person that this meeting is non-negotiable.

*Note: Following this a young person may become emotional and/or angry. It is important that this response is respected and understood by all staff involved.*

The meeting with parents should be in aid of the young person and should be treated as their meeting, which they are fully encouraged to take ownership of. The student will work with the EWMH Lead to propose how they would like the meeting to go and to plan the communication of the key points they would like to make clear throughout. They may also wish to negotiate a contract between school, student and parents on key issues such as: communication, support, boundaries and general ground rules going forward. These details will be managed by the EWMH Lead during these initial preparations with the young person. After these meetings have taken place a written record of the outcomes and actions taken will be recorded on MyConcern so that the proper procedures are in place going forward to support the young person.

### **Staff Responsibilities regarding mental health & emotional wellbeing**

Staff Member	Roles and responsibilities in regards to emotional wellbeing and mental health
Emotional Wellbeing & Mental Health Lead	<ul style="list-style-type: none"> <li>• Oversee the maintenance and continued development of a positive approach to mental health within the school</li> <li>• check in with students regularly regarding EWMH</li> <li>• manage counselling waiting list and triage the counselling services provided by the school</li> <li>• point of contact for students with EWMH concerns</li> <li>• provide space for drop-ins from students at certain times of the day</li> <li>• provide therapeutic intervention when required</li> <li>• Point of contact for parents.</li> <li>• Organise and attend meetings with students and family members regarding any EWMH concerns.</li> </ul>
Deputy Head Pastoral	<ul style="list-style-type: none"> <li>• Supervise the pastoral systems of the school</li> <li>• check-in with pastoral team.</li> </ul>

	<ul style="list-style-type: none"> <li>Organise/Attend meetings with students and family members regarding EWMH concerns.</li> </ul>
Learning Support Lead	<ul style="list-style-type: none"> <li>Check in with students regularly</li> <li>monitor progress, one-to-one's with students who have been assessed as potentially at risk for any emotional wellbeing concerns as a result of work-related stress.</li> </ul>
Safeguarding Leads	<ul style="list-style-type: none"> <li>Report any concerns and monitor potentially at risk students</li> </ul>
Heads of House	<ul style="list-style-type: none"> <li>Point of contact for parents</li> <li>Assess escalating concerns regarding attendance, lateness and/or behavioural issues.</li> </ul>
Form Tutors	<ul style="list-style-type: none"> <li>Point of contact for parents.</li> <li>Check in with students regularly to monitor progress</li> <li>Organise one-to-one's with students that have been assessed as potentially at risk for emotional wellbeing concerns as a result of work-related stress.</li> </ul>
Classroom Teachers	<ul style="list-style-type: none"> <li>Provide support and encourage a safe space for learning for all.</li> </ul>

### **Mental Health Support for Staff**

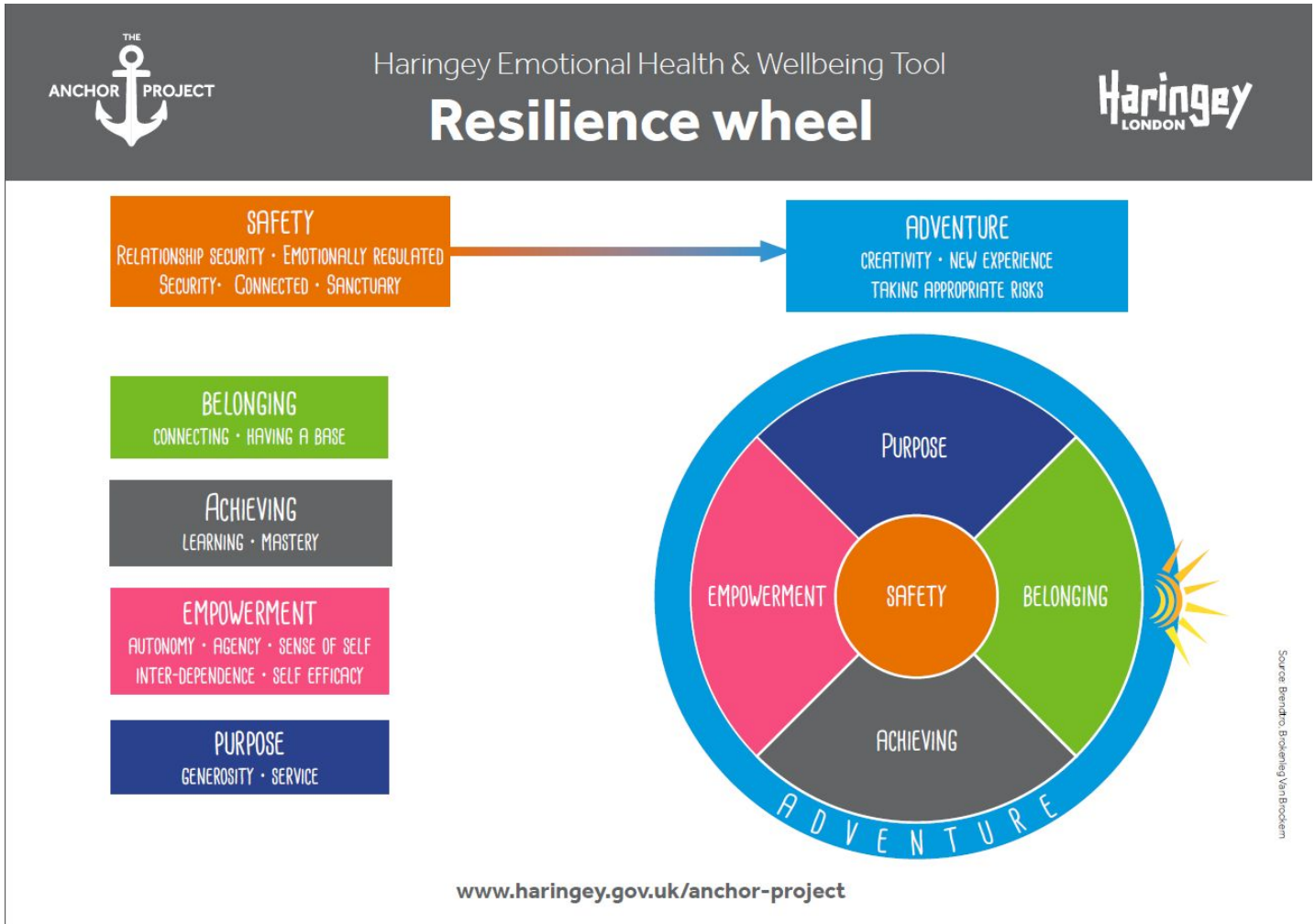
Staff can also find themselves in a situation in which they have poor mental health – It is important for teachers and school leaders to be aware of what makes a school a successful and encompassing environment in which those struggling are supported and given the necessary help and understanding. The importance of staff wellbeing cannot be underestimated.

All staff at LAE Tottenham may confidentially self-refer to the external counselling service provided by the school, and may contact the EWMH Lead for guidance and direction towards additional external services.

Pastoral staff are also able to access fortnightly supervision to discuss individual student cases that may be on their mind. The EMWH Lead, counsellor and Deputy Head (pastoral) undergo this routinely as an expectation in order to ensure they are working safely, within ethical boundaries, and are coping with the emotional pressures common to their role.

# Appendices

## Appendix 1: Haringey Resilience Wheel



## Appendix 2: Information on common mental health concerns

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 ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) Minded ([www.minded.org.uk](http://www.minded.org.uk)).

### **Self-harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

#### **Online support**

- SelfHarm.co.uk: [www.selfharm.co.uk](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 Connors (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

## Appendix 3 My Concern Tasks page

### Edit Task ✕

**Title**

**Description**

**Due Date**

**Assigned To**

**Status**

## Appendix 4: MyConcern team page

### Add Team Member

Search for Team member



Save

Cancel

### Users who are also able to see this Profile

#### User

John Clark (SLT, Deputy Head Pastoral)

Juliette Massey-Smith (Psychology, Lead Teacher Psychology)

Klaudia Kacica (Pastoral, Learning Support Lead)

Paul Spraggs (Pastoral, Sixth Form Services Manager)



## Appendix 5: Additional Resources

### Reading: National

**Health Select Committee Report: Children's and adolescents' mental health services and CAMHS**

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news/14-11-04-camhs-report-substantive/>

**Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing**

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

**Chief Medical Officer's Report 2012, Our Children Deserve Better: Prevention Pays**

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

**THRIVE - a new model for CAMHS | Tavistock and Portman**

<http://www.tavistockandportman.nhs.uk/sites/default/files/files/Thrive%20model%20for%20CAMHS.pdf>

**Achieving Better Access to Mental Health Services by 2020**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/361648/mental-health-access.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf)

### Reading: Local

**Transition from Child Mental Health Services to Adult Mental Health Services: Adults and Health Scrutiny Panel Project Report**

<http://www.minutes.haringey.gov.uk/Published/C00000804/M00007105/ADocPackPublic.pdf> (page 51)

**Mental Health and Wellbeing Framework in Haringey**

<http://www.haringey.gov.uk/social-care-and-health/health/public-health/mental-wellbeing/joint-mental-health-and-wellbeing-framework-consultation>

**Haringey CAMHS Transformation Plan**

<http://www.haringeyccg.nhs.uk/downloads/publications/CAMHS%20Transformation%20Plan%20Haringey.pdf>

## Other Resources

**Mind-Ed- E-learning for professionals working with children and young people**

<https://www.minded.org.uk/>

**Time to Change- Anti-Stigma Campaign and Resources**

<http://www.time-to-change.org.uk/youngpeople/resources-youth-professionals>

**myCAMHSchoices** - A website with advice for young people who have been referred to CAHMS, or are interested in finding out about it. <http://mycamhschoices.org/>

**Royal College of Psychiatrists CAMHS Resources**

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/childandadolescent/communitycamhsqnc/camhsresourcelibrary.aspx>

**Young Minds Website**

[http://www.youngminds.org.uk/for\\_children\\_young\\_people](http://www.youngminds.org.uk/for_children_young_people)

**DfE National Prospectus Grant Award announcement**

<https://www.gov.uk/government/news/25-million-injection-to-help-life-changing-childrens-services>, which includes £4.8 million for CYP mental health projects

**New departmental advice for schools about setting up and improving counselling services for pupils**

<https://www.gov.uk/government/publications/counselling-in-schools>

**New guidance from the PSHE Association for schools on preparing to teach about mental health and emotional wellbeing**

[https://www.pshe-association.org.uk/news\\_detail.aspx?ID=1435](https://www.pshe-association.org.uk/news_detail.aspx?ID=1435)

The guidance has been produced under a grant from the DfE and will be followed by lesson plans for key stages 1-4 in the summer term.

**DfE guidance on how to identify and support those pupils whose behaviour suggests they may have unmet mental health needs.**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416786/Mental\\_Health\\_and\\_Behaviour\\_-\\_Information\\_and\\_Tools\\_for\\_Schools\\_240515.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_240515.pdf)

**Right Here publications on mental health**

<http://www.mentalhealth.org.uk/publications/how-to-guide-three/>

**Anna Freud network supporting MH & Wellbeing in Schools**

<http://www.annafreud.org/services-schools/mental-health-in-schools/schools-in-mind/>

**The Nurture Group Networks for schools to support emotional wellbeing -**

<http://www.nurturegroups.org/>

**MyAPT participation website from CYP IAPT Programme**

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

## Useful Contact Numbers

### **LOCAL CENTRES:**

**Haringey CHOICES** offering access to emotional support for young people and their families in Haringey

Telephone 0208 702 3405

Website [www.haringeychoices.org.uk](http://www.haringeychoices.org.uk)

**The Brandon Centre** (self-referral centre for young people aged 12-21 years offering free and confidential psychotherapy services) – 26 Prince of Wales Road NW5

Telephone 0207 267 4792

Website [www.brandon-centre.org.uk](http://www.brandon-centre.org.uk)

**Open Door Haringey** (free confidential counselling and psychotherapy to young people aged 12 up to age 24)

Telephone 0208 348 5947

Website [www.opendooronline.org](http://www.opendooronline.org)

**Get Connected UK** (confidential helpline for young people under-25 acting as a sign post to relevant sources of help)

Helpline 0808 808 4994

Email [help@getconnected.org.uk](mailto:help@getconnected.org.uk)

Website [www.getconnected.org.uk](http://www.getconnected.org.uk)

**The Tavistock and Portman NHS Trust** (Free service improving mental health and well-being for families, adolescents and adults) - 120 Belsize Lane NW3

Telephone 020 7435 7111 (Reception) or 020 8938 2523 (PALS – Patient Advice)

Email [pals@tavi-port.nhs.uk](mailto:pals@tavi-port.nhs.uk)

**YOUTH ACCESS** (advice and counselling service for age 12-25yrs and provision of local agency contacts)

Helpline 020 8772 9900 (office hours)

Email [admin@youthaccess.org.uk](mailto:admin@youthaccess.org.uk)

Website [www.youthaccess.org.uk](http://www.youthaccess.org.uk)

### **NATIONAL HELPLINES:**

**BEAT (specifically for help with eating disorders)**

Helpline 0345 634 1414

Youthline (for u-25s) 0345 634 7650

Email [help@b-eat.co.uk](mailto:help@b-eat.co.uk)

Website [www.b-eat.co.uk](http://www.b-eat.co.uk)

**BULLYING UK**

Website [www.bullying.co.uk](http://www.bullying.co.uk).

**CHILDLINE** (confidential telephone counselling service)

Helpline 0800 1111

Website [www.childline.org.uk](http://www.childline.org.uk)

**FRANK** (confidential advice and information for individuals or anyone concerned about others drug or solvent misuse)  
Helpline 0300 123 6600  
Email [frank@talktofrank.com](mailto:frank@talktofrank.com)  
Website [www.talktofrank.com](http://www.talktofrank.com)

**Bipolar UK** (supports families of people with Bipolar and other associated illnesses)  
Helpline 020 7931 6480  
Website [www.bipolaruk.org.uk](http://www.bipolaruk.org.uk)

**MIND** (support for individuals and families affected by mental health issues)  
Helpline 0300 123 3393 or Text 86463  
Email [contact@mind.org.uk](mailto:contact@mind.org.uk)  
Website [www.mind.org.uk](http://www.mind.org.uk)

**MindEd** (a free educational resource on children and young people's mental health for adults)  
Website [www.minded.org.uk](http://www.minded.org.uk)

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

**NSPCC** (child protection helpline for children and adults concerned about child abuse)  
Helpline for young people (U-18) 0800 1111  
Helpline for adults 0800 800 5000  
Email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)  
Website [www.nspcc.org.uk](http://www.nspcc.org.uk)

**OCD Action** (services for people affected by OCD)  
Helpline 0845 390 6232  
Email [support@acdaction.org.uk](mailto:support@acdaction.org.uk)  
Website [www.ocdaction.org.uk](http://www.ocdaction.org.uk)

**RETHINK** (support for families, friends and relatives of those affected by mental health issues)  
Helpline 0300 5000 927  
Email [info@rethink.org.uk](mailto:info@rethink.org.uk)  
Website [www.rethink.org.uk](http://www.rethink.org.uk)

**SAMARITANS** (24 hour, 365 days a year emotional support for anyone in crisis)  
Helpline 08457 90 90 90  
Email [jo@samaritans.org](mailto:jo@samaritans.org)  
Website [www.samaritans.org.uk](http://www.samaritans.org.uk)

**SELF HARM UK** (website dedicated to supporting young people affected by self-harm)  
Website [www.selfharm.co.uk](http://www.selfharm.co.uk)

**YOUNG MINDS** (support for young people and also parent helpline and email forum)  
General Telephone 020 7089 5050  
Email [yemenquiries@youngminds.org.uk](mailto:yemenquiries@youngminds.org.uk)  
Parent Helpline 0808 802 5544  
Parents email forum [www.youngminds.org.uk/parents](http://www.youngminds.org.uk/parents)

Website [www.youngminds.org.uk](http://www.youngminds.org.uk)

**YOUTHNET** (a charity that guides and supports youngsters to make informed choices, participate in society and achieve ambitions)

Website [www.thesite.org](http://www.thesite.org)

## Appendix 6: Warwick-Edinburgh Mental Wellbeing Scale

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

	<b>Name</b>	<b>Date</b>	<b>Role</b>
Written	Paul Spraggs	05.18	Mental Health Lead
Ratified			