



Full name of policy:	Policy on Mental Health and Emotional Wellbeing		
Name and post of person responsible:	Paul Spraggs, Mental Health Lead		
Frequency of review:	Bi-Annually		
Dates of previous reviews:			
Date of next formal review:	01/09/2023		
Policy Reference:	All policies will be on the staff shared folder.		
Total number of pages: (Including appendices and front sheet)	30		
Comments:	<p>This policy should be read in conjunction with:</p> <ul style="list-style-type: none"> • the Anti-Bullying policy • Behaviour policy • Student Voice, • Child Protection and Safeguarding policies. • LAET Counselling Handbook 		
	Name (role):	Signature:	Date:
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
Reviewed:	Paul Spraggs (Mental Health Lead)	<i>Paul Spraggs</i>	02.09.2021
Ratified:	Johnny Clark (Deputy Head, Pastoral)	<i>J Clark</i>	16.09.2021
Reviewed:	Paul Spraggs (Mental Health Lead)	<i>Paul Spraggs</i>	02.09.2022
Ratified:	Elaine Brown (Deputy Head, Pastoral)	<i>Elaine Brown</i>	08.09.22

Contents

Introduction	4
This policy aims to:	4
Whole school perception of mental health	5
Responding to distress	6
Responding to mental health problems	6
Supporting students with disorders	6
Signs and symptoms of mental or emotional concerns:	6
Working with a young person with a diagnosed mental health disorder	6
Following up absences of a young person with a diagnosed mental health disorder	7
Figure 1: procedures for staff	8
If a student does not want to talk or want to access further support:	9
Building a team of support	9
Accessing counselling	9
Promoting good mental health:	9
Principles of lesson planning with promoting emotional well-being as a guiding philosophy	10
Confidentiality and information sharing	10
Assessing Mental Health & Emotional Wellbeing	11
Self Harm	11
Responding to students disclosing self-harm	11
Suicidal Ideation	12
Responding to students disclosing suicidal ideation	12
Responding to absences when a student has disclosed suicidal ideation	13
Young person returning to school following a mental health crisis	13
Meeting with parents of vulnerable students	14
Staff Responsibilities regarding mental health & emotional wellbeing	14
Mental Health Support for Staff	15
Appendices	15
Appendix 1: Haringey Resilience Wheel	16
Appendix 2: Information on common mental health concerns	17
Appendix 4: MyConcern team page	21
Appendix 5: Additional Resources	22
Appendix 6: Warwick-Edinburgh Mental Wellbeing Scale	27
Appendix 7: Suicide Safety Plan	28

Appendix 8: Self Harm Safety Plan	29
Appendix 9 Counselling Information sheet	30
Appendix 10 Responding to disclosures of self harm	32
Appendix 11 Self-harm: Assessing risk	33
Appendix 12 Responding to disclosures of suicide	34
Appendix 13 Suicide: Assessing risk	35

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:

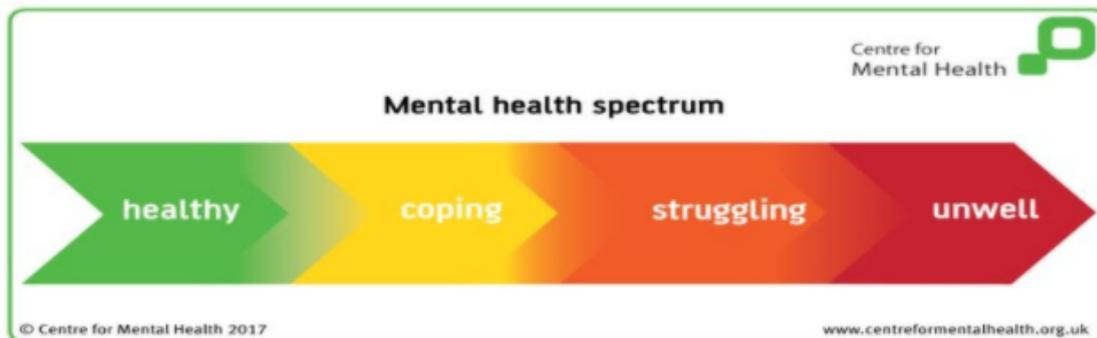
- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering 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 Bi-annually.

Whole school perception of mental health



Distress	Problem	Disorder
<p>Examples may include:</p> <ul style="list-style-type: none"> ● Struggling with workload ● Managing failure(s) ● Sitting Exams 	<p>Examples may include:</p> <ul style="list-style-type: none"> ● Escalating or unresolved distresses ● Bereavement ● Loss of key relationship(s) 	<p>Examples may include:</p> <ul style="list-style-type: none"> ● Bipolar Disorder ● Clinical Depression ● Eating disorders ● Obsessive Compulsive Disorder

Responding to distress

The pastoral team will inform staff working with this student of these difficulties via Myconcern in order to create a supportive environment in school for the young person where the staff working with them are aware of their needs.

Responding to mental health problems

Similarly to above, the staff working with this student will be informed via Myconcern of any relevant and appropriate information that allows them to better understand and support the young person. The MH lead will work with the student and look at the support systems available to them both in and out of school. This may include signposting to further support that is available, referring to our counselling service, opening up the conversation with parents/carers, and making external referrals to services such as CAMHS.

Supporting students with disorders

If a student is diagnosed with a mental disorder by a medical professional the school will work with the other professionals involved and take their guidance to support this student throughout their time at the school. School staff cannot diagnose these students and should avoid using clinical language when discussing their mental health difficulties.

Signs and symptoms of mental or emotional concerns:

Teachers would benefit from observing whether a student shows signs of having good mental health. Which is often defined¹ by being able to:

- Feel, express and manage a range of positive and negative emotions.
- Carry out everyday tasks and look after themselves.
 - This might include diet, exercise, sleep, cleaning, work, learning and social activities.
- Take part in activities they enjoy.
- Build and manage healthy relationships with others.

Working with a young person with a diagnosed mental health disorder

When working with a young person that lives with a mental health disorder staff should follow guidance offered from the SEN team, the MH Lead and the safeguarding team. This guidance may change over time depending on the young person's needs. School staff's role is to support through building positive relationships and creating safe spaces for learning. Staff should also be prepared to signpost to additional support if necessary.

¹ <https://www.youngminds.org.uk/young-person/coping-with-life/what-is-mental-health>

For further guidance on this it is advised to speak with the SEN team, the MH Lead or the DSL. school staff should familiarise themselves with information on mental health concerns in Appendix 2.

Following up absences of a young person with a diagnosed mental health disorder

The Attendance team will report any unexplained absences of students with diagnosed mental health disorders to the safeguarding team via Myconcern.

*Young people struggling with their mental health may at times struggle to attend school because of their difficulties. It is important to respond to these absences compassionately and with empathy and understanding. Nonetheless, our position is firmly that the best place for the young person to be is in school where we can support them and provide them with consistency and routine. Additionally to this, missing school and lessons will create undue stress for the young person and may also isolate them from their peers. **For circumstances when absences would be authorised please see the attendance policy***

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 may need and whether they would like support in accessing this. Throughout this conversation the member of staff should focus on the following:

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 offer 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 report on Myconcern

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

Cause for concern

If you consider the young person to be at risk, then you must follow Child Protection procedures and report your concerns directly to the safeguarding team. 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 a counsellor in school;
- Arranging a referral to CAMHS or other relevant services
- Giving guidance and feedback 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 can check in regularly with their form tutor and/or other pastoral staff be monitored by their teaching staff in lessons. After a period of waiting, a student deemed to have continuing difficulties should be assessed further by the Mental Health Lead.

All details should be logged on MyConcern by the member of staff that has received the disclosure/responded to the initial situation

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 on Myconcern.
- Pass on any concerns to the pastoral team.

Building a team of support

(see Appendix 4): Following consultation between the relevant members a team consisting of staff such as form tutors, Head of Year 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 with any member of staff to register an interest. They can also email the counselling team directly. The waiting list for the school counselling service is managed by the MHL. Details of this are available on our counselling information sheet which is regularly shared and available to all students. (Appendix 9)

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 well being and self care; opening conversations about mental health to raise awareness and decrease stigma. Promoting values such as; emotional awareness, resilience, and conflict resolution.
- Pastoral support from trained staff available e.g. - Heads of Year, Deputy Heads of Year, Tutors, Mental Health Lead, School Counsellors.
- Self-referral and drop-in options to see the School Counsellors who also advise on ways of being referred to external 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 safeguarding training and via formal forums for the voice of the pupils to be heard, e.g. Student Council, Assemblies, student surveys, 1:1s 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 supervision for 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 create a safe environment for young people to thrive and to feel safe and supported.

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 is not possible for staff to offer complete confidentiality.
- If a member of staff considers a student is at 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 Safeguarding team will decide what information is appropriate to pass on to parents/carers.
- Parents/carers are strongly encouraged to 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.

Self Harm

Actions of self-harm can include cutting, overdosing on medications or other deliberate poisoning, asphyxiation, burning, punching oneself, pulling out hair/eyelashes, picking at skin or any other self-inflicted injuries. There are many reasons for a person to hurt themselves. It is often a coping mechanism for difficult emotions and used as a way to provide temporary respite, however it is a dangerous and unhealthy behaviour which can escalate and become addictive.

The vast majority of children and young people who self-harm are not trying to kill themselves but many people who die by suicide have self-harmed in the past, and for that reason these incidents need to be taken seriously as they present a potential risk factor to more significant harm in the future. Self-harm usually takes place in secret and it is important to be aware of the difficulties a pupil may have in discussing issues surrounding self-harm.

Responding to students disclosing self-harm

If a student discloses any form of self-harm 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. Self-harm usually takes place in secret and it is important to be aware of the difficulties a pupil may have in discussing issues surrounding self-harm.

The School regards self-harm seriously and will put appropriate support in place for any young person that discloses historical or current ongoing self-harm. Staff and parents seeking advice and/or further support should speak to safeguarding team/MHL.

Any staff member that discovers incidents of self-harm from a young person should report this to the safeguarding team via Myconcern.

Safeguarding staff will then assess the risk (See Appendices 10 and 11) and create a safety plan (Appendix 8).

Suicidal Ideation

Suicidal ideation is also referred to as suicidal thoughts and describes thoughts, fantasies, ideas that an individual has about ending their life. Thoughts can range but suicidal ideation becomes active when an individual begins to make plans to end their life. It is important to be aware of some of the signs of suicidal ideation in young people and how

to respond. Warning signs will vary according to the young person, so it's important to look out for any significant changes in their typical mood and behaviour. Other signs include:

- Frequently, upset, anxious, withdrawn or showing signs of low mood.
- Beginning to use alcohol/substances, or using them more frequently
- Being self-destructive or engaging in risk taking behaviours
- Changes in sleeping patterns
- Expressing hopelessness or a feeling of being trapped with no way out
- Extreme mood swings
- Less interested in their appearance/self-care.
- Frequently talking about death or dying, including making jokes about suicide and saying things like "I wish I were dead" "I can't go on" "People would be better off without me"
- Giving away possessions for no clear reason
- Researching, looking for and/or acquiring means to commit suicide
- Making a point to say goodbye to people

All suicidal feelings and comments should be taken seriously. If you believe a pupil is showing signs of suicidal ideation notify the safeguarding team in person and follow this up by raising this in Myconcern.

Responding 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 My concern and a member of the safeguarding team should be informed in person so that they can respond appropriately. Following this referral a member of the safeguarding team will meet with the student to carry out a risk assessment (**See appendices 12 and 13**).

If the student is thought to be at risk to themselves upon leaving school at any point then the school must inform the student's parents/carers of this risk if they have not already done so to ensure that the risk is reduced when they are not in school as they are being supervised at home. A CAMHS referral should also be made with the young person's consent. We also recognise that there may be instances where students are experiencing low mood and some thoughts explorative around death and we would prefer that they feel able to discuss and explore these thoughts in a non-judgemental environment, therefore, this should not necessarily be treated as an active risk of suicide however this should still be logged and monitored closely. The young person should always be informed on who this sensitive information is being shared with, and the rationale behind these decisions.

Responding to absences when a student has disclosed suicidal ideation

If the attendance team cannot contact a student or a parent when they are absent having been flagged as at risk of suicide then the safeguarding team must be made aware immediately and the school must conduct a home visit, if the young person still cannot be contacted to confirm their safety then the school must notify the police to share these concerns.

Young person returning to school following a mental health crisis

In cases where a student is returning to school following a mental health crisis, i.e. they may have recently been discharged from a medical facility, The Safeguarding team will support the student's reintegration back into school collaborating with the MHL, the SEN team, the pastoral team, and any external agencies that are currently involved with the young person to ensure that the student is feeling supported by the school. Staff working with this young person will be advised and made aware of their additional needs by the Safeguarding team or the SEN team.

Meeting with parents of vulnerable students

It is important in any case where a young person discloses being at risk that the school finds 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 instances the appropriate members of the pastoral team will meet with the young person to discuss the need to include their parents/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 pastoral staff 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.

After the meeting has taken place a written record of the outcomes and actions taken will be recorded on MyConcern by the pastoral staff member leading the meeting 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"> • Oversee the maintenance and continued development of a positive approach to mental health within the school • check in with students regularly regarding MH • manage counselling waiting list and triage the counselling services provided by the school • point of contact for students with MH concerns • provide space for drop-ins from students at certain times of the day • provide therapeutic intervention when required • Point of contact for parents. • Organise and attend meetings with students and family members regarding any MH concerns.
Deputy Head Pastoral	<ul style="list-style-type: none"> • Supervise the pastoral systems of the school • check-in with the pastoral team. • Organise/Attend meetings with students and family members regarding EWMH concerns.
Deputy Head of Year	<ul style="list-style-type: none"> • Check in with students regularly

	<ul style="list-style-type: none"> • monitor progress, one-to-one's with students who have been assessed as potentially at risk for any emotional wellbeing concerns. • Point of contact for parents
Safeguarding Team	<ul style="list-style-type: none"> • Report any concerns and monitor potentially at risk students • Discuss and plan responses to ongoing concerns
Heads of Year and Pastoral Leads	<ul style="list-style-type: none"> • Point of contact for parents • Assess escalating concerns regarding attendance, lateness and/or behavioural issues.
Form Tutors	<ul style="list-style-type: none"> • Point of contact for parents. • Check in with students regularly to monitor progress • Organise one-to-one's with students that have been assessed as potentially at risk for emotional wellbeing concerns.
Classroom Teachers	<ul style="list-style-type: none"> • Provide support and encourage a safe space for all.

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 counselling service provided by the school, and may contact the MH Lead or their own line manager for guidance and direction towards additional services.

Pastoral and safeguarding staff are also encouraged to access fortnightly supervision to discuss work that may be on their mind. The MH Lead will attend fortnightly supervision 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.

Staff are also signposted to use the educational support helpline on 08000 562 561. Posters for this are visible in the staff rooms and this information is shared regularly.

NB: line managers supporting staff wellbeing and offering support?

Appendices

Appendix 1: Haringey Resilience Wheel



Haringey Emotional Health & Wellbeing Tool



Resilience wheel

SAFETY
 RELATIONSHIP SECURITY · EMOTIONALLY REGULATED
 SECURITY · CONNECTED · SANCTUARY

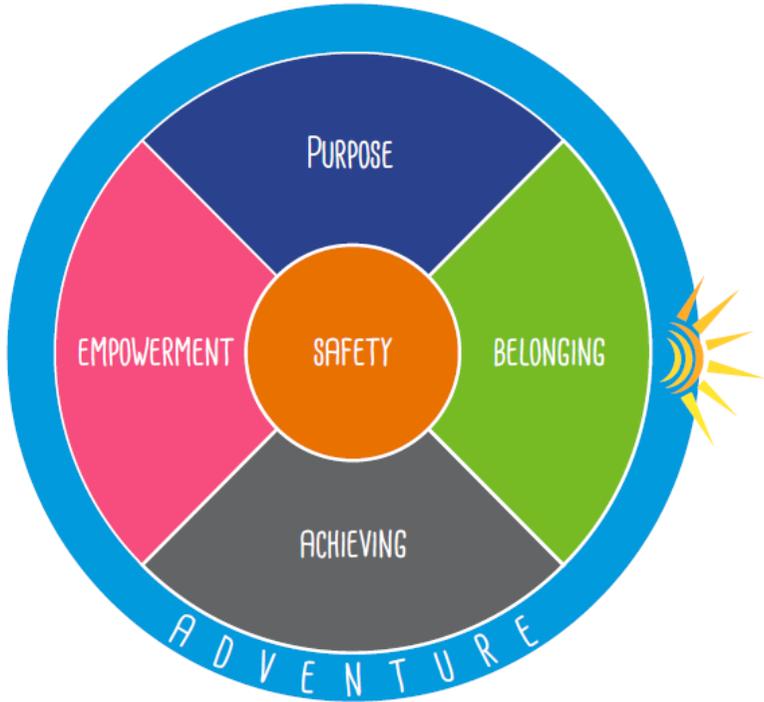
ADVENTURE
 CREATIVITY · NEW EXPERIENCE
 TAKING APPROPRIATE RISKS

BELONGING
 CONNECTING · HAVING A BASE

ACHIEVING
 LEARNING · MASTERY

EMPOWERMENT
 AUTONOMY · AGENCY · SENSE OF SELF
 INTER-DEPENDENCE · SELF EFFICACY

PURPOSE
 GENEROSITY · SERVICE



Source: Brendro, Brokenley Van Broekem

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), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (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
- National Self-Harm Network: www.nshn.co.uk

Books

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

Depression

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

Online support

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

Books

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

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to

impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

- Anxiety UK: www.anxietyuk.org.uk
- **Books**
- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

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

Online support

- OCD UK: www.ocduk.org/ocd

Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Susan 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
- On the edge: ChildLine spotlight report on suicide: 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
- Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

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

Appendix 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

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

Guidance for headteachers and college principals on the 8 principles for promoting emotional health and wellbeing in schools and colleges.

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

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 CAMHS, 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/communitycamhsancc/camhsresourcelibrary.aspx>

Young Minds Website

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

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

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/>

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

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

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

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

Website 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

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

Helpline 020 8772 9900 (office hours)

Email admin@youthaccess.org.uk

Website www.youthaccess.org.uk

SAFE Enfield (provide treatment and support to young people aged between 13 and 18 with mental health, behavioural and emotional wellbeing needs)

Tel: 020 8702 4070

Email: beh-tr.enfieldcamhssafe@nhs.net

Website

<https://www.beh-mht.nhs.uk/services/safe-service-for-adolescents-and-families-in-enfield/214>

NATIONAL HELPLINES:

BEAT (For support with eating disorders)

Helpline 0345 634 1414

Youthline (for u-25s) 0345 634 7650

Email help@b-eat.co.uk

Website www.b-eat.co.uk

BULLYING UK

Website www.bullying.co.uk.

CHILDLINE (confidential telephone counselling service)

Helpline 0800 1111

Website 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

Website www.talktofrank.com

Bipolar UK (supports families of people with Bipolar and other associated illnesses)

Helpline 020 7931 6480

Website 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

Website www.mind.org.uk

MindEd (a free educational resource on children and young people's mental health for adults)

Website www.minded.org.uk

National Self Harm Network

Website 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

Website www.nspcc.org.uk

OCD Action (services for people affected by OCD)

Helpline 0845 390 6232

Email support@acdaction.org.uk

Website 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

Website 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
Website www.samaritans.org.uk

SELF HARM UK (website dedicated to supporting young people affected by self-harm)
Website www.selfharm.co.uk

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

Barnet, Haringey and Enfield number for children/young people & parents/carers experiencing a mental health crisis - 0800 151 0023

www.good-thinking.uk - NHS guidelines on self-care

www.kooth.com - online community. Access free, safe, anonymous support.

<https://www.annafreud.org/on-my-mind/youth-wellbeing/> - directory

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

Appendix 7: Suicide Safety Plan

If you sometimes struggle with suicidal thoughts, complete the form below. When you are feeling suicidal, follow the plan one step at a time until you are safe. These feelings will pass. Keep the plan where you can easily find it when you need it.

What I need to do to reduce the risk of me acting on the suicidal thoughts:
What warning signs or triggers are there that make me feel more out of control?
What have I done in the past that helped? What ways of coping do I have?
What I will do to help calm and soothe myself:
What I will tell myself (as alternatives to the dark thoughts):
What would I say to a close friend who was feeling this way?
What could others do that would help?
Who can I call: <ul style="list-style-type: none">● Friend or relative: ● Health professional ● Telephone helpline: ● Other:
A safe place I can go to: If I still feel suicidal and out of control: <ul style="list-style-type: none">● I will go to the A&E department● If I can't get there safely, I will call 999

Appendix 8: Self Harm Safety Plan

If you sometimes struggle with difficult thoughts around self-harm, complete the form below. When you are feeling that way, follow the plan one step at a time until you feel safe. These feelings will pass. Keep the plan where you can easily find it when you need it.

What I need to do to reduce the risk of me acting on thoughts about self-harm?:
What warning signs or triggers are there that make me feel more out of control?
What have I done in the past that helped? What ways of coping do I have?
What I will do to help calm and soothe myself:
What I will tell myself (as alternatives to the dark thoughts):
What would I say to a close friend who was feeling this way?
What could others do that would help?
Who can I call: <ul style="list-style-type: none">● Friend or relative: ● Health professional ● Telephone helpline: ● Other:
A safe place I can go to: If I feel at risk of dangerously hurting myself: <ul style="list-style-type: none">● I will go to the A&E department● If I can't get there safely, I will call 999

Appendix 9 Counselling Information sheet

Page 1 of 2



Counselling Information Sheet

What is Counselling?

Counselling is an opportunity to talk about difficult issues - and your feelings about them - in a safe and confidential environment with a trained professional who will listen in an accepting and non-judgmental way. Counselling helps you to examine areas in your life that are causing you distress, to identify what inner resources you possess and what external support you already have or can acquire for yourself in order to reduce that distress. Sometimes, counselling simply means that you are able to see the same situation in a new light, which in itself helps. Counselling sessions usually last 50 to 60 minutes and are normally held on a weekly basis.

Why do people come to counselling?

There are a variety of reasons why a person might come to counselling. Some people may think of it as an extreme option, and that unless things get really bad you should try to manage on your own. But this isn't true. It's ok to try therapy at any point in your life, whatever your background.

In fact, getting support from a therapist when you're not at a crisis point can be really helpful - it might feel easier to reflect on what's going on, and could help you keep things from getting worse. It can also:

- offer you a safe time and place to talk to someone who won't judge you
- help you make sense of things and understand yourself better
- help you resolve complicated feelings, or find ways to live with them
- help you recognise and alter unhelpful patterns in the way you think or act.

The referral process

Students can access counselling support by asking a member of staff or by speaking to/emailing Mr Spraggs (Office M54). We make it a priority for students added to our counselling waiting list to access the requested support. However, it is not always possible for students to be seen straight away and waiting times will vary.

Email Addresses for referrals and further inquiries:

Paul.Spraggs@Laetottenham.ac.uk – Mental Health & Emotional Wellbeing Lead

Counsellor@Laetottenham.ac.uk – Aspace Counsellors



Helpful Resources

SELF HARM UK (supporting young people affected by self-harm)
Website www.selfharm.co.uk

NSPCC (for concerns about child abuse)
Helpline for young people (U-18) 0800 1111 Email help@nspcc.org.uk
Website www.nspcc.org.uk

FRANK (confidential advice for anyone concerned about drug or solvent misuse)
Helpline 0300 123 6600 Email frank@talktofrank.com
Website www.talktofrank.com

BULLYING UK
Website www.bullying.co.uk

BEAT (For support with eating disorders)
Youthline (for u-25s) 0345 634 7650 Website www.b-eat.co.uk

YoungMinds
Text YM to 85258 for support when experiencing a mental health crisis. (open 24/7)
Website <https://youngminds.org.uk/find-help/>

SAMARITANS: 116 123 / www.samaritans.org

CHILDLINE: 0800 1111 / www.childline.org.uk

TheMix (Essential support for U25's)
Helpline 0808 808 4994 Website www.themix.org.uk

**Haringey Helpline number for children/young people & parents/carers |
experiencing a mental health crisis - 0800 151 0023**

Download the 'MeeToo' App on your phone or device for a supportive community of young people and easy access to online mental health professionals and further support.

Other useful links:

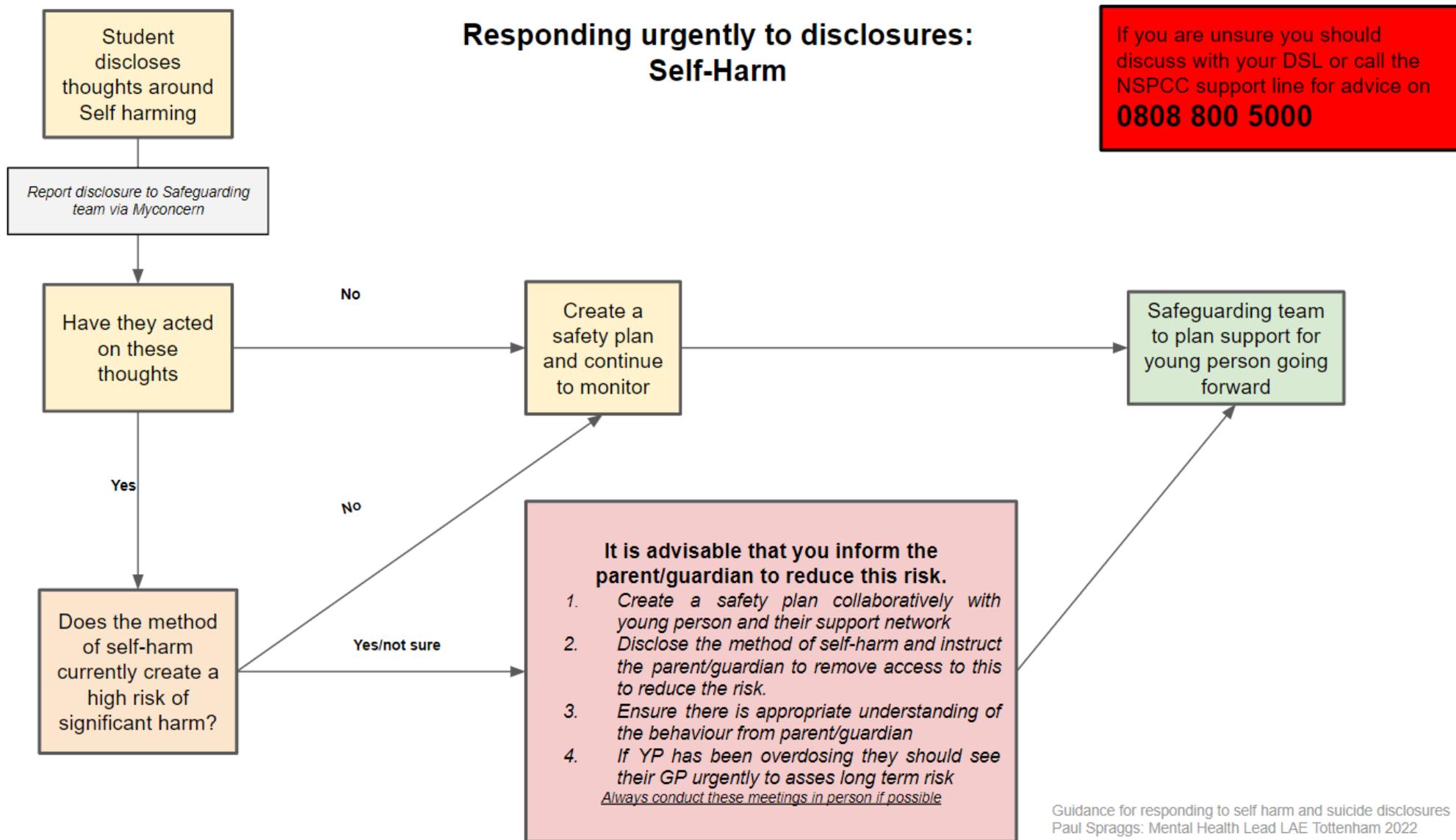
www.good-thinking.uk - NHS guidelines on self-care

www.kooth.com - online community. Access free, safe, anonymous support.

<https://www.annafreud.org/on-my-mind/youth-wellbeing/> - directory

Appendix 10 Responding to disclosures of self harm

Responding urgently to disclosures: Self-Harm



Appendix 11 Self-harm: Assessing risk

Self-Harm: Questions for assessing risk

NSPCC support line: **0808 800 5000**

NHS non emergency: **111**

Questions that may indicate increasing risk

1. Do they carry out the appropriate after-care of any wounds (cleaning, bandaging etc.)
2. Do they have anyone they can talk to?
 - Does anyone else know about how they are feeling?
3. Is there a history of suicide/self-harm in their family?
4. Do they have positive coping mechanisms?
5. Is any support in place?
 - Are they open to getting help for this?
6. Is the level of harm escalating?
 - (eg: If they are cutting, do they feel the need to cut more/deeper as time goes on)
7. Are they having/have they ever had any suicidal thoughts? - *if 'yes' complete suicide risk assesment*

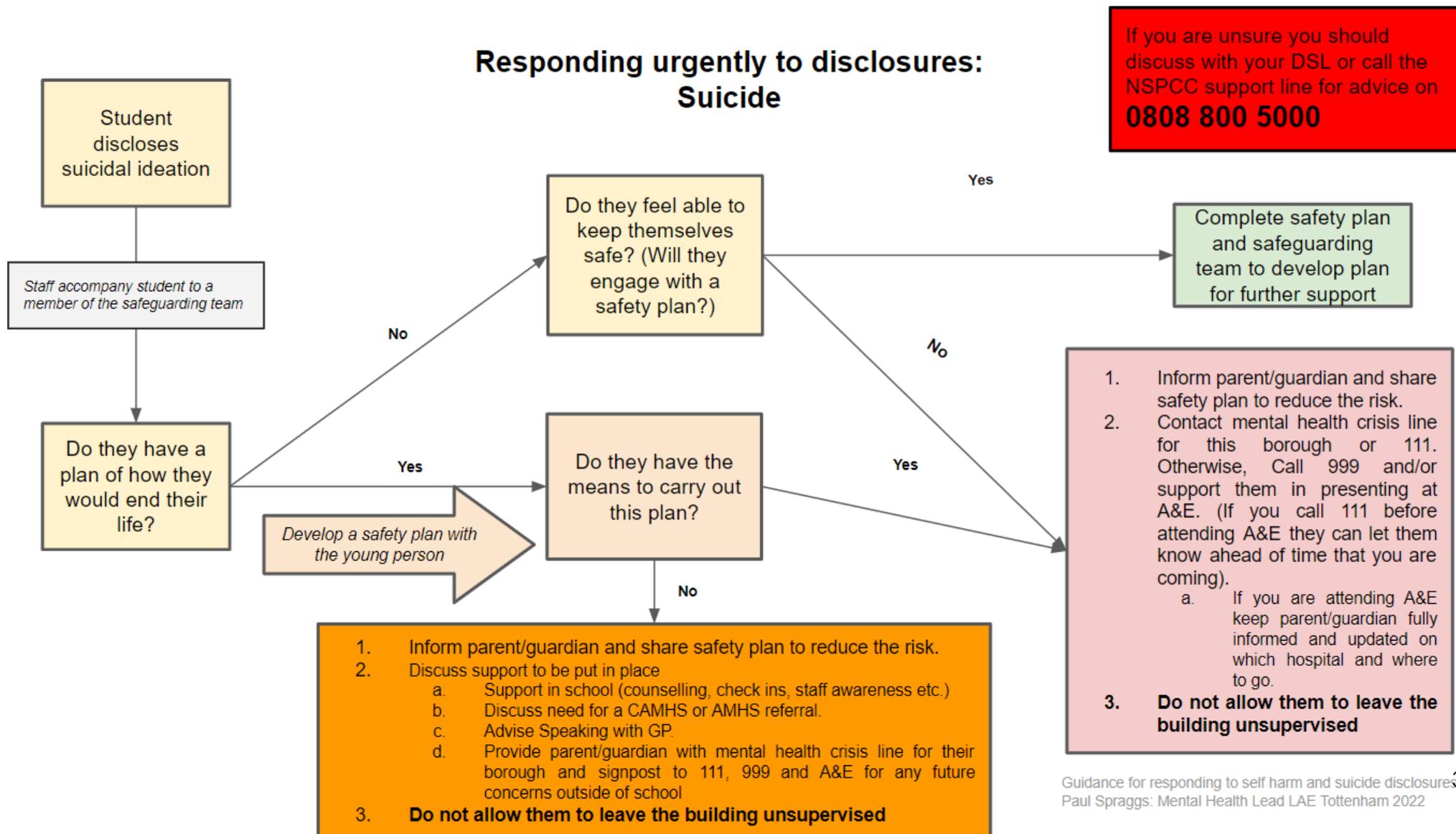
Questions that may indicate high risk

1. Are they using drugs/alcohol when self-harming?
 - This can increase recklessness and impulsiveness.
2. What are their methods of self-harm?
 - Some methods may carry unanticipated severe harm e.g. frequent small overdoses may cause long-term harm
3. Are they worried about their own safety?
4. Do they refuse to engage with a safety plan?
 - Do they feel unable to keep themselves safe?

If the answer to any of these questions is affirmative it is advisable that parents/guardians are informed unless there are relevant arguments against doing so regarding the young person's safety and well being.

Appendix 12 Responding to disclosures of suicide

Responding urgently to disclosures: Suicide



Appendix 13 Suicide: Assessing risk

Suicide: Questions for assessing risk

NSPCC support line: **0808 800 5000**
NHS non emergency: **111**

Questions that may indicate increasing risk

There is no evidence that enquiring about suicide increases an individual's risk. In reality people are relieved to be able to talk about suicidal thoughts

Questions that may indicate high risk

1. Are they feeling hopeless?
 - Do they have plans for the future?
2. Do they have anyone they can talk to?
 - Does anyone else know about how they are feeling?
3. Do they have positive coping mechanisms?
4. Is there a history of suicide/self-harm in their family?
5. Is any support in place?
 - Are they open to getting help for this?
6. Are they self-harming?
 - Is there a history of self harm?
 - Are they currently thinking about or have they ever thought about self-harming

1. Do they have a plan of how they would end their life?
2. Do they have the means to carry out this plan?
3. Do they feel like the risk is escalating?
4. Is there a history of previous suicide attempts?
5. Are they using drugs/alcohol when feeling this way?
 - This can increase recklessness and impulsiveness.
6. Do they refuse to engage with a safety plan?
 - Do they feel unable to keep themselves safe?

If the answer to any of these questions is affirmative it is advisable that parents/guardians are informed unless there are relevant arguments against doing so regarding the young person's safety and well being.

Guidance for responding to self harm and suicide disclosures
Paul Spraggs: Mental Health Lead LAE Tottenham 2022

	Name	Date	Role
Written	Paul Spraggs	05.18	Mental Health Lead
Ratified			