



# **WOODFIELD ACADEMY**

## **MENTAL HEALTH POLICY**

Ratified 13<sup>th</sup> July 2021

Updated 22<sup>nd</sup> September 2023

## 1. Policy Statement

At Woodfield Academy, we are committed to promoting a positive mental health for every member of our staff and pupil body, their families, and directors. We pursue this aim using universal, whole school approaches and specialised targeted approaches aimed at vulnerable pupils and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues. We know that everyone experiences life challenges that make us vulnerable, and at times anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

## 2. Scope

This policy describes the Woodfield Academy's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and directors. It should be read in conjunction with other relevant school policies.

## 3. Policy aims

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

- Promotes positive mental health and well-being in our school community, including pupils, parents, staff and directors.
- Increases understanding and awareness of common mental health and wellbeing issues.
- Alerts staff to early warning signs of mental ill health.
- Provides the right support to pupils with mental health issues and know where to signpost them and their parents/carers for specific support.
- Develops resilience amongst pupils and raise awareness of resilience building techniques.
- Raises awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and pupil welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

This policy sets out:

- How we promote positive mental health.
- How we prevent mental health problems.
- How we identify and support children with mental health needs.
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent or address mental health problems.
- Key information about some common mental health problems.
- Where parents, staff and children can get further advice and support.

#### **4. Definition of mental health and wellbeing**

We use the World Health Organisation's definition of mental health and wellbeing:

"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".

Another definition provided by Mental Health First Aid explains it as:

"Mental Health influences how we think and feel about ourselves and others and how we interpret events. It affects our capacity to learn, to communicate, and to form, sustain and end relationships. It also influences our ability to cope with change, transition and life events".

Mental health and wellbeing are not just the absence of mental health problems. We want all children/young people to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve.

#### **5. A whole school approach**

At Woodfield Academy we take a whole school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise.

This encompasses seven aspects:

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.
2. Helping children to develop social relationships, support each other and seek help when they need it.
3. Helping children to be resilient learners.
4. Teaching children social and emotional skills and an awareness of mental health.
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers.
7. Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

## 6. Staff roles and responsibilities

At Woodfield Academy there is plenty of support to help you and your child with well-being. The school currently has 9 Mental Health First Aiders:

- Alison Chapman
- Bethany Doidge
- Bev Whiteside
- Karen Freeman
- Sarah Mantle
- Andrew Kimberley
- Karl Hanks
- Sharon Little
- Julie Willetts

Mental Health First Aiders are a point of contact if you, or someone you are concerned about, experience a mental health issue or emotional distress. They are not therapists or psychiatrists, but they can give you initial support and signpost you to appropriate help if required.

Schools are on the frontline when it comes to supporting children and young people's mental wellbeing. The staff working in our school are ideally placed to recognise and respond to early signs of mental health difficulties.

Pupil and staff wellbeing are very important to us. Our staff are proud of where they work, feel supported and want to see the school go from strength to strength.

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

Role	Name	Email
DSL	Bethany Doidge	<a href="mailto:Office@woodfield.bmat.co.uk">Office@woodfield.bmat.co.uk</a>  <a href="mailto:Safeguarding@woodfield.bmat.co.uk">Safeguarding@woodfield.bmat.co.uk</a>
Senior Mental Health Lead and DDSL	Alison Chapman	
Deputy Designated Safeguarding Leads	Neil Straw Karen Freeman	
SENDSCO	Sarah Mantle	
Mental Health 1 <sup>st</sup> Aiders	Alison Chapman Bethany Doidge Bev Whiteside Karen Freeman Sarah Mantle Andrew Kimberley Karl Hanks Sharon Little Julie Willetts	
Pastoral Lead	Ed Rowberry	
Head of PSHRE	Steph Hamer	

Our named Mental Health First Aid leads, along with our SENDCO, work with other staff to coordinate whole school activities to promote positive mental health and wellbeing.

- Lead on teaching about mental health.
- Provide advice and support to staff and organise training and updates.
- They are the first point of contact with mental health services and makes individual referrals to them.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to **Alison Chapman** (mental health lead) or **Sarah Mantle** (SENDCO) in the first instance. If there is a concern that the pupil is in danger of immediate harm, then the school's child protection procedures should be followed. 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 emergency services if necessary.

On occasion, a referral to CAMHS may be appropriate, this will be led and managed by **Alison Chapman or Sarah Mantle**. Guidance about referring to CAMHS is provided in **Appendix 1**.

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

## **7. Teaching about Mental Health**

We believe Woodfield Academy has a key role in promoting children's positive mental health and helping to prevent mental health problems.

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally safe are included as part of our SME curriculum and embedded throughout our school learning community in line with the [DfE RSE guidance](#) (note this is statutory from 2020)

So that by the end of Middle School pupils should know:

- that mental wellbeing is a normal part of daily life, in the same way as physical health.
- that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations.
- how to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings.
- how to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
- the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness.

- simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests.
- isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support.
- that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.
- where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
- it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.

The specific content of lessons will be determined by the specific needs of each cohort 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.

Lessons will also be supported by assemblies throughout the year talking about Mental Health.

## **8. Supporting children's positive mental health**

Woodfield Academy has developed a range of strategies and approaches to support pupil's wellbeing. These include:

- Campaigns and assemblies to raise awareness of mental health.
- Daily meet/greet opportunities.
- Break and lunchtime support for vulnerable pupils.
- Transition programmes with our feeder schools to support a smooth transition.
- In wish my teacher knew - a mechanism where children can anonymously share worries or concerns in class.
- Interventions to help children learn personal, social and emotional, communication and problem-solving skills.
- Wellbeing Day – whole school focus on doing things which make us feel good.
- Annual Mental Health Day – whole school focus.
- Displays and information around the school about positive mental health and where to go for help and support.
- Pastoral support
- Nurture
- Through PSHRE we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

## **9. Identifying, referring and supporting children with mental health needs**

Our approach:

- Provide a safe environment to enable children to express themselves and be listened to.
- Ensure the welfare and safety of children is paramount.
- Identify appropriate support for children based on their needs.
- Involve parents and carers when their child needs support.
- Involve children in the care and support they have.
- Monitor, review and evaluate the support with children and keep parents and carers updated.

## 9.1 Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions.
- Staff report concerns about individual pupils to the relevant lead person/people and log on My Concern.
- I wish my teacher knew for pupils to raise concerns.
- Weekly intervention meeting.
- Weekly staff briefing to raise concerns.
- Inclusion team meetings.
- Boxall online screenings.
- Transition records and meetings to share information with feeder schools.
- Parental meetings.
- Pupils encouraged to raise concerns to any member of staff.
- Parents and carers are actively encouraged to raise concerns to members of staff.

All staff at Woodfield Academy have had training on the protective and risk factors (see Appendix 2), types of mental health needs (see Appendix 3) and signs that might mean a pupil is experiencing mental health problems.

Any member of staff concerned about a pupil will take this seriously and talk to the Mental Health Lead or the SENDCO.

School staff could become aware of changes in behaviour which may indicate a pupil is experiencing mental health or emotional wellbeing issues.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn.
- Changes in activity or mood or eating/sleeping habits.
- Falling academic achievement.
- Talking or joking about self-harm or suicide.
- Expressing feelings of failure, self-belief, uselessness or loss of hope.
- Secretive behaviour.
- An increase in lateness or absenteeism.
- Not wanting to do PE or get changed for PE.
- Wearing long sleeves in hot weather.
- Drugs or alcohol misuse.
- Physical signs of harm that are repeated or appear non-accidental.
- Repeated physical pain or nausea with no evident cause.
- Physical signs of harm that are repeated or appear non-accidental.
- Changes in clothing – e.g. long sleeves in warm weather.
- An increase in lateness or absenteeism.

Staff are aware that mental health needs, such as anxiety, might appear as noncompliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm, then the school's child protection procedures are followed. If there is a medical emergency, then the school's procedures for medical emergencies are followed.

## 9.2 Managing Disclosures

At times, a pupil may choose to tell a staff member concerns that they have about their own emotions or well-being. All staff need to know how to respond appropriately to a disclosure.

All staff should respond in a calm, supportive and non-judgemental way.

Staff make it clear to children that the concern will be shared with the Mental Health Lead or the Safeguarding Lead and recorded in order to provide appropriate support to the pupil.

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

All disclosures should be recorded on My Concern and shared with **Alison Chapman** (Mental Health Lead) or **Sarah Mantle** (SENDCO), who will offer support and advice about next steps.

### 9.3 Assessment, Interventions and Support

All concerns are reported to the Mental Health Lead and recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within the school or from an external specialist service.

Our aim is to put in place interventions as early as possible to prevent problems escalating.

<p><b>The need</b></p> <p><i>(The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children.)</i></p>	<p><b>Evidence-based Intervention and Support</b></p> <p><i>(The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children.)</i></p>	<p><b>Monitoring</b></p>
<p>Tier 3/4</p>	<ul style="list-style-type: none"> <li>• Referral to GP</li> <li>• Referral to CAMHS</li> <li>• Referral to targeted family support (level 3) and possibly Children’s Services (level 4) where there are safeguarding concerns</li> <li>• Consultation with school staff and other agencies</li> <li>• Other External agency support</li> </ul> <p>If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEND School Information Report</p>	<p>All children needing targeted individualised support will have an Individual Support Plan drawn up setting out:</p> <ul style="list-style-type: none"> <li>• The needs of the children</li> <li>• How the pupil will be supported</li> <li>• Actions to provide that support</li> <li>• Any special requirements</li> </ul> <p>The plan and interventions are monitored, reviewed and evaluated to assess the impact.</p>
<p>Tier 2</p>	<p>Referral to a family support worker, school nurse, therapy, educational psychologist, 1:1 intervention, small group intervention.</p>	
<p>Tier 1:</p> <p>Whole School - all pupils will access and benefit from a range of provision</p> <p>Parents, Carers and staff will be signposted to a range of mental health wellbeing sites and resources</p>	<ul style="list-style-type: none"> <li>• General support</li> <li>• PSHRE curriculum</li> <li>• Personal development</li> <li>• Staff training</li> <li>• Behaviour policy</li> <li>• Rewards system</li> <li>• Access to Pastoral Support within school</li> </ul>	

## 9.4 Confidentiality

Staff must be honest with regards to the issue of confidentiality. They should never promise the child that they will keep this to themselves and should inform the pupil who they are going to talk to, what they are going to tell them and why it is important that they pass these concerns on.

## 9.5 Informing Parents/Carers

Parents will usually be informed if a pupil makes a disclosure and staff need to be sensitive when sharing this with parents/carers. It can be upsetting for parents to learn of their pupil's issues and staff should give the parent/ carer time to reflect. A brief record of the meeting should be kept in line with school policy. Staff should always highlight further sources of information where possible to offer support to the parent. However, if a pupil gives reason to believe that there may be underlying child protection issues, parents may not be informed, and a member of the safeguarding team should be informed immediately so that a referral can be made.

When a concern has been raised, the school will:

- Contact parents and carers and meet with them (In almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified).
- Offer information and signpost available support.
- Be available for follow up calls.
- Make a record of the meeting.
- Discuss how the parents and carers can support their child.
- Keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

## 10. Working with parents/carers and the school community

We recognise the family plays an important role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring that all parents are aware of who to talk to if they have any concerns about their child's mental health and wellbeing.
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.)
- Make the school policy easily accessible to parents and carers.
- Keep parents informed about the topics that children are learning about in school.
- Carry out parent workshops/information sessions to raise awareness of mental health and well-being.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

## 11. Supporting and training staff

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 to enable them to keep pupils safe. The Mental Health Lead will receive professional Mental Health First Aid training or equivalent. Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate.

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 to enable them to keep pupils safe.

The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. These useful links will take you to this recommended website:

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

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

## 11. Policy Review

This policy will be reviewed every two years as a minimum. In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of **Alison Chapman**.

## Appendix 1: Guidance about CAMHS referral

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

### General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

### Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

### Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

### Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

Appendix 2 Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• SEND</li> </ul>	<ul style="list-style-type: none"> <li>• Being female (in younger children)</li> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Problem solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the Family	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationship or the absence of severe discord</li> </ul>
In the School	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Negative peer influences</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole -school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> </ul>
In the Community	<ul style="list-style-type: none"> <li>• Socio -economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti - bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

### Appendix 3 Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs  
Mental Health and Behaviour in School DfE March 2016

<https://www.gov.uk/government/publications/mental-health-and-behaviour-inschools--2>

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive-Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

### Appendix 4: Where to get information and support

For support on specific mental health needs:

Education Support Partnership [www.educationsupportpartnership.org.uk](http://www.educationsupportpartnership.org.uk)

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

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

Depression Alliance [www.depressoinalliance.org](http://www.depressoinalliance.org)

Eating Disorders [www.b-eat.co.uk](http://www.b-eat.co.uk) and [www.inourhands.com](http://www.inourhands.com)

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

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

Kooth <https://www.kooth.com/>

For general information and support:

<http://www.youngminds.org.uk> champions young people's mental health and wellbeing

<http://www.mind.org.uk> advice and support on mental health problems

<http://www.minded.org.uk> (e-learning)

<http://www.time-to-change.org.uk> tackles the stigma of mental health

<http://www.rethink.org> challenges attitudes towards mental health

## Appendix 4 Further sources of support about common mental health issues

### 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: <http://www.selfharm.co.uk>

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

Calm harm (App) <https://calmharm.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](http://www.depressionalliance.org/information/what-depression)

Reach 4 Wellbeing: <https://www.hacw.nhs.uk/reach4wellbeing/>

### 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](http://www.anxietyuk.org.uk)

Reach 4 Wellbeing: <https://www.hacw.nhs.uk/reach4wellbeing/>

## 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](http://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](http://www.papyrus-uk.org)

On the edge: Child Line spotlight report on suicide: [www.nspcc.org.uk/preventingabuse/researchand-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventingabuse/researchand-resources/on-the-edge-childline-spotlight/)

## 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: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

## 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

## Loss and bereavement

Some pupils will have relatives or friends who have died during the pandemic, due to coronavirus or other illnesses. Even more will be aware of a relative or friend being seriously ill or hospitalised. For other pupils, there will be other types of loss – for example, parents who are furloughed or have lost their job, a home and/or school move, or they may have experienced long-term isolation from prominent figures in their life such as grandparents.

Regardless of the type of loss, many will be experiencing this with a sense of grief. The way that children and young people respond to those feelings of loss and grief will differ widely – some may seem sad or withdrawn, others may appear irritable or angry.

Woodfield Academy has developed links with professionals and support services to help our pupils and can refer to bereavement support services upon request.

Useful resources to support bereavement and loss:

<https://www.childbereavementuk.org/pages/category/coronaviruss>

<https://youngminds.org.uk/find-help/feelings-and-symptoms/grief-and-loss/>

<https://www.cruse.org.uk/get-help/for-parents>

## Local support within Worcestershire:

Hereford and Worcestershire Healthcare: <https://www.hacw.nhs.uk/coronavirus-andmental-wellbeing/>

Supporting Emotional Wellbeing:

[https://www.worcestershire.gov.uk/info/20780/coronavirus\\_covid19\\_send\\_local\\_offer/2215/coronavirus\\_covid-19\\_send\\_local\\_offer/2](https://www.worcestershire.gov.uk/info/20780/coronavirus_covid19_send_local_offer/2215/coronavirus_covid-19_send_local_offer/2)

Starting Well Partnership: <https://www.startingwellworcs.nhs.uk/home>

Here2Help is a very useful site containing lots of resources and information to support families during COVID-19. <https://www.worcestershire.gov.uk/here2help>