

Oak Meadow Primary School

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Policy: Mental Health and Wellbeing

From tiny acorns mighty oaks grow.

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Policy Name: Mental Health and Wellbeing

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This policy describes the school's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff including non-teaching staff and governors. It should be read in conjunction with our SEND policy and Safeguarding policy.

Policy Statement

At Oak Meadow it is our vision that all children are entitled to develop to their fullest potential academically, socially, emotionally and into healthy well-beings, enabling each child to grow in confidence and be able to fully participate in everything that goes on in the wider community with confidence. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. The department for Education recognises that, in order to help their pupils succeed: schools have a role to play in supporting them to be resilient and mentally healthy.

“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 2014)

At our school, we aim to promote positive mental health for every child. We use Wolverhampton City Council's Getting it Right: Positive Steps to Support Behaviour and Emotional Wellbeing in Schools advocated by our Educational Psychologists to deliver an effective whole school approach. This includes equipping staff with the right skills and support; having effective policies for behaviour and bullying; engaging with families and children; using the curriculum to promote wellbeing; having targeted interventions; and providing pathways to support.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We recognise as a school that by developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable environment for children affected both directly, and indirectly by mental ill health.

See Appendix 9 for information and guidance about the mental health issues most commonly seen in school-aged children along with additional support about mental health illnesses.

Ethos

Oak Meadow aims to teach skills to pupils and staff to increase their awareness of emotional health and wellbeing.

Two key elements to support good mental health are:-

- Feeling Good – experiencing positive emotions like happiness, contentment and enjoyment. Including feelings like curiosity, engagement and safety.
- Functioning Well – how a person is able to function in the world, this includes positive relationships and social connections, as well as feeling in control of your life and having a sense of purpose.

These aims are linked to our 5 Core Values:

1. Express Yourself;

2. I See, I Wonder;
3. Healthy Body, Healthy Mind;
4. More than Me
5. Rise to the Challenge.

Aims

To promote positive mental health Oak Meadow aims:

- To develop a whole school approach for both pupils and staff.
- To work together with families.
- To provide a holistic and multi- agency approach when deemed necessary.

The following diagram presents eight principles to promote emotional health and wellbeing in schools.

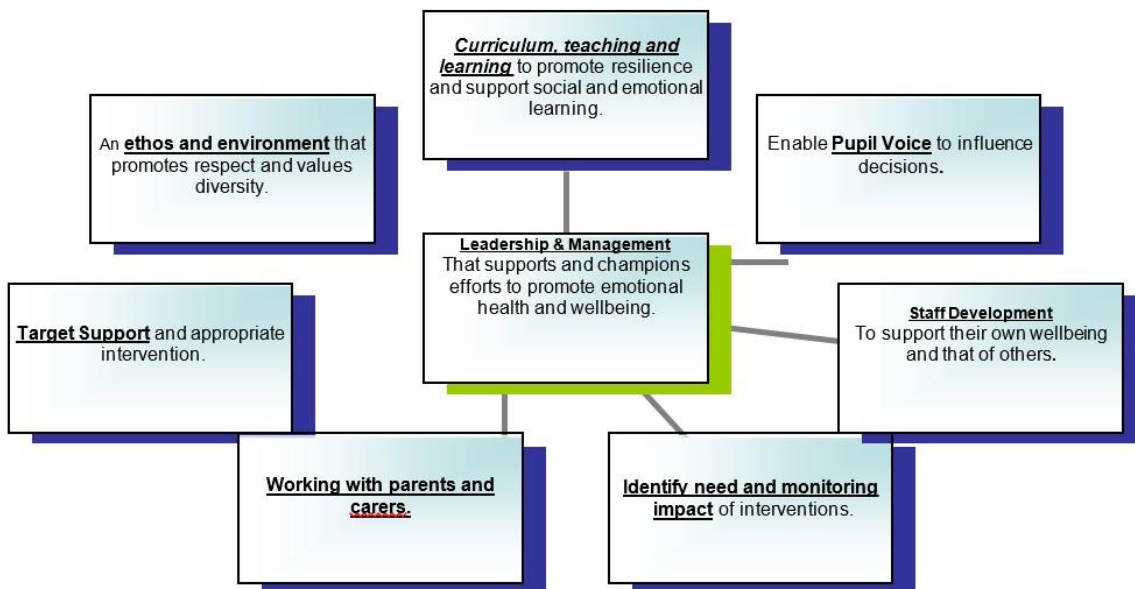


Figure 1. Eight principles to promoting a whole school and college approach to emotional health and wellbeing.

The eight identified principles will underpin the approaches used to support the development and integration of wellbeing strategies. The policy and curriculum delivery will be tailored to promote the key aspects of improving mental health illness and wellbeing. It will focus on creating a socially, emotionally and physical rich environment where key relationships can thrive and children can feel secure in their learning. School based programmes which are linked to the curriculum will promote pupil voice through developing independence and choice making decisions. Staff will have access to training and signposting to approaches and resources that will support their own emotional health and wellbeing with an aim to foster team work and create solidarity. Clear identification, impact and outcomes measures will feed into school based programmes and targeted interventions will be offered to pupils.

SEND Code of Practice

What the SEND Code of Practice says about social, emotional and mental health difficulties:

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Staff Responsibility

All staff at Oak Meadow, both teaching and non-teaching, have a responsibility to promote the mental health and emotional wellbeing of pupils. Staff with a specific, relevant responsibility includes:

- Mr Arnold - Designated Safeguarding Officer
- Miss Parker – Home School Liaison Officer
- Miss Challenor – Mental Health Lead and Youth Mental Health First Aider
- Miss Tomlinson - SENDCO
- Mrs Bradney – Adult Mental Health First Aider/ Nurture Group Leader
- Mrs Hughes – Mental Health Governor

Pupil Identification

Wellbeing measures include staff observations focusing on any changes in behaviour. These will feed into the identification process as well as any communication from the pupils regarding their emotions and feelings.

Steps to Support Emotional Wellbeing



The Hierarchy of Support details potential interventions for each step that school may implement to assist a pupil.

Step 1

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the SENDCO or mental health lead in the first instance. The person raising the concern will then be asked to complete a Mental Health and Wellbeing Referral Form along with a Behaviour and Wellbeing Environmental Checklist (See Appendix 1). This should be completed with a colleague who also has regular contact with the child. This form will detail the reason for the referral along with the incidents and behaviours that are causing the concern. It should also highlight aspects of the environment which may need to be improved. Any appropriate changes required to the environment will need to be implemented by the person completing the checklist and reviewed after approximately one month. At this point, the child may also be considered for nurture group support.

Step 2

If, following implementation of environmental changes, there continue to be concerns about a pupil's behaviour, the next stage involves identifying individual targets and support for the pupil concerned. The Hierarchy of Support provides a list of strategies that can be implemented to promote emotional wellbeing and positive behaviour. At step 2 the implementation of targeted interventions should be recorded through provision mapping.

Step 3

For some children where level 2 support is not sufficient, there is a need for more focused assessment of the child's needs and more detailed planning that focuses on the range of factors that affect emotional wellbeing and behaviour. In order to identify the child's needs correctly, a Multi-Element assessment should be undertaken by the child's teacher working with the SENDCO. This assessment should seek to identify the child's strengths and their

views about their difficulties and the support that they need; emotional, social and behavioural skills and development; the views of parents/carers; any other learning or educational needs. When this information is gathered, it should be used to inform a MultiElement action plan (see Appendix 7) which focusses on the range of factors that can help to promote emotional wellbeing and behaviour. Multi-Element action plans should be reviewed at least termly to assess progress being made and the success of strategies and interventions. This may be repeated with individual plans being adapted and refined based on information about the progress that the child is making.

Step 3+

Where the school feels that it does not have the skills or expertise to meet the full range of a child's needs, they should engage external professionals. E.g. educational psychologists, counsellors, emotional wellbeing practitioners. An Early Help Assessment and plan should be put in place when support from a number of agencies is required. If following the engagement of external agencies and an Early Help plan, the school identifies that the child's needs cannot be met within existing school resources, it should refer to the Wolverhampton Statutory Assessment Moderation Panel for an Education, Health and Care needs assessment.

Assessing and Identifying Needs

In addition to the initial Behaviour and Wellbeing Checklist, a Strengths and Difficulties Questionnaire (www.sdqinfo.org) may be carried out particularly if the pupil's difficulties persist despite environmental changes. An ABC Chart (Appendix 2), My Life in School Checklist (Appendix 3), Resiliency Wheel (Appendix 4), Stirling Wellbeing Scale (Appendix 5) and Child and Youth Resiliency Measure (Appendix 6) may also be used to help diagnose the strategies that are to be put into place.

Risk of Immediate Harm

If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the mental health first aider and designated safeguarding lead (the head teacher). If the child presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Miss Tomlinson our SENDCO. Please refer to Wolverhampton CAMHS referral form and referral criteria (Appendix 8)

Staff Identification

It is recognised at Oak Meadow that promoting staff health and emotional well-being should be an integral part of the whole school approach to mental health and wellbeing. Therefore training and signposting to materials about where to go if they need additional support / advice regarding their mental health and emotional wellbeing will be made available for all staff. An open door policy to senior leadership is always made available if a member of staff is in need of speaking to someone about any issues of concern and a fully committed

supportive governing board. Supervision and appraisal will allow for mutual communication about personal health and emotional wellbeing if both felt it is deemed necessary.

Disclosures

If a pupil 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 nonjudgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded on the school's safeguarding concerns form found in the staff room on the Safeguarding Board.

This information should be shared with the Designated Safeguarding Lead (Headteacher), mental health lead and the SENDCO.

Working with Parents and Carers

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

- Highlight sources of information and support about common mental health issues on our school website.
- Ensure that all parents are aware of who they can talk to, and how to get the support they need 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 our regular review meetings.
- Keep parents informed about the mental health topics their children are learning about in school and share ideas for extending and exploring this learning at home.

Staff Training and CPD

The school will always have a proportion of staff trained in Mental Health First Aid for youth and adults appropriate to the size of the staff cohort.

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

The MindEd www.minded.org.uk learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process. Additional CPD will be supported via twilight INSET training sessions for all staff to promote learning or understanding about specific issues related to mental health.

NQTs and all new staff will complete an induction programme which ensures they have the understanding and skills expected of all staff in the school with regards to mental health.

All associate staff such as lunchtime supervisors will have been trained and have a broad understanding of mental health issues and promoting wellbeing in pupils appropriate to the age of the children in the school.

The school will ensure that the named Governor for mental health has training which develops his/ her understanding of mental health and wellbeing in schools for pupils and staff. All other Governors will access professional development opportunities to develop their understanding skills in mental health linked to the role of the Governing Body.

Sources of Support

Young Minds www.youngminds.org.uk - children and young people's mental health

Mind www.mind.org.uk – children and young people's mental health

MindEd www.minded.org.uk – a free educational resource on children and young people's mental health for adults

Time to Change www.time-to-change.org.uk - tackles the stigma of mental health

Rethink Mental Illness www.rethink.org - challenges attitudes towards mental health

Mental Health Foundation <https://www.mentalhealth.org.uk/>

Together <https://www.together-uk.org/> - a leading mental health charity

The Centre for Mental Health <https://www.centreformentalhealth.org.uk/>

BACP Find a Therapist <https://www.bacp.co.uk/search/Therapists>

Education Support Partnership <https://www.educationsupport.org.uk/> - charity specialising in improving the health and wellbeing of teachers, teaching assistants, headteachers and support staff in schools

Anxiety UK <https://www.anxietyuk.org.uk/>

Cruse Bereavement Care <https://www.cruse.org.uk/> support to children, young people and adults when someone dies



Mental Health and Wellbeing Referral Form (Getting it Right Step 1)

Child's Name:	Year Group:	Date:
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Reason for Referral:

Please detail the incidents/behaviours that are causing concern:

I have completed the Behaviour and Wellbeing Checklist

I completed the checklist with _____ (Please give colleague's name)

Strategies that have been used to date (Please tick):

Restorative Practice:

Discussion with Mental Health First Aider:

Mindfulness:

Please detail any other:

Referred to (Please tick): SEND CO Miss Parker Mental Health First Aider

Nurture Group Leader

Name of referrer(s): _____

Date: _____

To be completed by the person who the child has been referred too: (SENDCo/ Miss Parker/ Mental Health First Aider/ Nurture Group Leader) Actions taken:

Name: _____

Date: _____

Please scan and/or email the completed referral form to Miss Tomlinson (SENDCo) KTomlinson@oakmeadowschool.co.uk

From tiny acorns **mighty oaks** grow...



Appendix 1: Behaviour and wellbeing environmental checklist

About the environmental checklist

The purpose of this tool is to prompt reflection and planning around factors in the school, teaching and learning environment that help to promote positive behaviour and wellbeing. The tool should be completed by the person who

has identified a concern (e.g. the class teacher). It will be helpful to complete the tool collaboratively with a colleague, such as another teacher, a teaching assistant or the SENCo. This tool should not be used to audit or rate another person's practice.

What the ratings mean:

Rating	Descriptor
1	Strongly disagree - very significant need for action
2	Moderately disagree – some need for action
3	Moderately agree – some need for action
4	Strongly agree – no need for action
Don't Know	Further information gathering may be needed
Not Applicable	Not applicable to that school context

Circle the most applicable rating

The classroom environment

My classroom looks and feels like a good work environment.

1 2 3 4 D/K N/A

Furniture and equipment are arranged to the best effect for teaching and learning.

1 2 3 4 D/K N/A

There is appropriate heat, ventilation and light.

1 2 3 4 D/K N/A

Students are seated according to a seating plan.

1 2 3 4 D/K N/A

The whiteboard is easily seen by all.

1 2 3 4 D/K N/A

External noise levels do not interfere with learning.

1 2 3 4 D/K N/A

There is sufficient space and ease of movement for all.

1 2 3 4 D/K N/A

Students and teachers have adequate personal work space.

1 2 3 4 D/K N/A

Managing teaching and learning

I arrive at my classroom before the students and greet them on arrival

1 2 3 4 D/K N/A

My instructions to students are clear.

1 2 3 4 D/K N/A

I notice and acknowledge good behaviour.	1	2	3	4	D/K	N/A
I prepare materials and equipment before class.	1	2	3	4	D/K	N/A
Students bring the correct materials/equipment to class.	1	2	3	4	D/K	N/A
My delivery of the curriculum is differentiated so that all students can succeed at learning.	1	2	3	4	D/K	N/A
I am aware of the SEN/other needs/issues of the students in my class.	1	2	3	4	D/K	N/A
Lessons are interesting and have a variety of different activities.	1	2	3	4	D/K	N/A
Students are involved in the setting of their own goals and targets.	1	2	3	4	D/K	N/A
Students work together in a way that supports learning.	1	2	3	4	D/K	N/A
There are clear expectations and roles for additional adult support.	1	2	3	4	D/K	N/A
Students needing additional support to follow routines/ instructions (e.g. visual support, cuing-in, extra time) receive this consistently	1	2	3	4	D/K	N/A

Promoting wellbeing in class

I help teach students to understand their own emotions.	1	2	3	4	D/K	N/A
I help students to communicate their feelings and seek help.	1	2	3	4	D/K	N/A
Students are taught/supported with self-management skills.	1	2	3	4	D/K	N/A
Staff can recognise signs of their own emotional need and are aware of how their emotions may affect their behaviours towards their pupils.	1	2	3	4	D/K	N/A
Staff can recognise signs of pupils' emotional need and are aware of how the pupils' emotions may affect their behaviours.	1	2	3	4	D/K	N/A
Staff can support pupils who are upset or anxious.	1	2	3	4	D/K	N/A
Staff are aware of strategies to promote emotional wellbeing.	1	2	3	4	D/K	N/A
Feedback from staff consistently promotes positive beliefs (e.g. self-esteem, autonomy, responsibility)	1	2	3	4	D/K	N/A

Routines, expectations and consequences

I have clear and established routines for gaining students' attention.	1	2	3	4	D/K	N/A
I have established a clear routine for students entering and exiting the room.	1	2	3	4	D/K	N/A
I have established effective clear routines for: gaining quiet/ silence; distributing and collecting materials; changing activities; clearing up.	1	2	3	4	D/K	N/A
Classroom expectations are discussed with and understood by the students	1	2	3	4	D/K	N/A
Classroom expectations are positively framed, referred to and reinforced.	1	2	3	4	D/K	N/A
Classroom expectations are clearly displayed in the classroom.	1	2	3	4	D/K	N/A
I explicitly teach the expectations and routines of positive behaviour.	1	2	3	4	D/K	N/A
Rewards are small and readily achievable.	1	2	3	4	D/K	N/A
My classroom rewards are linked to the school's reward system.	1	2	3	4	D/K	N/A
Rewards are awarded fairly and consistently.	1	2	3	4	D/K	N/A
In my class consequences are clear to students and appropriate to the unacceptable behaviour.	1	2	3	4	D/K	N/A
I apply consequences in a consistent and fair manner.	1	2	3	4	D/K	N/A
Consequences are understood by parents/guardians.	1	2	3	4	D/K	N/A

Around school

Rules and routines for movement around this school are clear.	1	2	3	4	D/K	N/A
Break time and/or lunchtime rules are understood by students.	1	2	3	4	D/K	N/A
The rules are communicated to and adopted by all staff.	1	2	3	4	D/K	N/A
Corridors and social areas are well supervised/monitored.	1	2	3	4	D/K	N/A

Problem areas are identified and adequately monitored.	1	2	3	4	D/K	N/A
Systems are in place for the effective resolution of students' conflict.	1	2	3	4	D/K	N/A
There is adequate supervision at break and lunch.	1	2	3	4	D/K	N/A
There are safe spaces available for students to engage in suitable and interesting activities.	1	2	3	4	D/K	N/A
Staff engage positively with students across the school.	1	2	3	4	D/K	N/A
The students' environment is pleasant, orderly and safe.	1	2	3	4	D/K	N/A

Support for students

Students feel cared for and valued.	1	2	3	4	D/K	N/A
All students are encouraged and supported to achieve their full potential.	1	2	3	4	D/K	N/A
Students are encouraged to take responsibility for their learning and behaviour.	1	2	3	4	D/K	N/A
There are effective student welfare policies in this school (e.g. anti-bullying policies).	1	2	3	4	D/K	N/A
There is an effective, relevant and inclusive SEN policy in the school.	1	2	3	4	D/K	N/A
Behaviour issues are addressed in accordance with equal opportunities legislation.	1	2	3	4	D/K	N/A
Students have opportunities to make their views known and have these considered/acted on.	1	2	3	4	D/K	N/A
Students have someone they can talk to and listen to.	1	2	3	4	D/K	N/A
Students have a safe space (e.g. for calm/quiet time).	1	2	3	4	D/K	N/A
Whole school promotion of positive relationships and diversity.	1	2	3	4	D/K	N/A
Peer support and mentoring services are available to students.	1	2	3	4	D/K	N/A
Safeguarding concerns are taken seriously.	1	2	3	4	D/K	N/A

Whole school behaviour systems

An effective policy exists to promote positive behaviour.	1	2	3	4	D/K	N/A
I have a clear understanding of the school's code of behaviour.	1	2	3	4	D/K	N/A
Rules are communicated frequently and effectively to students.	1	2	3	4	D/K	N/A
Staff (including non-teaching staff) are fully aware of, and adopt, the school rules.	1	2	3	4	D/K	N/A
Rules are communicated effectively to parents and guardians.	1	2	3	4	D/K	N/A
I have a clear idea of rewards that can be used for acceptable behaviours.	1	2	3	4	D/K	N/A
I have a clear idea of the range of sanctions that can be used for unacceptable behaviours.	1	2	3	4	D/K	N/A
A system is in place to monitor and review the code of behaviour regularly.	1	2	3	4	D/K	N/A

Support for staff

There is collective responsibility for behaviour management in this school.	1	2	3	4	D/K	N/A
Staff feel able to acknowledge difficulties with behavioural issues.	1	2	3	4	D/K	N/A
Staff can access help to deal with student conflict.	1	2	3	4	D/K	N/A
Behavioural issues are recorded fairly and efficiently.	1	2	3	4	D/K	N/A
Staff roles are clearly defined.	1	2	3	4	D/K	N/A
Staff and parents work collaboratively to address concerns about wellbeing and /or behaviour.	1	2	3	4	D/K	N/A
Staff peer support is valued and easily accessible.	1	2	3	4	D/K	N/A
Support services are used systematically and effectively.	1	2	3	4	D/K	N/A
Staff can access training in de-escalation, support strategies, behaviour management etc.	1	2	3	4	D/K	N/A

Communication and joint working

Parents/guardians are routinely told of students' positive behaviours and successes (notes home, phone calls, meetings)	1	2	3	4	D/K	N/A
Parents/guardians are routinely informed about concerns about students wellbeing and/or behaviour.	1	2	3	4	D/K	N/A
Young people are informed of any decision that may impact on their learning.	1	2	3	4	D/K	N/A
Praise and concerns regarding pupils are shared between staff.	1	2	3	4	D/K	N/A
Staff actively ensure there is an appropriate power balance between staff, pupils and parents.	1	2	3	4	D/K	N/A
Staff adopt a multi-agency approach where appropriate (e.g. using early help assessment, team around child).	1	2	3	4	D/K	N/A
There are effective means for parents to share important information with staff, including in support planning.	1	2	3	4	D/K	N/A
There is effective dispute resolution with relationship repair for pupils/staff/parents.	1	2	3	4	D/K	N/A
Where external agencies are involved, their advice is shared effectively with teaching and other key staff	1	2	3	4	D/K	N/A

Appendix 2: ABC Chart and Guidance Notes

ABC Chart

Below, we have listed some guidance notes, that you may find helpful when completing the ABC Chart on the opposite page.

Antecedent: What happened prior to or as the behaviour occurred?

- What was the child or young person doing?
- Where were they?
- Who else was around?
- Who was not around?
- What had they been asked to do?
- Did they want something?
- Had an activity started/finished?
- What was their mood like?

Behaviour

- A step-by-step description of what the child or young person did.

Antecedent: What happened prior to or as the behaviour occurred?

- How did you/other people respond to the behaviour?
- How did the child or young person react to this?
- Did the child or young person gain anything from this behaviour?
(e.g. a physical object, attention from an adult, activity avoidance, etc.)



Name: _____				
ABC Chart	Date & Time	Antecedent: What happened prior to or as the behaviour occurred?	Behaviour	Consequence: What happened immediately after the behaviour?

Appendix 3: My life in school checklist

Junior School Version

<i>During this week, another pupil:</i>		Not at all	Only once	More than once
1	Called me names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Said something nice to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Was nasty about my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Tried to kick me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Was nice to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Was unkind because I am different.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Gave me a present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Said they'd beat me up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Gave me some money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Tried to make me give them money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Tried to frighten me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Asked me a stupid question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Lent me something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Stopped me playing a game.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Was unkind about something I did or said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Talked about something on the internet with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Told me a joke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Told me a lie.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Got people to gang up on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Tried to make me hurt other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Smiled at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

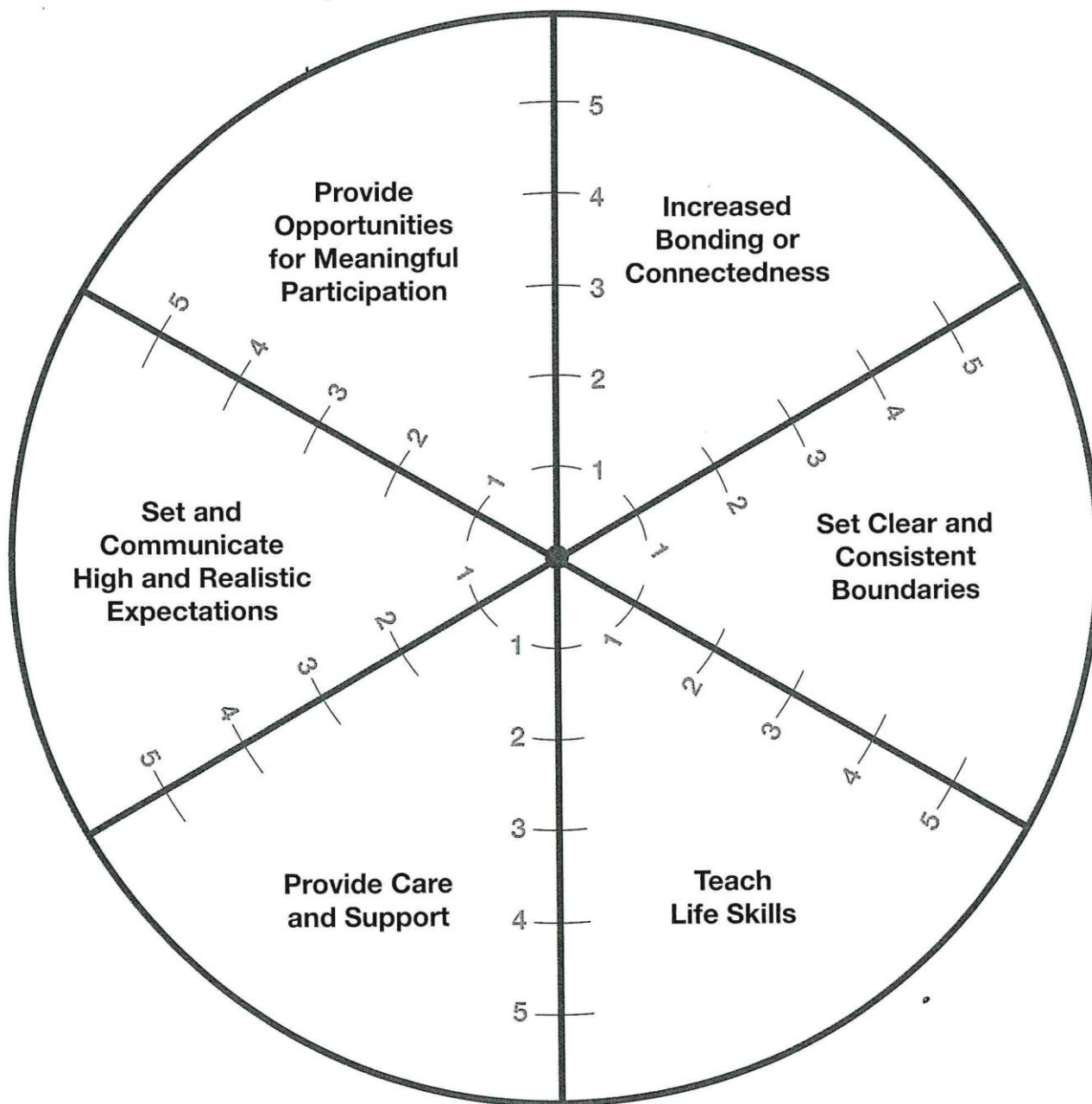
During this week, another pupil:

		Not at all	Only once	More than once
22	Tried to get me into trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Helped me to carry something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Tried to hurt me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Helped me with my classwork/homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Made me do something I didn't want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Talked about something on TV with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Took something off me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Shared something with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Was rude about the colour of my skin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Shouted at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Played a game with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Tried to trip me up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Talked about things I like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Laughed at me in a nasty way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Said they would tell on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Tried to break something of mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Told a lie about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Tried to hit me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from the My Life in School Checklist originally designed by Tiny Arora and adapted by Wolverhampton LEA (1992)

Appendix 4: Resiliency Wheel

Thinking about Resiliency



Adapted from 'The Resiliency Wheel', developed by Nan Henderson and Mike Milstein (2003)

Thinking about Resiliency : **Rating Guidance**

What the ratings mean:

Rating	Descriptor
1	Never / Rarely
2	Infrequently
3	Occasionally
4	Some of the time
5	Most of the time

For each resiliency-building strategy, three statements describe example situations where a child or young person may have an opportunity to use or develop this source of resiliency. Consider all three statements and decide an average rating that relates to how often this strategy is used in relation to the child or young person.

1 Providing Opportunities for Meaningful Interaction

This strategy views young people as resources and involves them as active participants. They take on responsibility by making decisions, planning, evaluating and implementing projects.

Example Situations:

The young person is encouraged to make informed choices in his/her learning wherever possible.

The young person is regularly invited to give feedback (through student voice or less structured opportunities) to staff on different areas of school life, and opportunities to discuss the outcomes of this feedback with key people.

The young person is given opportunities to develop initiatives or projects as part of the curriculum and as part of the wider school community.

Overall Rating for this Area:

2 Increased Bonding or Connectedness

Strengthening connections between the individual and pro-social persons or activities, e.g. in schools increase family involvement, create engaging afterschool programs.

Example Situations:

Lunchtime and after school clubs offer the young person opportunities to participate in a range of activities.

The young person is given opportunities to contribute to the school community in a range of capacities.

There is timely communication between the school and young person's family/carer.

The young person's family/carer demonstrates an interest in the young person's education and wellbeing.

Overall Rating for this Area:

3 Set Clear and Consistent Boundaries

Be consistent and fair in implementing policies and regulations; this might be most effective in combination with youth participation.

Example Situations:

A positive behaviour management policy is used in school, which the young person is aware of.

The behaviour management policy is implemented consistently across the school.

Staff communicate their rationale for warnings, sanctions, and rewards clearly to the young person.

Overall Rating for this Area:

4 Teach Life Skills

Teaching such as conflict resolution and cooperation will help young people navigate environmental challenges.

Example Situations:

Conflict resolution, effective communication and emotion management are taught as part of the PSHE curriculum.

Opportunities for additional teaching (1:1 or small group) on conflict resolution, effective communication and emotion management have been made available to the young person, if this has been needed.

Positive communication and conflict resolution strategies are modelled by staff.

Overall Rating for this Area:

5 Providing Care and Support

Caring relationships are elements of promoting resiliency. Research increasingly points out that supportive environments and climates are essential for learning.

Example Situations:

The young person has identified at least one key adult whom they feel comfortable talking to about any concerns and the young person has regular contact with this adult.

The young person has a stable friendship group.

The young person is not being bullied.

All school staff in regular contact with the young person have a good understanding of his or her needs.

Overall Rating for this Area:

6 Set and Communicate High and Realistic Expectations

High and realistic expectations are excellent motivators; cooperative and interest-based learning strategies such as service learning are effective.

Example Situations:

Staff have high and realistic expectations of the young person, which are clearly communicated to him or her on a regular basis.

The young person is given opportunities to determine his or her approach to a learning task, where this is possible.

The young person is given opportunities to incorporate their own interests into their learning where this is possible.

Overall Rating for this Area:

Appendix 5: Stirling Wellbeing Scale

The Stirling Children's Well-being Scale

Name:	Date:
-------	-------

	Statements	Never	Not much of the time	Some of the time	Quite a lot of the time	All of the time
1	I think good things will happen in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have always told the truth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I've been able to make choices easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I can find lots of fun things to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I feel that I am good at some things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I think lots of people care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I like everyone I have met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I think there are many things I can be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I've been feeling calm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I've been in a good mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I enjoy what each new day brings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I've been getting on well with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I always share my sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I've been cheerful about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I've been feeling relaxed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total scoring for each column

--	--	--	--	--	--

Total overall score

Each item is scored 1-5

Never = **1**

Not much of the time = **2**

Some of the time = **3**

Quite a lot of the time = **4**

All of the time = **5**

The minimum score is 12, and the maximum score is 60.

The mean average score is 44 with 50% of all scores within the range of 39-48.

Items 1, 3, 4, 5, 6 and 8 relate to 'positive outlook'.

Items 9, 10, 11, 12, 14 and 15 relate to 'positive emotional state'.

Items 2, 7 and 13 do not contribute to the well-being score, so should be omitted.

If the child or young person scores particularly low (i.e. 3) or particularly high (i.e. 14 or 15) on these 3 items, their well-being scores may not be reliable and should be treated with caution.

Appendix 6: The Child Youth Resiliency Measure

To what extent do the sentences below describe you?

Circle one answer for each statement

	Not at all	A little	Some-what	Quite a bit	A lot
1 I have people I look up to	1	2	3	4	5
2 I cooperate with people around me	1	2	3	4	5
3 Getting an education is important to me	1	2	3	4	5
4 I know how to behave in different social situations	1	2	3	4	5
5 My parent(s)/caregiver(s) watch me closely	1	2	3	4	5
6 My parent(s)/caregiver(s) know a lot about me	1	2	3	4	5
7 If I am hungry, there is enough to eat	1	2	3	4	5
8 I try to finish what I start	1	2	3	4	5
9 Spiritual beliefs are a source of strength for me	1	2	3	4	5
10 I am proud of my ethnic background	1	2	3	4	5
11 People think that I am fun to be with	1	2	3	4	5
12 I talk to my family/caregiver(s) about how I feel	1	2	3	4	5
13 I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)	1	2	3	4	5
14 I feel supported by my friends	1	2	3	4	5
15 I know where to go in my community to get help	1	2	3	4	5
16 I feel I belong at my school	1	2	3	4	5
17 My family stands by me during difficult times	1	2	3	4	5
18 My friends stand by me during difficult times	1	2	3	4	5
19 I am treated fairly in my community	1	2	3	4	5
20 I have opportunities to show others that I am becoming an adult and can act responsibly	1	2	3	4	5
21 I am aware of my own strengths	1	2	3	4	5
22 I participate in organized religious activities	1	2	3	4	5

		Not at all	A little	Some-what	Quite a bit	A lot
23	I think it is important to serve my community	1	2	3	4	5
24	I feel safe when I am with my family/caregiver(s)	1	2	3	4	5
25	I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1	2	3	4	5
26	I enjoy my family's/caregiver's cultural and family traditions	1	2	3	4	5
27	I enjoy my community's traditions	1	2	3	4	5
28	I am proud to be a citizen of <i>(insert country below)</i>	1	2	3	4	5

Individual Resources	
Domain	Score
Personal Skills <i>(Items 2, 8, 10, 12, and 20)</i>	<i>(maximum score 25)</i>
Peer Support <i>(Items 13 and 17)</i>	<i>(maximum score 10)</i>
Social Skills <i>(Items 4, 14, 19, and 24)</i>	<i>(maximum score 20)</i>
Total score for individual resources:	

Contextual Resources	
Domain	Score
Spiritual <i>(Items 21 and 22)</i>	<i>(maximum score 10)</i>
Education <i>(Items 3 and 15)</i>	<i>(maximum score 10)</i>
Cultural <i>(Items 1, 9, 18, and 26)</i>	<i>(maximum score 20)</i>
Total score for contextual resources:	

Relationship with Primary Caregiver Resources	
Domain	Score
Physical Caregiving <i>(Items 5 and 7)</i>	<i>(maximum score 10)</i>
Psychological Caregiving <i>(Items 6, 11, 16, 23, and 25)</i>	<i>(maximum score 25)</i>
Total score for relational resources:	



Adapted from the RRC Evaluation Tool Basket: CYRM-28
resilienceresearch.org - Updated September 2013

Appendix 7

Getting it Right: Multi Element Support Plan		Plan No:
Pupil Name:		Date:
Contributors to the plan:		
What are the incidents/behaviours that are causing concern?		
What happens before and during incidents:		
What happens before and during more successful times:		
What happens after incidents and more successful times:		
What are the child's strengths, interests and successes?		
Briefly summarise any difficulties and additional needs:		
Child views:		
What would you like to achieve?		
What would you like help with?		
Is there anything you are worried about?		
Agreed goals/targets:		
Environmental strategies		
Skills development		
Reward strategies		
Responding to difficulties	When things are starting to go wrong –	
	When things have gone wrong –	
Next Review Date:		

Child Signature

Parent Signature

Teacher Signature

WOLVERHAMPTON CAMHS

Appendix 8

SINGLE POINT OF ACCESS - REFERRAL FORM

CAMHS Single Point of Access (SPA)
The Gem Centre, Neachells Lane
Wolverhampton
WV11 3PG
Tel: 01902 444021
Fax: 0121 612 3754

Please note that by referring to SPA you are referring to Wolverhampton Specialist CAMHS, Base 25 and Believe to Achieve. Information may be shared with all organisations and young people will be referred or signposted as appropriate.

Email: bcpft.wolvescamhsspa@nhs.net
Website: www.BlackCountryMinds.com

In the event of any referral queries, we are happy to help, please contact our dedicated SPA team on 01902 444021 or email sam-ctr.WolvesCAMHSSPA@nhs.net. Please note - **ALL FIELDS ARE MANDATORY** unless otherwise specified and incomplete referral forms will be returned for your completion.

SECTION A – Child/Young Person’s Referral Information

Full Name:		Date of Birth:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Full Address: Postcode:		NHS Number:				
		Contact Number(s):				
Ethnicity:		School/College:				
Parent/Carer Name Contact Number(s): (if different):		Child/Young Person’s GP Details:				

SECTION B – Referrer’s Details

Name:		Service/Department:	
Full Address: Postcode:		Job Title/Profession:	
		Email Address:	
Contact Number(s):			

SECTION C – General Referral Information

Consent to referral

Is the child/young person aware of this CAMHS referral and is consent given? Yes No If no, details: Is
the parent/carer aware of this CAMHS referral and is consent given? Yes No If no, details:
Has the child/young person previously been referred to CAMHS? Yes No Do not know

Consent to share information

In the case that your referral is reviewed and it is determined that CAMHS is not the appropriate service, we are able to forward your referral to the service that we feel would best suit your needs. The services that we can forward your referral to may be within other NHS Trusts, Local Authority organisations or other 3rd party organisations such as charitable or voluntary sector services.

To enable us to ensure that you have access to the most appropriate service, we require your consent to allow us to forward your referral onto the alternative services. Can you please identify below if you are happy for us to forward your referral onto a third party.

If a box above is ticked, please confirm that the Social Worker is aware of and supports the CAMHS referral? Yes
I confirm that I am happy for you to forward my referral onto the following organisations if the services that they provide are more appropriate for my needs (tick all that apply):

- Other NHS Services
- Local Authority Services
- Other 3rd Party Service providers

Print:
Sign:
Date:

Needs

- Does the child/young person have a Learning Disability? Yes No If yes, severity:
- Does the child/young person have any physical/mental health conditions? Yes No If yes, details:
- Is the child/young person currently prescribed any medication? Yes No If yes, affix summary:
- Is an interpreter required for child/young person or parent/carer? Yes No If yes, details: Will
- the parent/carer be able to understand the correspondence that we send? Yes No If no, details:
- Are there any barriers that may prevent attendance at initial appointment? Yes No If yes, details:

Legal Status

- Tick any of the following that apply to the child/young person and complete details (see full referral criteria for further details):
- Child or Young Person in Care* Details:
- Subject to a Child Protection Plan* Details:
- Subject to a Child in Need Plan* Details:
- Adopted* Details:

Social Worker Details (*must be completed if a box in the above section is ticked)	
Name:	
Address/Base:	
Contact Number(s):	

Professional Network

- Please tick and name other professionals currently involved with the child/young person (or family if relevant):
- Paediatrician: Educational Psychologist:
- Social Worker: School Nurse:
- Occupational Therapist: Speech & Language Therapist:
- Health Visitor: Dietitian: Counsellor: Other:

SECTION D – Presenting Difficulty Referral Information

Please describe your reasons for referring the child/young person to Base 25/Believe to Achieve/CAMHS (additional information can be attached)

--

Please outline any known risk issues (social, education or health) and state if these are current or historic:
(In the event of self-harm and/or suicidal thinking, please provide as much information as possible)
(In the event of any immediate safeguarding concerns, information will be shared with the appropriate agencies)

--

Do you consider this referral to be urgent? Yes No

If yes, please give clear reasons on the basis of the child/young person's mental health:

Please list any supporting information that accompanies this referral form:

Has this referral been verbally discussed with a member of the CAMHS SPA Team? Yes No If yes, date:

Note to referrers

- The quality of the information you provide will help us to process and prioritise this referral more effectively
- Where appropriate, we will signpost or refer young people onto alternative services, if this is not possible, you will be advised

Referrer's Signature (initial for electronic):	
Date:	



Wolverhampton Child and Adolescent Emotional and Mental Health Service – Referral Criteria

Introduction

Our Child and Adolescent Emotional and Mental Health Services in Wolverhampton provides support, advice, guidance and treatment for children and young people with moderate and severe emotional and mental health difficulties whose symptoms are having a significant impact on their day to day lives and functioning.

The Wolverhampton Comprehensive CAMHS team provides a Single Point of Access (SPA) function to mental health / emotional support services, including voluntary and statutory services for children within the NHS Wolverhampton locality.

SPA

This document provides an overview of the referral criteria for the Child and Adolescent Mental Health Service (CAMHS) and the joint Tier 2 provision with Base 25 and Believe to Achieve. All referrals to these services will be screened at the Single Point of Access (SPA) in Wolverhampton.

Your referral will be acknowledged within 5 working day and you will receive a letter informing you of which service will be accepting your referral.

Emergency Referrals

Emergency referrals should be discussed with a SPA triage clinician in the first instance in order to process the referral as efficiently as possible. If you have any enquiries or require consultation in relation to a potential referral and would like to speak to a member of the SPA team call (01902) 444021 in office hours. The SPA Team are able to access the Crisis Home Treatment Team as necessary.

Further Information

Further service and referral information can also be found on our websites

Wolverhampton Specialist CAMHS: www.blackcountryminds.com

Base 25: <https://youthlink.btck.co.uk/>

Believe to Achieve: <http://b2a.org.uk/>

Referral Criteria

The following information indicates how we will triage referrals to the different elements of our comprehensive CAMH service. Please see the criteria below as a guide to the types of difficulties the Wolverhampton CAMHS service can help with and how we will triage the referrals to either Wolverhampton CAMHS or the joint Tier 2 provision with Base 25 and Believe to Achieve.

Wolverhampton CAMHS

The core provision of Wolverhampton CAMHS is:

The specialist assessment and treatment for children and young people who have severe, complex and enduring emotional / behavioral / mental health difficulties

It is an essential requirement before a referral can be accepted into CAMHS that attempts have been made by frontline (tier 1 and 2) statutory and non-statutory services to resolve the child / young person's difficulties before making a referral.

ACCESS:

- CAMHS will accept referrals for children and young people who are registered with a Wolverhampton GP up until their 18th birthday.
- Access to CAMHS requires full completion of the SPA referral form.
- At this point we do not accept self-referrals from children, young people or parents/carers - however we are working towards accepting selfreferrals

STANDARD CRITERIA:

The following general categories describe the children and young people who will be accepted for specialist assessment and treatment:

Severe or life-threatening conditions:

- Psychosis
- Risk of suicide or severe self-harm
- Severe depressive episode
- Anorexia Nervosa - - *Please complete, medical investigations, bloods, height, weight, BMI, how much weight the young person has lost and over what time*

period, frequency and severity of any compensatory behaviours. If there has been significant weight loss, and/or if the young person engages significantly in compensatory behaviours. Please conduct necessary blood tests and also refer to paediatric team and dietetics before referring.

- Bulimia Nervosa - *Please complete medical investigations height, weight, bloods before referring*
- Co-morbidity with substance misuse

Significant emotional difficulties related to:

Severely complicating physical conditions where treatment will influence the outcome such as; psychological problems who initially present with physical symptoms for example medically unexplained physical symptoms, conversion disorder
Wolverhampton Tier 2 Services

The core provision of Wolverhampton Tier 2 services are:

The assessment and treatment for children and young people who have mild to moderate emotional / behavioral / mental health difficulties.

ACCESS:

- Wolverhampton Tier 2 services will accept referrals for children and young people (CYP) who are a resident in Wolverhampton, have a Wolverhampton GP or attend school in Wolverhampton.
- CYP can access the service up until their 18th birthday. CYP aged 18-25 can access the service if they have a disability or are a care leaver.
- Access to Wolverhampton Tier 2 services requires full completion of the SPA referral form.

STANDARD CRITERIA:

If you think that a young person needs to have some support for emotional and mental health issue please refer into the SPA, and the service will seek to get the help the young person needs.

The following general categories describe the children and young people who will be accepted for assessment and treatment in the Tier 2 service:

Mild to moderate mental health problems:

- Anxiety
 - Social anxiety
 - Specific anxiety
 - Generalised anxiety
 - Agoraphobia
 - Panic
 - Emerging
 - Obsessive Compulsive Disorder
- Depression
 - Low self-esteem
 - Low confidence
 - Bullying
 - Self-harm
 - Hopelessness

- Relationship problems
 - Peer relationships
 - Family relationships
 - Loss

CONSULTATION IS AVAILABLE FROM THE SPA TO:

Provide advice regarding whether our service is the most appropriate service for the child/young person

Condition leading to severe functional impairment:

- Severe Obsessive Compulsive Disorder (OCD)
- Severe anxiety / phobic / panic disorders
- Moderate Depression
- Obesity - *Please complete medical investigations, height, weight, bloods before referring*
- ADHD where there is significant psychiatric comorbidity
- Autistic Spectrum Disorders
- Tourette's Syndrome
- School refusal where mental health disorder plays a significant role
- Conduct difficulties which co-exist with other disorders and where specific interventions may influence outcome, including children and young people who present a forensic risk
- Severe and / or complex relationship difficulties leading to significant impairment of functioning and wellbeing
- Gender identity disorders

Where prompt early intervention is likely to prevent the development of more severe disorder such as:

- Complicated bereavement

- Post-traumatic stress disorder (PTSD)
- Severe attachment difficulties

CHILDREN WITH LEARNING DISABILITIES:

If there is evidence of comorbidity with a serious mental health condition (as detailed above). In addition we also offer support for serious issues relating to:

- Sleep
- Feeding
- Challenging behaviours
- Continence/toileting
- Adaptive skills training
- Health Action Planning

SOCIAL CARE ASSESSMENTS:

For referrals from Social Care, a social work Initial or Core Assessment, or an Early Help Assessment (EHA/CAF) needs to have been completed before referral to Specialist NHS CAMHS.

CONSULTATION IS AVAILABLE FROM THE SPA TO:

Provide advice regarding whether our service is the most appropriate service for the child/young person

Appendix 9: Further information and sources of support about common mental health issues

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

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

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

Online support

- SelfHarm.co.uk: www.selfharm.co.uk National Self-Harm Network: www.nshn.co.uk

Books

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

Depression

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

Online support

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

Books

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

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

- Anxiety UK: www.anxietyuk.org.uk

Books

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

Obsessions and compulsions

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

Online support

- OCD UK: www.ocduk.org/ocd

Books

- Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

- Prevention of young suicide UK – PAPHOS: www.papyrus-uk.org □ On the edge: Child Line spotlight report on suicide: www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childlinespotlight/

Books

- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Selfharm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers
- Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day.

Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

- Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders □
Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eatingdifficulties- in-younger-children

Books

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