

Raising awareness



fighting depression



Mental Health and Well-being Policy

Frequency of Review: Every 3 years as a minimum

Reviewed and Approved by: The Governing Body

Date: Summer 2022

Date of Next Review: Summer 2023

Reviewers: The Wellbeing forum: Sally Harvey (collaboration), Rebecca Vowles (HP) Lyndsey Stewart (SR), Rebecca Routledge (SR) Elle Fearn (SR)

Signed: _____ (Chair of Governing Body)

Date: 14/11/2022

Positive Mental Health & Well-being Policy Sutton Road Primary and Holgate Primary Schools & Nurseries

Policy Statement

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

At our school, we aim to promote positive mental health for every member of our staff and for every child. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils and support for staff.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, 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 pupils affected both directly, and indirectly by mental ill health.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with care plans 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. We also acknowledge the link between poverty and mental health issues so this policy also has links to the school's Pupil premium Strategy and School Improvement Plan. There are also links between leading a healthy life and being mentally healthy so we would also look to the PE policy and the use of the PE funding to support the mentally healthy schools agenda.

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- 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 pupils suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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

	Sutton Road Primary	Holgate Primary
Designated Safeguarding Leads	Nicola Davies Emma Severn Sally Harvey Eliza Blakeley Kate Evans Heather Mitchell Jim Wakeland Joanne Skeavington Elle Fearn Katie Scales	Nicola Davies Sam Arnold Sally Harvey Amy Woodhead Emily Davies Izzy Roe Ellie Baker Sarah Bacon Adam Rathe
Inclusion Team	Sally Harvey-Executive Inclusion Leader Eliza Blakeley- SENCO Lauren Marsden – Assistant SENCO Elle Fearn – Deputy Inclusion Leader	Sally Harvey-Executive Inclusion Leader Ellie Baker- SENCO
Mental Health First Aiders	Helen Darwood-Brown Joanne Angela Elle Fearn Claire Beecroft	Sarah Hicklin Jon-Paul Collins
PSHEe Coordinator	Laura Ballard	David Gleave
Wellbeing Team	Sally Harvey Lyndsey Stewart Rebecca Routledge Elle Fearn	Sally Harvey Rebecca Vowles

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the class teacher / mental health lead 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 designated safeguarding leaders. If the pupil 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.

In partnership with Nott Alone, from the 1st of April 2022, Be U Notts will be one of the local services listed on <https://nottalone.org.uk/>. Where a referral to Be U Notts is appropriate, this will be led and managed by the designated safeguarding leads. Information about the new Be U Notts is provided in Appendix F.

Individual Care Plans

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

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. This also links to our whole school values and activities such as Talking Points.

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

We need to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps children rather than harms.

Signposting

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

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring pupils 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

School staff may become aware of warning signs which indicate a pupil or member of staff 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 with the designated safeguarding leads.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A pupil 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 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 non-judgemental.

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?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded on Cpoms and consequently held on the student's confidential file. This will be shared with the Designated Lead for Safeguarding who will then share it with the appropriate staff members, who will offer support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we feel it is necessary for us to pass our concerns about a pupil on then we should discuss with the individual:

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

It is essential to share disclosures with a colleague, usually the designated safeguarding leaders, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with where appropriate.

Parents must always be informed if a disclosure is made and pupils may choose to tell their parents themselves. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the MASH team must be contacted and advice sought from them about whether it is deemed safe to inform the parents or not.

Working with Parents

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

We should always highlight further sources of information and give them information 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 can also be helpful too e.g. parent helplines and forums.

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

Working with All Parents

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 to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our forms of communication such as our website, Facebook page, Parentmail and information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home
- Ensure that language used around mental health & well-being is appropriate

Supporting Peers

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

- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Also, a group of children and the Mental Health First Aiders have accessed CPD on how to be a Wellbeing champion. We enjoyed learning about:

- What mental health is and what factors can affect it.
- The differences between good mental health and poor mental health.
- How to recognise the signs of poor mental health and how to seek help.
- How to take daily care for their own mental health and manage stress using a variety of evidenced based best strategies.
- Encouragement to support the mental health of other children in the school.

Training

As a minimum, all staff will receive training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe. This may be through online platforms such as Hays or face to face CPD sessions delivered both in house or externally provided.

All staff have completed modules on mental health and well being through Hays in an ongoing cycle. These include: Dealing with Stress, The Art of Prioritisation: What Comes First, Mindfulness, Relaxation, Resilience, 10-minute managing stress, 10 minutes -Your attitude, Mindset, Healthy living, Life Balance. Named staff have also attended a variety of Wellbeing CPD.

Identified staff have completed specialist training such as Mental health First Aid and Covid-19: Psychological First Aid from Public Health England.

The [MindEd learning portal](https://www.minded.org.uk)¹ 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 pupils.

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

Staff should be kept up to date with behaviours linked to mental health and current research. It is important that we reflect on the behaviours that are being presented and the reasons for them. Staff will be provided with up to date information regarding the circumstances of the children that they are working with.

The Mentally Healthy Schools website <https://www.mentallyhealthyschools.org.uk> along with the Talking Mental Health website provide resources and explanations which can also support staff with their concerns and strategies.

Staff should be provided with the knowledge about the language around mental health and must ensure that they use language in the correct contexts.

Staff Well-being

If staff are concerned about their own mental health & well being they should discuss any concerns with their line manager / member of the SLT who will support and advise of the next steps. This may include support from HR and Occupational Health with a referral to counselling. It may also include signposting to a GP for further support and intervention. If the concerns are work related then support can be put in place through the line manager. This may include a support plan or a teaching improvement plan and could link to appraisal.

There are times when staff may also need time to discuss some of the support they are giving to some of our most vulnerable children. If necessary the supervision for staff to share concerns in a confidential manner will be arranged.

The school is committed to the well-being of staff and a team of staff will meet termly to share ideas and best practise. These will be passed on to the SLT so that they can be implemented appropriately. This may include:

- Staff 'treats' throughout the year such as lunch/ breakfast provided on INSET days
- Staff Shout Out's to celebrate achievements
- Training and support for staff to identify triggers in themselves- this will support self-awareness of mental health
- Time to talk- formally/ informally- ensuring that all staff have somebody who they are able to talk to if needed
- CPD opportunities for everyone- can be linked to mental health & well-being

¹ www.minded.org.uk

- Attempts to reduce workload where possible- time for assessing, moderation and reporting
- Open door policy to discuss issues/ concerned
- Social events/ staff events
- SAS support

Covid 19 - Global Pandemic

Due to the COVID-19 global pandemic, the schools within our collaboration created an operational risk assessment. This risk assessment document continues to be reviewed frequently as necessary.

Please be advised that all emergency changes to policies and procedure are active only during a global pandemic and activation can only be given by the head teacher and chair of governors.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in Summer 2025.

This policy will always be immediately updated to reflect personnel changes.

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

Prevalence of Mental Health and Emotional Wellbeing Issues²

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

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

² Source: [Young Minds](#)

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

Self-harm

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

Online support

SelfHarm.co.uk: www.selfharm.co.uk

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

Books

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

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

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

Depression

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

Online support

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

Books

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

Anxiety, panic attacks and phobias

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

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

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

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

Books

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

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

Eating problems

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

Online support

Beat – the eating disorders charity: [The UK's Eating Disorder Charity - Beat \(beateatingdisorders.org.uk\)](http://TheUKsEatingDisorderCharity-Beat.beateatingdisorders.org.uk)

Books

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

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

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

Appendix B: Guidance and advice documents

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

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

[Keeping children safe in education - GOV.UK \(www.gov.uk\)](#) statutory guidance for schools and colleges. Department for Education (2018)

[Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

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

NICE guidance on social and emotional wellbeing in primary education
<https://www.nice.org.uk/guidance/ph12>

<https://www.ncb.org.uk/> National Children’s Bureau (2015) - Advice for schools and framework

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool on the following weblink <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh> collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

[ChiMat school health hub](#) provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

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

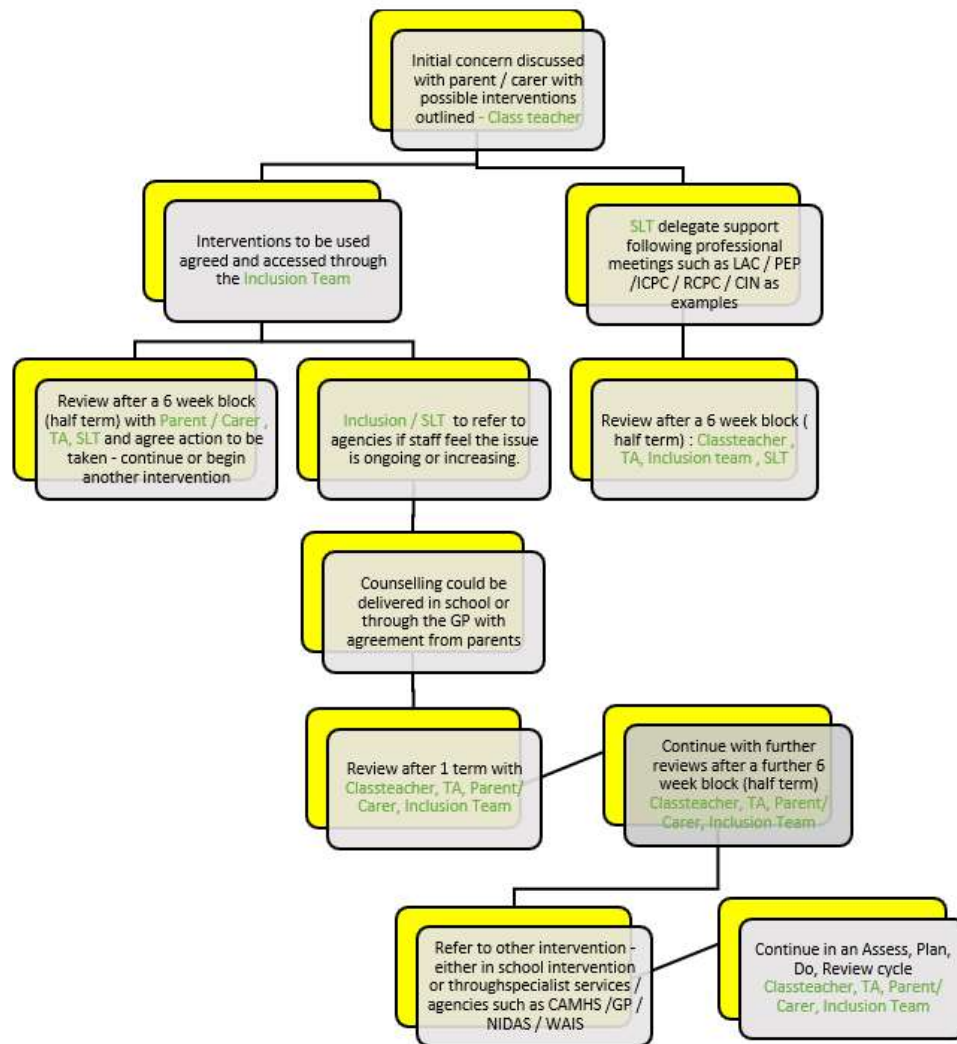
Appendix D: Sources or support at school and in the local community

School Based Support

- Emotions coaching – Being a relational school
- Wellbeing champions - Children and staff
- Take 5 – whole school programme
- Lego Therapy- small group sessions
- ELSA – 1:1 intervention
- Positive Play – 1:1 intervention
- Draw & Talk- 1:1 therapy sessions
- Emotional Toolkit
- Anger management resources including Incredible 5 point scale and de-escalation strategies from Coping with Risky Behaviours (CRB) training
- 1:1 Counselling including bereavement support- Individual children, individual needs
- Emotional Literacy Support
- Friendship group intervention
- Queen Bees and Wannabees intervention
- Adult mentors
- Individualised support plans and resources tailored to meet the needs of the children
- Emotions resources in each classroom

The above interventions should be accessed for groups/ individual children through the Pastoral leaders in school.

The following Pathway is to be used to ensure that the chosen ‘therapy’ type intervention best meets the needs of the child within school and key staff members are aware of the intervention the child is having. It starts with class teacher and parents and goes through the Inclusion team. Some interventions will have limited places for children so it is important that SLT prioritise based on the individual child’s needs. All interventions will be monitored for impact and the group of children involved in therapeutic support will be tracked. Therefore all interventions must be accessed through the Inclusion Team.



Local Support

- The Bereavement Centre- Newark
- Sherwood Area Partnership- support for the child and parents (Mansfield)
- PSED team -- support for the child and parents (Ashfield)
- Family Service- Parent and child support
- Family Health Team- Parent and child support
- Small Steps – parent and child support
- B U Notts

The above services should be accessed through the Inclusion Team who will then make the appropriate referrals.

Appendix E: Talking to pupils when they make mental health disclosures

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

Focus on listening

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

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

Don’t talk too much

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

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

Don’t pretend to understand

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

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

Don't be afraid to make eye contact

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

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

Offer support

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

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

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

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

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

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

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they

resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

Never break your promises

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

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

Appendix F: Information about B U Notts



Dear friends and colleagues,

It gives us great pleasure to announce that ABL Health has been commissioned by NHS Nottingham and Nottinghamshire Clinical Commissioning Group to provide early mental health and emotional wellbeing support for children and young people (CYP), and their parents/carers. Alongside this, we will also offer training and consultation to professionals across the Integrated Care System (excluding Bassetlaw).

In partnership with Nott Alone, from the 1st of April 2022, Be U Notts will be one of the local services listed on <https://nottalone.org.uk/>. For individuals in Bassetlaw please use Nott Alone to identify the local services available in this area.

Be U Notts will be an accessible early intervention service that is easy to navigate providing timely access to advice, guidance, and support for CYP, families, and partners. ABL Health will be the lead provider, working with delivery partners to meet the needs of CYP presenting with low to mild emotional wellbeing and mental health needs including emotional disorders. The Be U Notts Service will deliver:

- Advice and guidance
- Community drop-in sessions
- 1-1 therapeutic support
- Group sessions
- Online and virtual support
- Peer support groups for children and young people and parents/carers
- Self-harm support
- Self-help/Self-guided care
- Training and consultation for professionals

Our delivery partners include Kooth Online, Base 51, Shawmind, YMCA Robinhood Group, Mustard Seed, and BFB Labs.

From **1st April 2022** Be U Notts will be accepting self-referrals, parent/carer referrals, and health care, social care, education, and community referrals via:

- Website – <https://www.beusupport.co.uk>
- Telephone – 0115 708 0008

For colleagues within Primary Care, we are working with the F12 team to ensure our referral form is available on the system from 1st April 2022.

Please note, as of 31st of March 2022 the following services will cease delivery:

- Base 51 Counselling and Drop-in Service (Nottingham City and Nottinghamshire County)
- Kooth Face to Face Counselling Service (Nottingham City)
- Mustard Seed CIC (Nottingham North and East and Nottingham West)
- Nottingham City Council SHARP Service (Nottingham City)
- Nottinghamshire Healthcare NHS Foundation Trust Primary Mental Health Team Training and Consultation Service (Nottinghamshire County)

All referrals for these services should be directed as follows:

Nottingham City:

- Directly to Be U Notts via the referral details above.

OR

- To Nottingham City Council Single Point of Access (SPA) via <http://www.nottinghamcity.gov.uk/CAMHS>

Nottinghamshire County:

- Directly to Be U Notts via the referral details above.

Service continuity for existing clients will be our priority as we scale up provision across Nottingham City and Nottinghamshire County. Staff from partner organisations will be joining us on April 1st, whilst we aim to limit disruption to service provision, there will be a period of adjustment to cater for training and induction to consider. If you need to speak to someone about a child or young person, please don't hesitate to contact us.

For any further information, to request a copy of our referral form, or to speak with a member of the Be U Notts team, please contact Stuart Stokes on s.stokes@ablhealth.co.uk.