

## HOPTON PRIMARY SCHOOL

### POLICY FOR MENTAL HEALTH & WELL-BEING

#### 1. Introduction

Hopton Primary School is committed to providing an appropriate and high-quality education to all children. We believe that all children have a common entitlement to a broad and balanced academic and social curriculum, and to be fully included in all aspects of school life.

We believe that all children should be equally valued in school. We will strive to eliminate prejudice and discrimination, and to develop an environment where all children can flourish and feel safe.

This policy describes the way Hopton Primary School staff are committed to championing the well-being and mental health of our children, staff and the whole school community. When our emotional well-being is valued, when we feel connected and secure in respectful and nurturing relationships, and when we feel safe to express any worries and concerns, we may have, we are most likely to thrive. Our children are more likely to enjoy learning and secure better educational outcomes. Our staff are more likely to enjoy their work and be more productive, and our community of families are more likely to enjoy a supportive environment for their children to be nurtured within.

When our well-being is optimal, we can manage emotions, self-regulate behaviour, follow structures and routines, socially interact with peers, build trust with peers and adults and ultimately establish positive relationships.

This policy complies with the guidance provided in 'Promoting and supporting mental health and well-being in schools and colleges' (Department for Education, June 2021), and should be read in conjunction with the following guidance, information and policies:

- The Equality Policy
- The Safeguarding Policy
- The School's SEND information on the school website (SEND report)
- Statutory Guidance on Supporting Pupils at School with Medical Conditions (April 2014)

This policy has been co-produced with;

- The Governing Body
- The Headteacher – Mr Andy Blakeley
- The SEN Co-ordinator (SENCo) - Mrs Katrina Bates (AHT: Foundation Stage Lead/ Mental Health Lead)
- The Senior Management Team – Miss Suzanne Henderson (AHT: Safeguarding/Mental Health), Mrs Fiona Ethridge (TLR: Curriculum Lead)

#### 2. Contacts

Mental Health & Well-being Leaders – Mrs Katrina Bates and Miss Suzanne Henderson.

Contact details: School office – 01924 489736

Email: [well-being.hopton@kirkleeseducation.uk](mailto:well-being.hopton@kirkleeseducation.uk)

### **3. Long Term Aim of this Policy**

#### **As a school we aim to:**

- promote protective behaviours to safeguard the well-being of all,
- enable members of our school community to feel safe,
- to prioritise well-being,
- develop a school support network,
- promote positive mental health,
- recognise and respond to mental ill health,
- use a common framework to encourage everyone within the community to recognise mental health early warning signs within themselves as well as others,
- develop a common strategy to connect and seek support whenever these signs arise, as well as clear guidance as to how we manage disclosures so that we can safeguard the individual.

### **4. Identification of need of children**

As a school community, we all have a responsibility to promote the well-being and mental health of our children. Any member of staff who is concerned about the well-being or mental health of a child should speak to one of the Mental Health Leads in the first instance. To ensure a record of concerns are kept, staff should complete a Hopton Primary School Well-being referral form. (Appendix A)

If there is a fear that the child is in danger of immediate harm then the normal safeguarding and child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead, Head Teacher or designated Governor for Safeguarding. If the child presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting emergency services if required.

Where a referral to Child and Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the Mental Health Leaders in consultation with parents/carers.

### **5. Teaching about Mental Health**

From the Autumn Term 2021, children will be introduced to the 'Zones of Regulation'. Children will be encouraged to identify 'their zone' each morning so that they can start each morning more positively and can be made aware of any early warning signs so that they are more easily able to self-regulate their behaviour. This consistent routine and structure to each day helps children to manage their emotions so that they are in the mindset to build positive attitudes to learning and working relationships.

Our PSHE curriculum has a sustained focus on well-being issues and encourages a person-centred approach to exploring these. A spiral curriculum which connects the facets of Health and Well-being with Relationships Education encourages children right from the

beginning of their time at school to create and evaluate their support networks, understand how to approach people in our support networks to have a mental health conversation and how to read our own emotions and communicate them.

We use distancing techniques and case studies when covering content so that any negative impact upon a child experiencing mental ill health is minimised.

## **6. Signposting**

Staff, children and parents are made 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 on the well-being pages on the school website.

## **7. Early Warning Signs**

As part of their PSHE lessons, children reflect on the physical, social and behavioural early warning signs that indicate that it would be positive to seek support.

All teachers will receive 'Zones of Regulation' training so that they can identify children who may be in a heightened state of emotional arousal and use a common language with which to discuss this with them, revising strategies to manage this at the same time.

Staff may become aware of warning signs which indicate a child is experiencing mental health or emotional well-being issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the child's family and complete a referral to the Mental Health Leads.

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 being dead/killing themselves (suicide)
- 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

## **8. Our response to Mental Health and Well-being concerns**

In order to create a fully 'mentally healthy' working environment, a holistic or 3-tier approach is effective. The three tiers are as follows:

### *Tier 1. Preventative*

Creating a culture that supports good mental health and well-being for Everyone.

### Tier 2. Proactive

This includes risk assessment and putting in place initiatives aimed at preventing mental health difficulties occurring or anticipating when they might arise.

### Tier 3. Reactive

Having the strategies in place to support individuals who may be struggling with their mental health.

When approaching a child to start a well-being conversation, the child may express well-being concerns but may not be able to describe how they are feeling. The following two filtering questions are recommended to use as a starter to this conversation;

- 1) Are you still able to enjoy the things you usually do?
- 2) Is there anything you're looking forward to?

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

If a child 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 child's emotional and physical safety rather than of exploring 'Why?'.

## **9. Confidentiality**

Staff should be honest with regard to the issue of confidentiality. If it is necessary for a member of staff to pass concerns about a child on, they should discuss with the child that they are going to talk to another adult, stating:

- who they are going to talk to,
- what they are going to tell them,
- why they need to tell them.

Parents must always be informed if:

- a child has self-injured or disclosed that they have considered self-injuring,
- a child suggests or expresses they are having suicidal thoughts or have attempted suicide,
- a child discloses disordered eating behaviours.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a Designated Safeguarding Lead must be informed immediately.

## **10. Supporting Children and Families**

We aim to work in partnership with families to ensure that they are fully informed about all matters relating to their child's mental health.

When informing parents, staff need to be sensitive in their approach. It is important to consider the following questions (on a case-by-case basis):

- Can the meeting happen face to face/via video call? (Preferable to a phone call)
- Where should the meeting happen?
- Who should be present? Consider parents, the child, other members of staff.
- What are the aims of the meeting?

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

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

### **11. Working with families**

All parents/carers are offered support and information from the school about supporting children's emotional and mental health. In order to support parents, we will:

- highlight sources of information and support about common mental health issues on our school website
- ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- make our mental health policy easily accessible to parents
- share ideas about how parents can support positive mental health in their children through information evenings and webinars
- keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

### **12. Training**

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

All staff will receive annual training on how to manage and support well-being conversations, how to recognise the early warning signs that an individual needs well-being and mental health support (with additional reference to Zones of Regulation) and how to manage disclosures.

Relevant information will be made available on our website in the 'Well-being and Mental Health' section to provide information on a range of mental health issues as well as signposting as to where to seek support.

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 developing situations with one or more children.

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

### **13. Staff Well-being**

At Hopton Primary School, we recognise that people work better, are happier, more committed and more productive if their mental health and well-being are being cared for. Teaching is a very rewarding profession. People attracted to this kind of work tend to be perfectionistic, emotionally driven and conscientious. Working in a school is unpredictable, with both internal and external pressures. The work can be stimulating and rewarding. It can also be extremely stressful if not carefully managed and regulated. This can lead to an enhanced risk of developing mental health difficulties such as anxiety, depression or burn-out.

There is a risk that without guidance or intervention, staff in school might neglect their mental health in the attempt to maintain their high standards at all times.

It is important to be able to recognise and monitor when these generally helpful traits can tip someone into overdoing it.

At Hopton, we are working to develop a culture that protects the mental health of all staff. This ensures that everybody feels safe and able to say what they think and feel without fear of being ignored, ridiculed, judged or held back in their career. It also means that staff will feel more comfortable about raising mental health concerns.

Sometimes people are very good at hiding their mental health difficulties. Or it may be that they think they are OK when it is obvious, they are not. There may also be the fear of stigma might be preventing people from talking about their mental health.

Staff are actively encouraged to support each other. The senior leadership team routinely ask how people are doing, allowing the opportunity for discussion if members of staff are starting to struggle. Staff are encouraged to consider their work life balance, with limitations placed on contact with school-based communication, such as email and class dojo.

To support staff well-being, we:

- develop mental health awareness, by making information, tools and support accessible,
- outline the support available for those who may need it
- encourage open conversations about mental health
- ensure good working conditions, encouraging work life balance and opportunity for career development
- senior management team routinely monitor staff well-being, talking to staff and understanding risk factors, e.g. excessive workload, unachievable deadlines,
- provide tea/coffee/biscuits in the staff room for all staff
- encourage staff to help themselves to a 'treat' from the 'well-being tree'.

#### **14. Roles and Responsibilities**

- The members of staff responsible for Mental Health needs are Mrs. Katrina Bates and Miss Suzanne Henderson.
- The Designated Leader for Safeguarding is Miss Suzanne Henderson with Mr. Andy Blakeley as deputy.
- The member of staff responsible for Looked After Children is Mr. Andy Blakeley with Miss Suzanne Henderson as deputy.
- The member of staff responsible for Special Educational Needs in school is Mrs. Katrina Bates.

#### **15. Storing and Managing Information**

All documents relating to children and young people currently supported for their mental health and well-being are stored in a locked cabinet in the Headteacher's office. Mental Health information is retained in this locked cabinet whilst the child is in this school and copied and retained securely in archives in the secure store when the child leaves school. It is destroyed once the child gets to the age of 25.

Documentation passing in transition is normally passed over at a face-to-face meeting or hand delivered wherever possible. Alternatively, the information is sent securely by secure data transfer (Anycomms), internal delivery and recorded delivery. Information regarding children with higher needs, leading to the consultation for EHC is stored on 'Gateway' which is accessible by the LA.

#### **16. Reviewing the Policy**

This policy will be reviewed annually.

#### **17. Dealing with Complaints**

The views and opinions of our parents and children are at the heart of our provision. If there is any cause for concern, we take every opportunity to deal with these issues promptly and work hard to resolve them.

If issues cannot be resolved internally, we follow LA guidelines, this procedure is explained in more detail on our website;

#### **18. Bullying**

At Hopton Primary School we have a whole school approach to mitigating the risk of bullying, and developing independence and building resilience in our pupils who receive support for Mental Health. We consider annually the effects of bullying in our anti bullying week activities and encourage and promote whole school working in a variety of ways. Further details of can be found in our Safeguarding Policy and Positive Behaviour and Anti bullying Policy.

#### **19. Appendices**

The following can be reviewed in conjunction with this document: (these are available on the school website)

- Complaints policy and procedures
- Positive Behaviour and Anti Bullying Policy

**Written September 2021**

**Appendix A: Referral form**

**Hopton Well-being Referral Form 2021-22**

**Date:**

**Name of child:**

**Class/teacher:**

**Reason for concern/referral:**

**Strategies already implemented for the child e.g. calming area, 1:1 well-being work with TA, lunchtime club:**

**What strategies have worked well for the child?:**

**What strategies haven't worked well for the child?:**

## **Appendix B: Common mental health issues**

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 these issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and for e-learning opportunities, Minded ([www.minded.org.uk](http://www.minded.org.uk)).

### **Self-harm**

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

### **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.

### **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.

### **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.

### **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.

**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.

## Appendix C: Sources of reference and guidance

<b>Sources of reference and guidance</b>	
<b>Self- harm</b>	
Online support	SelfHarm.co.uk: <a href="http://www.selfharm.co.uk">www.selfharm.co.uk</a> National Self-Harm Network: <a href="http://www.nshn.co.uk">www.nshn.co.uk</a>
Books	Pooky Knightsmith (2015) <i>Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies</i> . London: Jessica Kingsley Publishers Keith Hawton and Karen Rodham (2006) <i>By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents</i> . London: Jessica Kingsley Publishers Carol Fitzpatrick (2012) <i>A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm</i> . London: Jessica Kingsley Publishers
<b>Depression</b>	
Online support	Depression Alliance: <a href="http://www.depressionalliance.org/information/what-depression">www.depressionalliance.org/information/what-depression</a>
Books	Christopher Dowrick and Susan Martin (2015) <i>Can I Tell you about Depression?: A guide for friends, family and professionals</i> . London: Jessica Kingsley Publishers
<b>Anxiety</b>	
Online support	Anxiety UK: <a href="http://www.anxietyuk.org.uk">www.anxietyuk.org.uk</a>
Books	Lucy Willetts and Polly Waite (2014) <i>Can I Tell you about Anxiety?: A guide for friends, family and professionals</i> . London: Jessica Kingsley Publishers Carol Fitzpatrick (2015) <i>A Short Introduction to Helping Young People Manage Anxiety</i> . London: Jessica Kingsley Publishers
<b>Obsessions and compulsions</b>	
Online support	OCD UK: <a href="http://www.ocduk.org/ocd">www.ocduk.org/ocd</a>
Books	Amita Jassi and Sarah Hull (2013) <i>Can I Tell you about OCD?: A guide for friends, family and professionals</i> . London: Jessica Kingsley Publishers Susan Connors (2011) <i>The Tourette Syndrome &amp; OCD Checklist: A practical reference for parents and teachers</i> . San Francisco: Jossey-Bass
<b>Suicidal feelings</b>	
Online support	Prevention of young suicide UK – PAPYRUS: <a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a> On the edge: ChildLine spotlight report on suicide: <a href="http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/">www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/</a>
Books	Keith Hawton and Karen Rodham (2006) <i>By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents</i> . London: Jessica Kingsley Publishers Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) <i>Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention</i> . New York: Routledge

<b>Eating problems</b>	
Online support	<p>Beat – the eating disorders charity: <a href="http://www.b-eat.co.uk/about-eating-disorders">www.b-eat.co.uk/about-eating-disorders</a></p> <p>Eating Difficulties in Younger Children and when to worry: <a href="http://www.inourhands.com/eating-difficulties-in-younger-children">www.inourhands.com/eating-difficulties-in-younger-children</a></p>
Books	<p>Bryan Lask and Lucy Watson (2014) <i>Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals</i>. London: Jessica Kingsley Publishers</p> <p>Pooky Knightsmith (2015) <i>Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies</i>. London: Jessica Kingsley Publishers</p> <p>Pooky Knightsmith (2012) <i>Eating Disorders Pocketbook</i>. Teachers' Pocketbooks</p>

## Appendix D: Sources or support at school and in the local community

### School Based Support

<p><b>Emotional Regulation</b></p> <p>Identified children participate in Zones of Regulation intervention. This enables children to identify different emotions and recognise when they need to use strategies to regulate their emotions.</p>	<p><b>Chews</b></p> <p>This support is provided by Northorpe Hall for identified children. This is accessed in school.</p>
<p><b>Chat and chill</b></p> <p>Identified children are able to access the well-being hub to discuss any concerns or exercise calming strategies with Miss Henderson/Mrs Bates.</p>	<p><b>Worry box</b></p> <p>All children are able to request time to chat with an adult using the worry box system.</p>
<p><b>Anger Management</b></p> <p>Identified children participate in this intervention to help understand the triggers for anger and ways to control emotional outbursts.</p>	<p><b>Starving the Anxiety Gremlin</b></p> <p>Identified children participate in this intervention to help reduce anxiety and develop self-esteem.</p>
<p><b>Bereavement Support</b></p> <p>Identified children are supported to understand the stages of grief.</p>	<p><b>Well-being support</b></p> <p>Identified children are supported to explore their feelings around issues such as, self-image, divorce, breakdowns in friendship and coping with change.</p>

### Local Support

<p><b>Northorpe Hall</b></p> <p>We are a charity supporting children's mental and emotional health in Kirklees. We support hundreds of local children and their parents every year, providing counselling, mentors and confidence building activities to help children grow strong and well.</p> <p>If you think that your child may benefit from some counselling you can access this by phoning <b>0300 304 5555</b> or <b>online form</b> on the following link:</p> <p><a href="https://www.northorpehall.co.uk/accessing-support">https://www.northorpehall.co.uk/accessing-support</a></p>
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**Telephone:** 01924 492183

**E-mail:** [info@northorpehall.co.uk](mailto:info@northorpehall.co.uk)

**Parent Information sessions, please book by phoning the number above.**

### **Local Parent Workshops**

Northorpe Hall are running a number of free, informal parent workshops, which some of our families have already found very useful. Currently available are:

- Introduction to Children & Young People's Mental Health
- Understanding Behaviour as Communication
- Understanding and Supporting Anxiety
- Positive Communication and Attachment
- Introduction to Self-Harm
- Maintaining Positive Emotional Well-being
- The Teenage Brain
- ASC (Autistic Spectrum Condition) Awareness Session
- Supporting Yourself as a Carer and Where to Find Help
- Sensory Development and Sensory Differences Relating to Autism

Call 01924 492183 to book a workshop place or click [here](#) to check availability and book online.

### **Thriving Kirklees**

Thriving Kirklees provides mental health support for people aged 0-18 in Kirklees. Support includes someone to talk to on the phone, help understanding mental health, information and advice. You can make a referral for a child aged 0-18 who is registered with a Kirklees GP. You can make a referral over the phone. Call them direct on 0300 304 5555

<https://www.northorpehall.co.uk/i-want-talk-young-people#Request-support>

### **Yorkshire Children's Centre**

Yorkshire Children's Centre are continuing to proactively work with CAPT (Child Accident Prevention Trust) and the Thriving Kirklees Partnership to raise awareness and reduce the risk of preventable accidents.

Fun and interactive activity packs (for Year 5 & 6 pupils) are available from the links below. These packs focus on a specific subject relating to accident prevention and reducing the risk – these packs are now readily available on both the Yorkshire Children's Centre and Thriving Kirklees Website:

<http://yorkshirechildrenscentre.org.uk/our-services/support-for-families/safety-rangers/>

<https://www.thrivingkirklees.org.uk/safety-rangers/>

### **Child Line**

[0800 1111](tel:08001111) (UK), 24 hours a day

chat: chat online

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

Available 24 hours a day, help and advice about a wide range of issues, talk to a counsellor online, send ChildLine an email or post on the message boards.

**Tips for talking to young people** - [click here](#) for details

### **Escayp**

Caring for a child / young person can be one of the most difficult roles anyone can undertake. At times life can be tough and watching someone you care about struggle to make sense of their emotions and behaviours can be difficult. When a young person is feeling stressed or anxious, angry or upset, or when bad things have happened, they may benefit from some extra help from outside the family. That one person they can talk to in confidence.

Escayp offers 8/10 counselling / therapeutic play sessions in a confidential and supportive space. The young person will be given the opportunity to express their feelings and to explore issues that are concerning them. We aim to support them in coping with these issues in a secure and safe environment.

You can make a referral online for help at:

<https://www.escayp.org.uk/referral>

If you require help filling in the form you can ring us on [01274 878 117](tel:01274878117).

You can also reach us at [help@escayp.org.uk](mailto:help@escayp.org.uk).

### **Young Minds**

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

YoungMinds is the UK's leading charity committed to improving the emotional well-being and mental health of children and young people.

### **MindEd**

website: [www.minded.org.uk](http://www.minded.org.uk)

At its heart, MindEd provides practical knowledge that gives adults confidence to identify a mental health issue and act swiftly, meaning better outcomes for the child or young person involved.

**Understanding young people's mental health** - [click here](#) for details

**Sources of stress for young people** - [click here](#) for details

### **Night Owls – Out of hours Mental Health Support**

Night owls is a confidential support line for children and young people in crisis. Helping them, their parents and carers living in Bradford, Leeds, Calderdale, Kirklees and Wakefield. Available from 8.00pm – 8.00am, you can reach Night Owls by:

Free Telephone line: 0300 200 3900.

Text: 07984 392700 Website:

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

## **Appendix E Talking to children when they make mental health disclosures**

This advice should be considered alongside relevant school policies on child protection and discussed with relevant colleagues as appropriate.

### **Focus on listening**

If a child 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**

The child 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 child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the child 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**

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**

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 child 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 child 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 child.

### **Offer support**

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 child to realise that you're working with them to move things forward.

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

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

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

Despite the fact that a child 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 child.

**Never break your promises**

Above all else, a child 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 child'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.

## APPENDIX F: STAFF WELL-BEING

### WHAT DO WE MEAN BY STAFF WELL-BEING?

'Well-being' is the condition of feeling that our lives are balanced with good physical, mental and emotional health. When we experience positive well-being, we feel engaged and motivated, connected to others and better able to cope with life's ups and downs. When we feel this positive connection to our loved ones and to our community more broadly, as well as towards our work and to our wider responsibilities, we are able to show resilience and 'bounce back' from inevitable setbacks.

School staff are frequently juggling a multitude of tasks for a number of different stakeholders in a quick-paced and often reactive environment where there are huge pressures on time and resources. Knowing this, it is imperative that staff are taken good care of, both emotionally and physically so that they can support children, families and colleagues more effectively. When staff feel valued, nurtured and understood, they are more able to talk about their well-being free of judgement or stigma, meaning that any mental health issues which arise are addressed more quickly with better outcomes for that person's personal and clinical recovery.

Staff Well-being is a priority in our school because;

- Staff who feel valued and who are invested in are more likely to be retained
- Enthused and engaged staff are more likely to have a positive impact on children and their educational outcomes
- Staff with positive well-being are more likely have improved job satisfaction and be more productive
- When staff can manage stress better and have developed healthy coping strategies, the likelihood of illness is reduced, as are absences from work.

#### **Recognising Early Warning Signs of reduced well-being**

Stress is a normal part of everyday life, but it becomes unhealthy when our outlet for managing stressful situations cannot meet the number of stressful situations or events we are experiencing. These can be some of the triggers which can impact on and become further impacted by feelings that our physical and emotional health are under threat;

- A major life change
- Unrealistic expectations of ourselves and others
- Limited resources and growing demands
- Unexpected detours and challenges

When working in a caring profession, we are much more likely to experience 'encounter stress' (see Appendix F) as a result of the number of people we interact with in a normal day, as well as the unpredictability of each encounter.

<b>Early Warning Signs</b>	<b>You could try</b>
<p><b>BEHAVIOURAL SIGNS</b></p> <ul style="list-style-type: none"> <li>● Feeling irritable and quick to anger</li> <li>● Difficulty paying attention or feeling more forgetful</li> <li>● Changes in appetite</li> <li>● Increased eating of high fat, salty or sugary foods</li> <li>● Lack of motivation</li> <li>● Tuning out</li> </ul>	<ul style="list-style-type: none"> <li>● Start a well-being conversation with a loved-one or a Mental Health Champion in the work place</li> <li>● Arrange an appointment with your GP</li> <li>● Create positive self-talk affirmations</li> <li>● Buy a 'Six Minute Diary' to write in</li> </ul>
<p><b>SOCIAL SIGNS</b></p> <ul style="list-style-type: none"> <li>● Decreased desire to attend social events</li> <li>● Increased desire to stay in the classroom during break times</li> <li>● Voicing complaints more frequently/reactivity when there was little before</li> </ul>	<ul style="list-style-type: none"> <li>● Schedule in social events or factor in regular communications with friends and family</li> <li>● Attend one or 2 'me time' activities just for you each week to stop you from being tempted to work overtime</li> </ul>
<p><b>PHYSICAL SIGNS</b></p> <ul style="list-style-type: none"> <li>● Difficulty falling asleep or staying asleep</li> <li>● More frequent headaches and/ or migraines</li> <li>● Stomach aches or feelings of nausea</li> <li>● Increased sweating/night sweats</li> <li>● Heart palpitations</li> <li>● Chest pains</li> <li>● Dizziness or shortness of breath</li> <li>● Clenching of teeth/grinding at night</li> <li>● Clenching fists/wringing hand</li> <li>● Agitated bouncing of legs/feet</li> </ul>	<ul style="list-style-type: none"> <li>● Download Headspace and practise a relaxation before bed</li> <li>● Practise 'Bubble Breathing' a long out breath like blowing bubbles which lowers your heart rate</li> <li>● Try a proprioceptive activity such as yoga, running or even pressing your thumb against each finger of your hand in a loop</li> <li>● Practise 'Loosy Limp' allowing your whole body to become heavy and relaxed like a rag doll</li> </ul>

## APPENDIX F: STAFF WELL-BEING – Types of stress

<b>ALBRECT's FOUR TYPES OF STRESS: How to manage common pressures</b>	
<p style="text-align: center;"><b><u>TIME STRESS</u></b></p> <p><u>What is it?</u> Time stress occurs when we worry about time or lack thereof. We worry about the number of things we need to do, and the fear that we will fail to achieve something important. We might feel trapped, unhappy or even hopeless.</p> <p><u>When do we experience it?</u> When we are worrying about meeting deadlines or rushing to avoid being late for all of our commitments.</p> <p><u>How can we manage it?</u></p> <ul style="list-style-type: none"> <li>● Create To-Do Lists as a reminder of what has been achieved</li> <li>● Prioritise urgent tasks</li> <li>● Use peak working time to concentrate on most important tasks</li> <li>● Be polite but assertive about tasks which you don't have the capacity to complete</li> </ul>	<p style="text-align: center;"><b><u>ANTICIPATORY STRESS</u></b></p> <p><u>What is it?</u> Anticipatory stress describes the stress we experience when concerned about an event in the future. It can have a specific cause or can be vague and undefined such as an overall sense of dread that 'something will go wrong.'</p> <p><u>When do we experience it?</u> When we have a presentation to deliver or an event to organise.</p> <p><u>How can we manage it?</u></p> <ul style="list-style-type: none"> <li>● Use positive visualisation techniques to reframe the event and imagine it going right</li> <li>● Overcome the fear of failure by contingency planning</li> <li>● Put extra time into practising and preparing to build confidence.</li> <li>● Take five minutes daily to practise relaxation to help you focus on the present rather than an imagined future</li> </ul>
<p style="text-align: center;"><b><u>SITUATIONAL STRESS</u></b></p> <p><u>What is it?</u> We experience Situational Stress when we are in a concerning situation, we have no control over. This could be an emergency or a conflict situation, or a loss of status or acceptance in the eyes of your group.</p> <p><u>When do we experience it?</u> Being made redundant or making a major mistake in front of colleagues.</p> <p><u>How can we manage it?</u></p> <ul style="list-style-type: none"> <li>● Be aware of early warning signs of the stress response so that you can anticipate your reaction</li> <li>● Learn how to communicate better by anticipating 'fight or flight' so if natural response is to retreat, learn how to think on your feet, if it's to get angry, learn how to self-regulate</li> <li>● Practise conflict resolution skills with 'I Statements' and seeking 'win-win solutions'</li> </ul>	<p style="text-align: center;"><b><u>ENCOUNTER STRESS</u></b></p> <p><u>What is it?</u> This stress revolves around people and how we interact with them. It can happen as a teacher as our role involves lots of interactions with young people and their families who may be unpredictable or in distress. It can happen when we experience 'contact overload' and feel overwhelmed or drained from interacting with so many people.</p> <p><u>When do we experience it?</u> Teaching a class with children who can be oppositional or defiant or being on duty in a noisy and busy environment</p> <p><u>How can we manage it?</u></p> <ul style="list-style-type: none"> <li>● When recognising that we are becoming overloaded and possibly cold or impersonal in our interactions, take a break or practice deep breathing exercises</li> <li>● Focus on empathy so we can structure communications on the needs and wants of others</li> </ul>

