



**A C A D E M I E S**

# Mental Health and Wellbeing Policy

Policy Owner:	Sonya Callaghan
Ratified by:	QAT Board
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## **Introduction**

9.8% of children between the ages of 5 – 16 years have a clinically diagnosed mental health disorder. One in four young people in the UK experience suicidal thoughts, and among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years, particularly since the mid-1980s. Poor mental wellbeing is a serious issue affecting some Q3 Academy students and as part of our core mission and values, we remain dedicated to the health and wellbeing of our young people.

## **Policy Statement**

*“Mental health is a state of wellbeing 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 Organisation).

Q3 Academies Trust aims to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole Academy approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. According to research, in an average Learning Room, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

## **Scope**

This document describes the Q3 Academies Trust’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including associate staff and governors.

This policy should be read in conjunction with our medical policy in cases where a student’s mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

## **The Policy aims to:**

- ✓ Promote positive mental health in all staff and students;
- ✓ Increase understanding and awareness of common mental health issues;
- ✓ Alert staff to early warning signs of mental ill health;
- ✓ Provide support to staff working with young people with mental health issues;
- ✓ Provide support to students suffering mental ill health; to their peers and to parents/carers.

## **Lead Members of Staff**

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

- Sonya Callaghan – Designated Safeguarding Lead for the QAT
- Designated Safeguarding Leads within each of the Academies:
  - Casey Bailey – Q3 Academy Great Barr
  - Grace Cox – Q3 Academy Langley
  - Nick Hamilton – Q3 Academy Tipton
- Anna Kudryl – Family Liaison Champion at Q3 Academy Great Barr and Langley
- Kimberley Maynard – Welfare Lead at Q3 Academy Tipton

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the PLD/Head of Year in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL, DDSL, or to the Head of School. If the student 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 mental health services is appropriate, this will be led and managed by the DSL/DDSL and PLD/Head of Year.

## **Individual Care Plans**

It is helpful to draw up an individual care plan for students causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parents/carers and relevant health professionals. This should include:

- ✓ Details of a student's condition;
- ✓ Special requirements and precautions;
- ✓ Medication and any side effects;
- ✓ What to do and who to contact in an emergency;
- ✓ Risk assessment;
- ✓ The role the Academy can play.

## **Teaching about Mental Health**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE/Wellbeing Inspire curriculum.

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

We follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### **Signposting**

We will ensure that staff, students and parents/carers are aware of sources of support within the Academy and in the local community. Local community support is outlined in Appendix C.

We will display relevant sources of support in communal areas such as the Quisine, display boards along Learning Levels, and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chances of students seeking help by ensuring students understand:

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

### **Warning Signs**

Academy staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns to the DSL/DDSL or a member of the safeguarding team.

Possible warning signs include:

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

## **Managing Disclosures**

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

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

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

All disclosures should be recorded on MyConcern and if deemed an emergency shared directly with the DSL/DDSL.

MyConcern entries are shared with the DSL/DSL/PLD/Head of Year who will offer support and advice about next steps.

This helps to safeguard our own emotional wellbeing as we are not solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them.

Parents/carers must always be informed if their child has caused self-injury, expressed suicidal thoughts, or feel they are unable to keep themselves safe. Students may choose to tell their parents/carers themselves, if this is the case the student should be given 24 hours to share this information before the Academy contacts parents/carers. We should always give students the option of the Academy informing parents/carers for them or with them.

Although self-injury is non-suicidal behaviour and relied on as an attempt to cope and manage, it must be recognised that the emotional distress that leads to self-injury can also lead to suicidal thoughts and actions.

It is therefore of the utmost importance that any concerns or particular incidents of self-injury are taken seriously and reported in accordance with the Child Protection Policy to allow for the underlying issues to be thoroughly investigated and the necessary emotional support given, in order to minimise any greater risk. Any mention of suicidal intent should be reported immediately to the DSL/DDSL or Head of School.

If a child gives us reason to believe that there may be underlying child protection issues, parents/carers should not be informed, but the DSL/DDSL or Head of School must be informed immediately.

## **Working with Parents/Carers**

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

- ✓ Can the meeting happen face to face? This is preferable;
- ✓ Where should the meeting happen? At the Academy, at their home or somewhere neutral?;
- ✓ Who should be present? Consider parents/carers, the student, other members of staff;
- ✓ What are the aims of the meeting?

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

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

We should always provide clear means of contacting the Academy 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 record of the meeting on My Concern or the students individual log.

## **Supporting Peers**

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

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

Additionally, we will want to highlight with peers:

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

### **Training**

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

We will host relevant information on our staff shared system for staff who wish to learn more about mental health. The MindEd 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 Appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

## Appendix A

### Further information and sources of support about common mental health issues

#### Prevalence of Mental Health and Emotional Wellbeing Issues

Research has identified that 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.

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

Support on all the following mental health issues can be accessed via Young Minds [www.youngminds.org.uk](http://www.youngminds.org.uk), Time to Change <https://www.time-to-change.org.uk/>, Anna Freud National Centre for Children and Families <https://www.annafreud.org/>, NHS England <https://www.england.nhs.uk/mental-health/cyp/>, The Children's Society <https://www.childrensociety.org.uk/what-we-do/our-work/young-peoples-mental-health>, Mental Health Foundation <https://www.mentalhealth.org.uk/>, Mind [www.mind.org.uk](http://www.mind.org.uk) and (for eLearning 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.

For example:

- ✓ Cutting, scratching, scraping or picking skin;
- ✓ Swallowing inedible objects;
- ✓ Taking an overdose of prescription or non-prescription drugs;
- ✓ Swallowing hazardous materials or substances;

- ✓ Burning or scalding;
- ✓ Hair-pulling;
- ✓ Banging or hitting the head or other parts of the body;
- ✓ Scouring or scrubbing the body excessively.

### **Risk Factors**

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- ✓ Depression/anxiety;
- ✓ Poor communication skills;
- ✓ Low self-esteem;
- ✓ Poor problem-solving skills;
- ✓ Hopelessness;
- ✓ Impulsivity;
- ✓ Drug or alcohol abuse.

Family Factors:

- ✓ Unreasonable expectations;
- ✓ Neglect or physical, sexual or emotional abuse;
- ✓ Poor parental relationships and arguments;
- ✓ Depression, self-harm or suicide in the family.

Social Factors:

- ✓ Difficulty in making relationships/loneliness;
- ✓ Being bullied or rejected by peers.

### **Warning Signs**

Academy staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated staff for safeguarding students.

Possible warning signs include:

- ✓ Changes in eating/sleeping habits (e.g. student may appear overly tired if not sleeping well);
- ✓ Increased isolation from friends or family, becoming socially withdrawn;

- ✓ Changes in activity and mood e.g. more aggressive or introverted than usual;
- ✓ Lowering of academic achievement;
- ✓ Talking or joking about self-harm or suicide;
- ✓ Abusing drugs or alcohol;
- ✓ Expressing feelings of failure, uselessness or loss of hope;
- ✓ Changes in clothing e.g. always wearing long sleeves, even in very warm weather;
- ✓ Unwillingness to participate in certain sports activities.

## **Resources**

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk)

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

*Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers*

*Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers*

*Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers*

## **Depression**

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

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

## **Risk Factors**

- ✓ Experiencing other mental or emotional problems;
- ✓ Divorce of parents;
- ✓ Perceived poor academic achievement;
- ✓ Bullying;
- ✓ Developing a long term physical illness;
- ✓ Death of someone close;
- ✓ Break up of a relationship;

- ✓ Some people will develop depression in a distressing situation, whereas others in the same situation will not.

## **Symptoms**

- ✓ Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness;
- ✓ Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide;
- ✓ Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour;
- ✓ Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

## **Resources**

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

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

## **Anxiety disorders**

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.

Anxiety disorders include:

- ✓ Generalised anxiety disorder (GAD);
- ✓ Panic disorder and agoraphobia;
- ✓ Acute stress disorder (ASD);
- ✓ Separation anxiety;
- ✓ Post-traumatic stress disorder;
- ✓ Obsessive-compulsive disorder (OCD);
- ✓ Phobic disorders (including social phobia).

## **Symptoms of an anxiety disorder - can include:**

### Physical effects:

- ✓ Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing;
- ✓ Respiratory – hyperventilation, shortness of breath;
- ✓ Neurological – dizziness, headache, sweating, tingling and numbness;
- ✓ Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea;
- ✓ Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking.

### Psychological effects

- ✓ Unrealistic and/or excessive fear and worry (about past or future events);
- ✓ Mind racing or going blank;
- ✓ Decreased concentration and memory;
- ✓ Difficulty making decisions;
- ✓ Irritability, impatience, anger;
- ✓ Confusion;
- ✓ Restlessness or feeling on edge, nervousness;
- ✓ Tiredness, sleep disturbances, vivid dreams;
- ✓ Unwanted unpleasant repetitive thoughts.

### Behavioural effects:

- ✓ Avoidance of situations;
- ✓ Repetitive compulsive behaviour e.g. excessive checking;
- ✓ Distress in social situations;
- ✓ Urges to escape situations that cause discomfort (phobic behaviour).

## **Resources**

Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

*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*

*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*

## **Suicide**

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.

## **Resources**

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

*Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers*

*Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge*

## **Eating disorders**

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 pre-school 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.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

## **Risk Factors**

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors:

- ✓ Difficulty expressing feelings and emotions;

- ✓ A tendency to comply with other's demands;
- ✓ Very high expectations of achievement.

#### Family Factors:

- ✓ A home environment where food, eating, weight or appearance have a disproportionate significance;
- ✓ An over-protective or over-controlling home environment;
- ✓ Poor parental relationships and arguments;
- ✓ Neglect or physical, sexual or emotional abuse;
- ✓ Overly high family expectations of achievement.

#### Social Factors:

- ✓ Being bullied, teased or ridiculed due to weight or appearance;
- ✓ Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing.

### **Warning Signs**

Academy staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated staff for safeguarding students.

#### Physical Signs:

- ✓ Weight loss;
- ✓ Dizziness, tiredness, fainting;
- ✓ Feeling cold;
- ✓ Hair becomes dull or lifeless;
- ✓ Swollen cheeks;
- ✓ Callused knuckles;
- ✓ Tension headaches;
- ✓ Sore throats/mouth ulcers;
- ✓ Tooth decay.

#### Behavioural Signs:

- ✓ Restricted eating;
- ✓ Skipping meals;
- ✓ Scheduling activities during lunch;
- ✓ Strange behaviour around food;
- ✓ Wearing baggy clothes;

- ✓ Wearing several layers of clothing;
- ✓ Excessive chewing of gum/drinking of water;
- ✓ Increased conscientiousness;
- ✓ Increasing isolation/loss of friends;
- ✓ Believes (s)he is fat when (s)he is not;
- ✓ Secretive behaviour;
- ✓ Visits the toilet immediately after meals;
- ✓ Excessive exercise.

#### Psychological Signs:

- ✓ Preoccupation with food;
- ✓ Sensitivity about eating;
- ✓ Denial of hunger despite lack of food;
- ✓ Feeling distressed or guilty after eating;
- ✓ Self-dislike;
- ✓ Fear of gaining weight;
- ✓ Moodiness;
- ✓ Excessive perfectionism.

#### **Resources**

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

*Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers*

*Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers*

*Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks*

## Appendix B

### Guidance and Advice

Mental health and wellbeing provision in schools – GSR (2018)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/747709/Mental\\_health\\_and\\_wellbeing\\_provision\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/747709/Mental_health_and_wellbeing_provision_in_schools.pdf)

Mental Health and Behaviour in Schools - Department for Education (2016)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508847/Mental\\_Health\\_and\\_Behaviour\\_-\\_advice\\_for\\_Schools\\_160316.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf)

Counselling in Schools: a blueprint for the future - departmental advice for academy staff and counsellors. Department for Education (2016)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497825/Counselling\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf)

Teacher Guidance: Preparing to teach about mental health and emotional well-being (2015); PSHE Association; Funded by the Department for Education (2015)

[https://www.pshe-association.org.uk/system/files/Mental%20health%20guidance\\_0.pdf](https://www.pshe-association.org.uk/system/files/Mental%20health%20guidance_0.pdf)

Keeping Children Safe in Education - Department for Education (2018)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/741314/Keeping\\_Children\\_Safe\\_in\\_Education\\_\\_3\\_September\\_2018\\_14.09.18.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741314/Keeping_Children_Safe_in_Education__3_September_2018_14.09.18.pdf)

Supporting pupils at school with medical conditions - Department for Education (2015)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf)

The mental health of children and young people in England – Public Health (2016)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_children\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf)

Promoting children and young people's emotional health and wellbeing – Public Health (2015)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414908/Final\\_EHWP\\_draft\\_20\\_03\\_15.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf)

Mental Health England Youth MHFA One Day Course Manual – one kept at each Academy

## Appendix C

### Sources or support in the local community

- **BEAM** - provides a safe space for young people who may need support with their emotional and mental health. Young people can simply drop in for a chat with volunteers and staff.

<https://www.childrenssociety.org.uk/what-we-do/helping-children/sandwell-and-dudley-emotional-health-and-wellbeing-service>

- **Murray Hall Community Trust** – provides a number of services aimed at improving young people’s mental health.

<https://www.murrayhall.co.uk/>

- **Edwards Trust** - offers a holistic bereavement care service to children and young people following the death of a parent, carer or sibling.

<https://edwardstrust.org.uk/>

- **Young People First** - a registered charity working to improve young people’s lives.

<http://www.youngpeoplefirst.org.uk/>

- **Kooth** - free, safe and anonymous online support for young people.

<https://kooth.com/>

- **Childline** – a counselling service for young people.

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

- **Krunch** - offers a range of services for young people in providing mentoring support and supporting young people to become more self-aware and achieve their potential, overcome barriers to learning and improve their overall emotional health and wellbeing.

<http://krunch.org.uk/krunch-sandwell/>

- **Sandwell Women’s Aid** - offer a range of support for children and young people who have been affected by teenage relationship abuse; domestic abuse in the home; rape and sexual violence; and child sexual exploitation.

<https://blackcountrywomensaid.co.uk/services/childrens-services/>

- **Kaleidoscope** – works to promote and support positive health and wellbeing including suicide bereavement support service.

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

- **Pause** – is a city centre drop-in service in Birmingham which provides young people with advice and support with any concerns related to mental and emotional wellbeing.

<https://www.childrensociety.org.uk/what-we-do/helping-children/pause-0>

- **NHS Black Country Partnership (CAMHS)** - provides a range of services for children and young people who are experiencing mental health problems

<http://www.bcpft.nhs.uk/services/children-young-people-and-families/84-camhs>