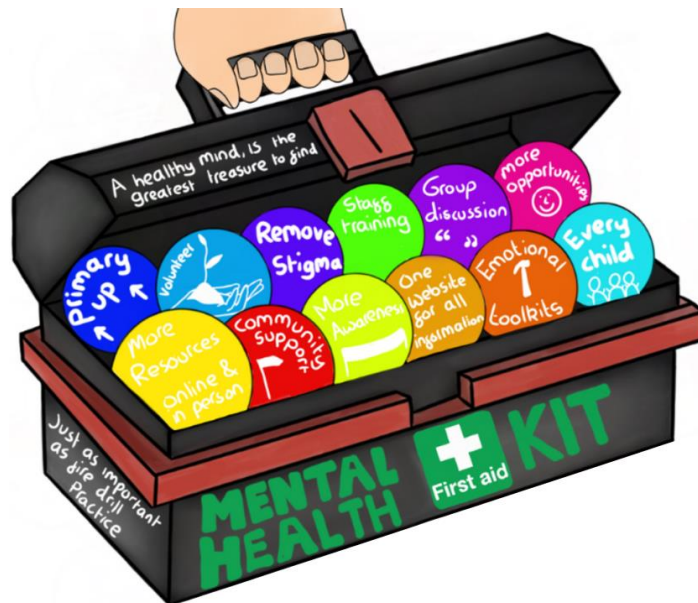


Mental Health and Emotional Wellbeing Policy



Approved by:	Alex Denham	Date:	July 2022
Last review date:	January 2025	Next review date:	January 2026

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1. Policy Statement

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

At Beckfoot School, we aim to promote positive mental health and wellbeing 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. Our Emotional Wellbeing Provision Map, which is listed as **Appendix A**, was developed in conjunction with Bradford Mental Health in Schools Team and their Guidance, and via DfE Senior Mental Health Lead Training.

Research indicates that three children in any average classroom will be suffering from a diagnosable mental health issue. 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.

In addition to promoting positive mental health, we aim to ensure that students and staff are equipped to manage times of change and stress, and that they are supported to reach their potential or access help when they need it.

We also have a role to ensure that all members of our school community learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

2. Scope

This document describes the school’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff, including non-teaching staff, parents, carers and students.

This policy should be read in conjunction with our medical policy in cases where a student’s mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need. Other relevant local Beckfoot School policies are listed beneath the link to them below:

[Local School Policies](#)

- Beckfoot (Local) Anti-Bullying Policy
- Child Protection and Safeguarding Policy
- Disability Accessibility Action Plan
- Pupil Premium Strategy Statement
- RSE Policy
- SEND Information Report
- SEND Provision Report
- SMSC Policy

Other relevant Beckfoot Trust policies are listed beneath the link to them below:

[Beckfoot Trust Policies](#)

- Child Protection and Safeguarding Policy
- SEN and Disability Policy

- Supporting Students with Medical Needs (Inc. Asthma Policy)

3. Aims

Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:

- Everyone is valued.
- All students and staff have a sense of belonging and feel safe.
- Students and staff feel able to talk openly with trusted adults about their problems without feeling any stigma.
- Positive mental health is promoted and valued.
- Bullying is not tolerated.

At our school, we:

- Help students to understand their emotions and experiences better.
- Ensure our students feel comfortable sharing concerns and worries.
- Encourage students to be confident and help to promote their self-esteem.
- Help students to develop resilience and ways of coping with setbacks.
- Work with external agencies and partners

We promote a mentally healthy environment by:

- Promoting positive mental health and emotional wellbeing in all students and staff.
- Promoting proper sleep routines.
- Promoting regular exercise and offering a range of SPA activities to support the interests and passions of staff and students.
- Encouraging regular and healthy eating and drinking.
- Encouraging time to relax and time outdoors.
- Maintaining consistent boundaries.
- Using our emotional intelligence and sense of humour.
- Celebrating both academic and non-academic achievements.
- Promoting our students voices and giving them the opportunity to participate in decision.

4. Key Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit are listed in **Appendix E**.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the relevant Head of Year in the first instance. Our Deputy Designated Safeguarding Lead and SENCo work together to manage referrals to CAMHS. Student self-refer to Place2Be.

If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead and or Deputy DSL.

If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff, school nurse and/or contacting the emergency services if necessary.

5. Vulnerable Learner Indexes

Every year group from year 7 to 13 has a live Vulnerable Learner Index spreadsheet. The VLI provides staff with password-protected accurate and useful information about any vulnerabilities, barriers to learning and/or special educational needs or disabilities (including Social Emotional Mental Health needs). The information included in the entry for a student is drawn together with the student, their parents or carers and/or input from other professionals. The information listed includes:

- Student name
- VL score
- Weekly attendance
- Termly Attitude to Learning average
- Disadvantaged / Pupil Premium
- SEND
- Level of SEND and Primary SEND
- Barriers
- Strategies to overcome barriers
- Details of any SEND
- Provision for any SEND

Some students may require Individual Care Plans due to the nature of their needs.

Staff sign on our central HR system to have read the VLIs in relation to their tutor group and teaching groups, in order to broaden their awareness of vulnerable students, the nature of their vulnerabilities and also to meet their individual needs.

6. Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum, in tutor sessions, assemblies, campaigns, and transition support.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Our RSE Policy details further how this content is delivered in the curriculum (both within and beyond the tutor time programme.) We follow [PSHE Association guidance](#), as well as local authority and Trust resources to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

7. Signposting

We will ensure that staff, students, parents and carers are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in **Appendix E**.

We will display relevant sources of support in communal areas such as the atrium and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum and via tutoring. Whenever we highlight sources of support, we will increase the chance of students seeking help by ensuring they understand:

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

8. Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should log this on CPOMs in the first instance. They may also communicate their concerns with our DSL and/or Deputy DSL and/or the AHT for each key stage.

Possible warning signs include:

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

9. Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see **Appendix F**.

All disclosures should be recorded on CPOMs with details of the main points from the conversation and any immediate actions taken. This information will then be assigned to a member of our Safeguarding Team who will then record the actions they've taken.

10. Confidentiality

We must be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We don't share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent.

It is always advisable to pass on disclosures to a member of the Safeguarding team. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student; it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and tell them who it would be most appropriate and helpful to share this information with.

In most scenarios, parents or carers should be informed and students may choose to tell their parents or carers themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents or carers. We should always give students the option of us informing parents or carers for them or with them.

If a student gives us reason to believe that there may be underlying child protection issues, parents or carers should not be informed, but the DSL (Alex Denham) or DDSL (Helen Backhouse) must be informed immediately.

Where it is deemed appropriate to inform parents or carers, we need to be sensitive in our approach. Before disclosing to parents or carers we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere else?
- Who should be present? Consider parents or carers, the student, other members of the Support and Challenge team.
- What are the aims of the meeting? Consider this before the meeting, and also at its conclusion.

It can be shocking and upsetting for parents or carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them resources to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents or carers can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents or carers often have many questions as they process the information. Finish each meeting with agreed next steps and always make a brief record of the meeting on the student's CPOMs record.

11. Working with Parents and Carers

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

- Highlight sources of information and support about common mental health issues on our dedicated [Mental Health and Wellbeing webpages](#) on the school website.
- Ensure that all parents and carers are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child.
- Make our Mental Health and Emotional Wellbeing Policy easily accessible to parents and carers.
- Maintain and regularly update our [Mental Health and Wellbeing webpages](#).
- Share ideas about how parents and carers can support positive mental health in their children through parental involvement events.

- Keep parents and carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.
- Explore the opportunity to provide information evenings and workshops to support parents and carers in supporting the mental health and wellbeing of their children, and of themselves.

12. Working with External Agencies

Our work with external agencies enables our staff workforce to grow their knowledge and skillset in relation to supporting students' mental health and wellbeing proactively in school. We also signpost students and their families to a range of external agencies with expertise that can support the child effectively. We work especially closely with:

- Our local NHS Mental Health Support Team
- Place2Be (P2B)
- Kooth
- Youth In Mind
- Medical Needs and Hospital Education Service (MNHES)
- Barnado's
- Children and Adolescent Mental Health Service (CAMHS)
- Children's Social Care (CSC)
- We also work closely with individual professionals including the Beckfoot Trust Clinical Lead Practitioner and Beckfoot Trust Lead SENDCo

In order to work effectively with external agencies, we:

- Chair weekly update meetings with Place2Be in school.
- Chair termly update meetings with our local Mental Health Support Team in school.
- Chair termly update meetings with the MNHES.
- Welcome external advice by inviting and/or attending Team Around the Child (TAC) meetings and multi-professional meetings to support students with mental ill-health.
- Maintain and regularly update our [Mental Health and Wellbeing webpages](#).
- Explore the opportunity to provide information evenings and workshops involving external agencies to support parents and carers in supporting the mental health and wellbeing of their children, and of themselves.

13. Supporting Peers

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

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

14. Training

As a minimum, all staff will receive annual training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe.

We will provide relevant information for staff who wish to learn more about mental health. The [Place2Be Mental Health Champions - Foundation programme](#) provides free online training suitable for staff wishing to know more about mental health and how best to support students struggling with mental ill health.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations or patterns with the student body.

We also ensure there are regular updates, information and links on our bi-weekly staff bulletin.

Suggestions for individual, group or whole school CPD should be discussed with the Mental Health Lead (Alex Denham), who can also highlight sources of relevant training and support for individuals as needed.

15. Policy Review

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

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Emily Wintersgill at EWintersgill01@beckfoot.org.



Mental Health and Emotional Wellbeing Policy Appendices

Appendix A: Beckfoot School Emotional Wellbeing Provision Map					
Thrive Area	THRIVING <i>Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies</i>	GETTING ADVICE <i>Those who need advice and signposting</i>	GETTING HELP <i>Those who need focused goal-based input</i>	GETTING MORE HELP <i>Those who need more extensive and specialised goal-based help</i>	GETTING RISK SUPPORT <i>Those in crisis/approaching crisis who may present at risk to themselves and others, requiring an urgent/ same day response</i>
Presenting Needs	<p>Those whose current need is support in maintaining mental wellbeing through effective prevention and promotion strategies</p> <ul style="list-style-type: none"> • Around 80% of students at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their emotional wellbeing issues. They are considered to be in the "Thriving" group: • Performing well • Concentrates and is alert • Generally attends well • Fulfills their learning capacity <p>These students benefit from whole school practices promoting emotional wellbeing for issues such as:</p> <ul style="list-style-type: none"> • Feeling low after a poor test result • Failing out with a friend • Feeling sad after a bereavement 	<p><i>Those who need advice and signposting</i></p> <p>This group includes both those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own wellbeing and not wanting goal-based specialist input, for example:</p> <ul style="list-style-type: none"> • Mild worries • Friendship issues • Family problems and/or home life • Coming to terms with identity and/or sexuality • Coming to terms with neurodiversity relating to special Educational Needs and/or Disabilities 	<p><i>Those who need focused goal-based input</i></p> <p>This group comprises of students and their families who would benefit from goal-based support with a clear success criterion, for example:</p> <ul style="list-style-type: none"> • Anger outbursts • Mild anxiety • Friend / Family / Home issues (significant) • Low self-esteem • Mild depressive symptoms • Eating issues (change in weight/eating habits) • Negative body image 	<p><i>Those who need more extensive and specialised goal-based help</i></p> <p>This is not conceptually different from the previous goal-based support, for example:</p> <ul style="list-style-type: none"> • Complex trauma • Depressive symptoms • Eating issues (change in weight/eating habits) • Negative body image, purging or bingeing • Hyperactivity (levels of over activity and impulsivity) • Increased levels of self-harm • Mood disturbances • Obsessive thoughts and/or compulsive behaviours • Moderate anxiety • Some thoughts of ending life with no plan or intent 	<p><i>Those in crisis/approaching crisis who may present at risk to themselves and others, requiring an urgent/ same day response</i></p> <p>This group demonstrate the most complex emotional wellbeing issues requiring highly specialist support, for example:</p> <ul style="list-style-type: none"> • Delusional thoughts • Increased levels and risk associated with self-harming • Psychotic symptoms (hearing and/or appearing to respond to voices, overly suspicious) • Suicidal ideation with plan and intent • Thoughts of harming others or actual harming/violent behaviours towards others
School based Support Strategies and Intervention	<p>Core School Offer</p> <ul style="list-style-type: none"> • A climate and culture of openness, validation and student-empowerment • Whole-school policy on Emotional Wellbeing • Emotional Wellbeing Provision Map • Whole-school Positive Learning Strategy supporting clear and consistent boundaries LINK to channel passions and interests • A variety of SPA (Sports and Performing Arts) opportunities to support self-regulation and to channel passions and interests • BSL groups empower students to have their voice heard (e.g., Healthy Minds, EDI etc. • Y8 Backbuddies support the transition of Y6s into new Y7 <p>Quality First Teaching</p> <ul style="list-style-type: none"> • Quality First Teaching using VL indexes which detail students with vulnerabilities and/or barriers to their learning across all year groups • Additional Pupil Passports on individual students, including all Wave 4 students • Ongoing CPD on Emotional Wellbeing, Mental Illness and Safeguarding for all staff, including Face-to-Face courses, Every course and CPQWIs • Identified Senior Mental Health Lead for Emotional Wellbeing • DfE training for Senior Mental Health Lead for Emotional Wellbeing <p>Raising awareness of emotional health in our school community</p> <ul style="list-style-type: none"> • Displays every floor of the school on 'It's ok not to be ok' • Detailed and accurate signposting information on school website for students and parents/carers • Specific assemblies and oracy sessions on emotional wellbeing, mental illness, and self-care strategies • Dedicated Wider Learning Days and Awareness Weeks around Children's Mental Health Week, World Mental Health Day, and Time2Talk Day <p>Developing knowledge and skills on how to stay emotionally healthy</p> <ul style="list-style-type: none"> • Social and emotional skills modelled and taught explicitly throughout curriculum • PSHE sessions on Relationships, Health and Wellbeing, and Living in the Wider World with specific sessions on emotional wellbeing, mental illness, and self-care strategies • Specific assemblies and oracy sessions on emotional wellbeing, mental illness, and self-care strategies <p>"Go-to" spaces</p> <ul style="list-style-type: none"> • Dedicated pastoral team, including five Heads of Year, six Pastoral Managers, one Head of Post-16 and one Deputy Head of Post-16 • Access to a private space to disclose and discuss worries or concerns without interruption • Dedicated safeguarding team of eleven members of staff including DSL, DDSL, two AHTs and SENDCO • Open door policy with everyone, especially senior leaders, pastoral team and SEND team • Form tutor has a daily check in with their tutees • Supervision at all unstructured times by highly visible senior leaders and pastoral team • Quieter spaces within our campus to socialise and eat away from others, including the LRC and The Social (L53) <p>Action for Happiness calendars</p> <ul style="list-style-type: none"> • Anna Freud self-care strategies • Anna Freud self-care plan • Leaflets on specific mental illness in relation to our context • Bought-in books for wider reading accessible to staff and students from our LRC (library) • Breathing exercises and step targets on devices • Apps such as Better Sleep, Calm, Calm Harm, Elevate, Headspace, Rise up, Stay Alive, Whats Up. 	<p>Core School Offer</p> <ul style="list-style-type: none"> • Detailed and accurate signposting information on school website for students and parents/carers including 24/7 services • Place2Be based in school 4 days a week throughout the academic year • Place2Be School-based Manager drop-ins to tutor time to raise awareness of Place2Be • Self or staff referral to Place2Be • Targeted peer mentoring • Targeted advocacy/assertive mentoring • Regular support from pastoral team • Regular communication with home from pastoral team • Weekly 1-to-1 or small group work with Intervention Officer • Inverness pass or check-in pass to support self-regulation • Fully supervised Games Club at break time • Fully supervised dining space at lunch time • Lego therapy • Possible Wave 4 nurture provision 	<p>School Support Level or possible EHOP (Code of Practice)</p> <ul style="list-style-type: none"> • Use of graduated response framework (Matrix of Need) • Key-working approaches to ensure the student has the support of trusted adults during vulnerable times. • Additional adult support from delegated SEND budget • Regular support from pastoral team • Regular communication with home from pastoral team • Intervention programmes with familiar skilled and experienced staff • Planned, frequent time in smaller groups (Wave 4) and individually in order to develop social skills and emotional regulation. • Social and emotional skills taught explicitly individually or as part of group (Wave 4) • Boxall profiling to assess SEMH needs and support the creation of bespoke action plans • Self or staff referral to Place2Be to access Place2Talk 	<p>School Support Level or EHOP (Code of Practice)</p> <ul style="list-style-type: none"> • Regular support from pastoral team • Regular communication with home from pastoral team • As with 'Getting Help' section, but also referral to external service or school based Mental Health Practitioner e.g. Assessment, consultation and intervention from educational psychologist • 6 weeks 1-to-1 evidence based intervention from Educational Emotional Wellbeing practitioner • Self or staff referral to Place2Be to access Place2Talk or 1-to-1 appointments, dependent on assessment by the Schools Based Manager • Risk assessment written in conjunction with external agency/expert input and agreed with student and families 	<p>School Support Level or EHCP (Code of Practice)</p> <ul style="list-style-type: none"> • Regular support from pastoral team • Regular communication with home from pastoral team • As with 'Getting More Help' section, but also referral to external health based team. • Support other agencies to understand the student and their context • A multi-agency response including social care is usually required • Risk assessment written in conjunction with external agency/expert input and agreed with student and families • Clear emergency procedure
External Support and Intervention		<ul style="list-style-type: none"> • Beat • Childline • Frank • Kooth • LGBTQ+ Switchboard • Night Owls • Owell • Samaritans • School Nurse • Shout • Young Minds 	<ul style="list-style-type: none"> • Youth in Mind (Youth Workers) • Mental Health Support Team • Educational Emotional Wellbeing Practitioners • Primary Mental Health Workers • Educational Psychology 	<ul style="list-style-type: none"> • Specialist Teacher (SCL) Team • CAMHS / Specialist CAMHS • Educational Psychology 	<ul style="list-style-type: none"> • First response • Accident and Emergency • CAMHS Crisis Team • Emergency Duty Team

Appendix B: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents and carers but they are listed here because we think they are useful for school staff too.

Other Support

If your child would like to speak with someone confidentially, there are helplines and websites specifically for them:

General online support

<u>ORGANISATION</u>	<u>DETAILS</u>
YoungMinds Free, confidential support for parents and carers as well as young people	This charity has opened a dedicated parents and carers' helpline for confidential, expert advice. You can reach them at 0808 802 5544
Shout Free, confidential support via text, available 24/7	Text SHOUT to 85258 in the UK to text with a <u>trained crisis volunteer</u> who'll provide active listening and collaborative problem-solving
Kooth Free, confidential support via text, available 24/7	Go to https://www.kooth.com/ or download the app to chat to friendly counsellors, read articles by other young people, get support from the Kooth community, and write a daily journal

<p>The Mix</p> <p>Free confidential telephone helpline and online service that aims to find young people the best help, whatever the problem</p>	<p>Call 0808 808 4994 for free (11am to 11pm daily), access the online community or email The Mix</p>
<p>ChildLine</p> <p>Confidential telephone counselling service for any child with a problem</p>	<p>Call 0800 1111 any time for free, have an online chat with a counsellor (9am to midnight daily) or check out the message boards</p>
<p>Mental Health Foundation</p> <p>Provides information and support for anyone with mental health problems or learning disabilities</p>	<p>Website: www.mentalhealth.org.uk</p>
<p>Mind</p> <p>A mental health charity</p>	<p>Phone: 0300 123 3393 (Monday to Friday, 9am to 6pm) or 01274 594594 (12pm to 12am)</p> <p>Website: www.mind.org.uk</p>
<p>Samaritans</p> <p>Confidential support for people experiencing feelings of distress or despair</p>	<p>Phone: 116 123 (free 24-hour helpline)</p> <p>Website: www.samaritans.org.uk</p>
<p>SANE</p> <p>Emotional support, information and guidance for people affected by mental illness, their families and carers</p>	<p>Website: www.sane.org.uk/support</p>
<p>YoungMinds</p> <p>A charity dedicated to children's mental health</p>	<p>Phone: Parents and carers' helpline 0808 802 5544 (Monday to Friday, 9.30am to 4pm)</p> <p>Website: www.youngminds.org.uk</p>
<p>Cruse Bereavement Care</p> <p>Support for grief and bereavement</p>	<p>Phone: 0808 808 1677 (Monday to Friday, 9.30am to 5pm)</p> <p>Website: www.cruse.org.uk</p>

Specific support

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

www.selfharm.co.uk

www.nshn.co.uk

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

www.depressionalliance.org/information/what-depression

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

www.anxietyuk.org.uk

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

www.ocduk.org/ocd

Suicidal thoughts and 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

www.papyrus-uk.org

www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

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

www.b-eat.co.uk/about-eating-disorders

www.inourhands.com/eating-difficulties-in-younger-children

Appendix C: Guidance and advice documents

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

[Mental health and wellbeing provision in schools](#) – departmental advice for school staff. Department for Education (2018)

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

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2021). PSHE Association. Funded by the Department for Education (2015)

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2023)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2015)

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

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

[Social, emotional and mental wellbeing in primary and secondary education](#)

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

Appendix D: Data Sources

[Children and young people’s mental health and wellbeing profiling tool](#) collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

[Health behaviour of school age children](#) is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people’s health and wellbeing.

Appendix E: Sources of support at school

School Based Support

Information about who can help students in school is listed on our dedicated [Mental Health & Wellbeing Webpage](#). Students are reminded how to access support through displays, assemblies, and through tutor time PSHE, bulletins and reminders. Displays feature on each of our three floors and outside the central toilets in the main building, and also in the creative arts block.

Who can help in school – Staff

Whilst all staff – especially tutors – have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Mental Health Lead: Alex Denham - Deputy Headteacher and Designated Safeguarding Lead
- Safeguarding Team: Alex Denham - Deputy Headteacher and Designated Safeguarding Lead
 - Helen Backhouse – Deputy Designated Safeguarding Lead
 - Mike Barnes - Special Educational Needs and Disabilities Co-ordinator
 - Glenn Wright - Head of Post-16 (KS5)
 - Kayleigh Towers – Sixth Form Pastoral Lead (KS5)
 - Frances Wade - Assistant Headteacher (KS4)
 - Michael Midgley – Head of KS3 (KS3)
 - Donna Conway – Pastoral Manager
 - Jack Wheeler - Pastoral Manager
 - Junaid Muhammad Khan - Pastoral Manager
 - Manaan Mehmood - Pastoral Manager
 - Katy Jeffrey – Pastoral Manager
- SENDCo: Mike Barnes
- Support and Challenge Team:
 - Key Stage 5:
 - Glenn Wright - Head of Post-16
 - Kayleigh Towers – Sixth Form Pastoral Lead
 - Key Stage 4:
 - Francis Wade - Assistant Headteacher
 - Sophie Mallinson-Powell - Head of Year 11
 - Donna Conway - Pastoral Manager Year 11
 - Louise Powell - Head of Year 10
 - Jack Wheeler - Pastoral Manager Year 10
 - Key Stage 3:
 - Michael Midgley – Head of KS3 (KS3)
 - Anna Douglas – Head of Year 9
 - Junaid Muhammad Khan - Pastoral Manager Year 9
 - Georgina Sears - Head of Year 8
 - Manaan Mehmood - Pastoral Manager Year 8
 - Andrew White - Head of Year 7
 - Katy Jeffrey - Pastoral Manager Year 7
- School Nurse: Jackie Drew
- Tutors: Teaching staff

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the relevant Head of Year in the first instance. Our SENCo manages referrals to CAMHS and our DDSL manages referrals to Place2Be. SENCo and year teams can also make referrals to Place2Be.

If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead and/or Child Protection Officer.

If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff, school nurse and/or contacting the emergency services if necessary.

Who can help in school – Place2Be

- Place2Be is a charity organisation that is based in Beckfoot School three days a week. They offer professional support and guidance for students who are struggling with their mental health and/or emotional wellbeing. Their services include:
- Place2Talk – pupils email the School Manager for P2B at becplace2be@beckfoot.org or complete a slip in our LRC to request an appointment.
- One-to-one counselling – weekly counselling using talking and creative work to support pupils who are struggling.
- Group work – therapeutic groups exploring themes like friendship, self-esteem, transition and bullying.
- Parent counselling – weekly therapeutic support from Parent Counsellors to help families cope with challenges.
- The team is led by Rachel Bradbury and she is contactable at becplace2be@beckfoot.org or 01274 77144.

Appendix F: Talking to students when they make mental ill-health disclosures

Ten considerations for Teachers talking to Young People about mental health

Disclosing sensitive information about mental health can be difficult for children and young people. And for you, the Teacher, it can be tricky to know what are the right things to say to put the young person at ease. Providing a calm and welcoming environment, and showing that you are willing to take the time to listen to your student, are important first steps in helping to start the conversation.

Our clinical team has put together ten important considerations for engaging and supporting children and young people in conversations around their mental health.

Here to help
Let the young person know that first and foremost you're here to help them and try to create an environment where there is space for them to talk or express how they are feeling...the following tips should enable this.

No pressure
Shifting early questions away from 'what's wrong' to 'what's happened' can be a really useful way of helping young people to tell you about themselves without feeling pressured to respond to a question that they may not have an answer to ('what's wrong' typically leads to a 'don't know' or a 'you tell me' response).

Respect privacy
Always respect the young person's privacy and be clear about confidentiality - young people just want to know where they stand and feel you are being transparent with them when it comes to sharing of information.

Don't downplay
Try to avoid the temptation to down-play how a young person may be feeling, even if this is a well intended attempt to 'normalise' their experiences. This may be helpful further down the line - but taking this approach too early can be off putting for young people - sit with their feelings for a while first.

Balancing
In the early stages, finding the balance between listening and asking questions is tricky! As a general rule, the more a young person feels listened to, the more likely it is that they will value the interaction and come back for more help. Ask questions, but try not to overload them!

I'm worried
Let the young person know that you are worried about them - many young people feel their mental health related difficulties are trivial and that they should not be bothering other people with them.

Not alone
Not to be confused with 'normalising' too quickly, do remind the young person that they're not alone - just hearing this can be powerful and you can do this without minimising their experiences.

Hear me out
Try not to jump too quickly to solutions/advice giving; linked to the above, it is actually more helpful to spend time in the early stages focussing on the 'problems' - not only does this help young people feel heard; they often start to naturally talk about some of the solutions themselves and that sense of self discovery is important.

Reactions
Be mindful of your own reactions - if a young person feels 'judged' (no matter how unintentional), they are unlikely to feel able to be open with you.

Open-ended
Asking more open ended questions generally encourages meaningful conversation whereas questions with yes/no answers (whilst sometimes necessary) can shut young people down in the early stages.



The advice below is from students themselves, in their own words, together with some additional ideas to help staff in initial conversations with students when they disclose mental health concerns. This advice is considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed

by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

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

It can take a young person weeks - or even months - to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you - and may even have expressed a desire to get on top of their illness - that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.