ST ANDREW'S
C.E. INFANTS' SCHOOL

Mental Health and Emotional Wellbeing Policy

Date of policy review: September 2026

Policy Statement

*"Mental Health includes **our emotional, psychological, and social well-being.** It affects the way we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental Health is important at every stage of life, from childhood and adolescence through adulthood."* **(**www.mentalhealth.gov>basics - Google Search**)**

At St. Andrews, we aim to promote positive mental health and emotional wellbeing for every member of our school community, including all pupils and their families and all members of staff. We pursue this aim as a **whole school approach**. We believe that all members of staff at St. Andrews have an important role to play, acting as a source of support and information for both pupils and parents. **ALL** members of staff are expected to model positive, respectful, kind, caring relationships.

By developing and implementing a practical, relevant, and effective mental health and emotional wellbeing policy and procedures we can promote a safe and stable environment for the many pupils affected both directly and indirectly by mental ill health. We aim to empower all members of staff to identify and support pupils in need of help and to follow appropriate referral pathways and procedures. All concerns, however minor, should be followed up in line with school policies and procedures.

All children experience anxiety at times. Concerns are raised when anxiety is getting in the way of a child's day to day life, their development, schooling, or relationships. **(ESCC, 2018)**

A well-developed and implemented policy can support pupils to

- *achieve their best*
- *become confident individuals living fulfilling lives, and*
- *make a successful transition into adulthood…* **(ESCC 2018)**

What is anxiety? | Barnardo's (barnardos.org.uk)
Anxiety and Anxiety Disorders | Signs and symptoms | YoungMinds

Send Code of Practice

Within the code of practice, social, emotional and mental health is defined as follows:

Paragraph 6.32

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 These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive, or disturbing behaviour.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

The SEN Code of Practice (2015) no longer includes 'behaviour' as part of this category of need. The reasoning is that a child's behaviour is perceived as a communication about the child's state of mind and may be caused by a variety of factors such as:

- anxiety
- sensory overload
- anger, including anger about pervasive life situations or undisclosed difficulties
- response to trauma or attachment difficulties
- frustration due to speech and communication difficulties
- response to the wrong level of challenge in lessons
- grief
- overwhelm
- physical pain or discomfort, such as hunger
- underlying mental health problems
- undisclosed physical, mental or sexual abuse

This list is illustrative, not exhaustive. Social Emotional and Mental Health | Whole School SEND

The SEND code of practice sets out that schools have a duty to:

- Use their best endeavours to meet the special educational needs of all children and young people in their school, including where children have social, emotional, and mental health needs.

The code of practice identifies four areas of need with SEND:

- Communication and interaction (e.g. autistic spectrum or speech and language difficulties).
- Cognition and learning (i.e., learning disabilities).
- Social, emotional, and mental health (these include many of the issues in our mental health needs section). (Mental health needs: Mentally Healthy Schools)
- Sensory and/or physical (i.e., visual, hearing of physical health difficulties).

Our MHEW policy aims to be a 'go to' document to which staff regularly refer to when they need guidance as to what to do next to promote positive mental health and emotional wellbeing amongst our pupils, alongside the MHWB action plan and the Intent, Implementation, and Impact MHEW Statement.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing a practical, relevant, and effective mental health policy 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 St. Andrews **whole school approach** to promoting positive mental health and emotional wellbeing. This policy is intended as guidance for **all** staff and governors.

This policy should be read in conjunction with our Supporting Children with Medical Needs 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.

This policy works in conjunction with our PSHEe and Behaviour Policy. **All behaviour is communication,** and this may be the way our pupils try to inform us about difficulties with their mental health and wellbeing. If a child at St. Andrews is making the wrong choices, they may be seeking attachment/connection, i.e., trying to tell us something through their behaviour.

The Policy Aims to:

- Promote positive mental health in all pupils, their families, and staff
- 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

Mental health issues can be ongoing for a long time. They can be highly impactful on a pupil's ability to access school. We need to ensure that all members of staff are realistic in their expectations of affected students to ensure those students are not placed under undue stress which may exacerbate their mental health issues. Expectations we may need to consider include:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

Lead Members of Staff

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

- Mrs Carol Meakins- Designated Child Protection / Safeguarding Officer
- Mrs Alice Purkiss – Mental Health and Emotional Wellbeing Lead
- Father Josh St. Andrew's Church - Pastoral Lead
- Mrs Katrina Weston- PSHE Lead
- Mrs Jackie Whitlock – SENDCO
- Mark Simmons – Chair of Governors
- Alison Lawrence – MHEW Governor

Any member of staff who is concerned about the mental health or emotional wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral on MyConcern which is closely monitored by our Designated Safeguarding Leads Mrs. Meakins, Mr. Crossinggum, Mrs Weston, Mrs Whitlock, and Mrs Crossinggum. 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 CAMHS is appropriate, this will be led and managed by Mrs Whitlock SENDCO and Mrs Purkiss Mental Health and Emotional Wellbeing Lead. Guidance about referring to CAMHS is provided in Appendix F.

Individual Care Plans

A Mental Health Individual Care Plan for pupils causing concern or who receive a diagnosis pertaining to their mental health will be put into place. This should be drawn up involving the pupil, the parents and relevant health professionals. This will 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

> *"At St. Andrew's C of E Infant School, we work together to promote the mental health and wellbeing of every child. We aim to do this through building resilience and encouraging perseverance."*

"Resilience is mostly important for our Mental Health. It is a life skill to take with us into adulthood." **(**www.teamkids.au>why-building-resilience-in-children-is-important - Google Search**)**

Resilience is not a personality trait. Innate characteristics play a part, but resilience is something that can be promoted and developed, through the provision of support and opportunities for growth.

> *"Resilience is being able to bounce back from stress, challenge, tragedy, trauma, or adversity. When children are resilient, they are braver, more curious, more adaptable, and more able to extend reach into the world."* **(heysigmund.com 2018)**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically, emotionally, and mentally healthy and safe are included as part of our developmental PSHE curriculum. Our intention is to also build resilience through a cross curricular curriculum, including opportunities to solve problems, boost confidence, increase self-esteem and to face challenge. Mental Health and Wellbeing is woven throughout our curriculum. Each classroom has a dedicated check-in area with resources to support children's understanding of feelings. Each classroom has an Areas of Self-Regulation display to support children identifying their feelings and emotions.

The specific content of lessons will be determined by the specific needs of the pupils attending St. Andrews. 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 will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

We will endeavour to ensure that every child experiences:

- A sense of belonging – being part of our school community
- Positive learning opportunities – to include academic learning and learning about self-awareness, mindfulness, self-care, positive relationships, and purpose
- Opportunities to build resilience and perseverance through problem solving activities
- Opportunities to develop their core-self including building and nurturing confidence, self-esteem, and each individual's character
- Opportunities to be brave – having a go even if it's going to be hard and challenging

Signposting

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

- Children, young people, parents, and staff experience the school without discrimination or prejudice.
- For the child to have an agreed person to check in with them daily.
- Create a safe place for the child to go in class, e.g., check-in area, table, book corner, role play area, library.
- We will provide a safe, quiet, accessible place for the child to go to when they need to.

We will display relevant sources of support in the windows of our school, and send home regular MHEW letters, which will highlight sources of support to pupils and parents. Whenever we highlight sources of support, we will increase the chance of a pupil seeking help by ensuring pupils understand:

- What help is available, e.g., which members of staff to talk to, through NSPCC worship, Termly Worship focusing on MHEW to be led by Alice Purkiss, Fegans, Elsa
- Who the support is aimed at
- How to access support
- Why to access support
- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 Alice Purkiss, our Mental Health and Emotional Wellbeing Lead, or a member of the safeguarding team, Mrs. Meakins, Mr. Crossinggum, Mrs. Weston, Mrs Crossinggum, or Mrs. Whitlock.

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
- Abusing drugs or alcohol
- 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 secretively
- 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 My Concern. This information is closely monitored by our designated safeguarding leads - Mrs Meakins, Mr Crossinggum, Mrs Weston, Mrs Whitlock, and Mrs Crossinggum. See appendix F for guidance about making a referral to CAMHS.

Confidentiality

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

- Who we are going to talk to about their concerns.
- What we are going to tell them.
- Why we need to tell them.

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations (if a pupil under the age of 16 is deemed to be in danger of harm) when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead, Alice Purkiss, or a member of the safeguarding team, 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.

Parents will always be informed if we are concerned about their child's mental health and emotional wellbeing. If a child gives us reason to believe that there may be underlying child protection issues, parents will not be informed, the child protection officer Mrs Carol Meakins, must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, 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? The meeting will take place at school.
- Who should be present? Consider parents, the pupil, and other members of staff.
- What are the aims of the meeting? To discuss our concerns and worries. To consider next steps. To support the pupil, their peers, the parents, and all members of staff involved.

It can be difficult and upsetting for parents to learn of their child's mental health and emotional wellbeing issues and many may need time to reflect. We will always share further sources of information and give them contact details or relevant details of further support. We will 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. We will finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

Working with All Parents

At St. Andrews we believe it is highly important to work closely with all parents. In order to support parents, we will:

- Send out a parent questionnaire re: Mental Health and Wellbeing on a yearly basis
- Highlight sources of information and support about common mental health issues on our school website, parents will be given a MHEW information sheet at the beginning of the school year, parents will be sent regular MHEW newsletters, information will be displayed in windows around our school building
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our Mental Health Policy easily accessible to parents on our school website
- Share ideas about how parents can support positive mental health in their children
- 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

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:

- 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 / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g., signs of relapse)

Additionally, we will want to highlight with peers and their parents:

- 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

Staff Wellbeing Concerns and Reporting Procedures

St Andrew's CE Infants' School is committed to promoting a positive culture of wellbeing, support and psychological safety for all staff. We recognise that staff may experience concerns relating to their own mental health and wellbeing or may have concerns about the wellbeing of a colleague.

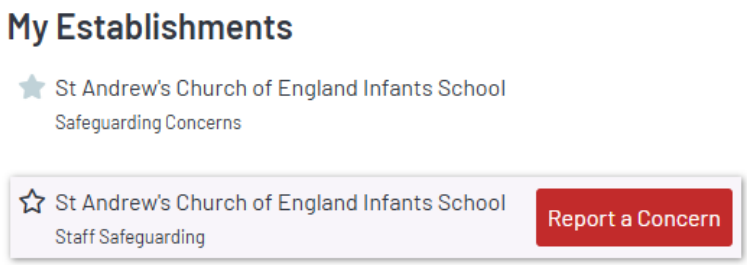
Any member of staff who has concerns about their own mental health, emotional wellbeing, stress levels, or personal circumstances that may be impacting their wellbeing is encouraged

to seek support at the earliest opportunity. Staff may speak directly to their line manager, the Headteacher, or another trusted senior leader. There is also a range of support and information signposted on the Mental Health and Well-being display in the staffroom.

Where a member of staff has concerns about the wellbeing, health, safety or welfare of a colleague, they should report these concerns promptly using the school's MyConcern system. This ensures that concerns are recorded securely, responded to appropriately, and support can be offered in a timely manner.
When submitting a concern on MyConcern, staff should:

- Record factual observations and concerns.
- Avoid assumptions or personal judgements.
- Include any immediate risks to wellbeing or safety.
- Submit the concern as soon as possible after it arises.

All concerns will be treated sensitively, confidentially and in accordance with data protection requirements. The school will take appropriate action to assess concerns and identify any support, intervention or signposting that may be required.
The school is committed to fostering a culture in which seeking help is viewed positively and where staff feel able to raise concerns about themselves or others without fear of stigma or detriment.
To report a concern regarding a member of staff, please use the highlighted tab shown below on My Concern.



Training

As a minimum, all staff will receive regular information about recognising and responding to mental health issues as part of INSET days, staff meetings, and in wallets in staff rooms to enable them to keep students safe. Alice Purkiss, our Mental Health and Emotional Wellbeing Lead, will regularly share information from MHEW training and meetings. There will be a MHEW slot on every Staff Meeting Agenda.

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

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

Policy Review

This policy will be reviewed every year as a minimum. **It is next due for review in July 2027.**

If you have a question or suggestion about improving this policy, this should be addressed to Alice Purkiss, our Mental Health and Emotional Wellbeing Lead via letter, telephone 01323 724749 or email apurkiss@standrews-inf.co.uk

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

Ideas of how to disseminate this policy:

- Print off copies of the policy for staff to browse in the staff room
- Save policy on server for staff to access
- Put the policy on our public facing school website
- Include information about the policy as part of all new staff induction

Another benefit of disseminating our policy well is that it can be a good way to bring the topic of Mental Health and Emotional Wellbeing to the fore and get pupils, staff and parents talking about it. At St. Andrews we are keen to reduce the stigma surrounding Mental Health.

Top Tips on Building Resilience in Young People

• Young people need to feel safe and loved.
• Encourage young people to talk about how they are feeling.
• Give young people the time and space to express their emotions.
• Focus on the young person's key skills and attributes and keep highlighting these to them. For example, are they good at a particular subject, sport or do they have a special quality?
• Value the young person and offer 'direct praise' by commenting on the actual behaviour rather than just a general comment as it will mean more to the young person.
• Ensure a young person knows they are loved and valued not just by their immediate family but their extended family and the wider community. They need to understand that they have an impact on the community they live in and can make a difference.
• Give young people choices and options. These could range from simple choices (e.g., what to have for dinner) to a more serious choice (e.g., what subjects to choose for their exams). Giving choices allows them to take responsibility and understand there are consequences and risks that need to be calculated.
• Avoid comparing siblings, family members or friends and embrace the young person's special, unique qualities as this will help to make them feel special and more valued. Make sure young people have a healthy balance of activity and rest. Too much activity can cause a young person to become exhausted and run down. Too much rest can cause a young person to lose motivation and become even more lethargic.
• Continue to support young people and help guide them to manage decisions and risks well but allow them to make mistakes that are not too risky. This will help them to learn how to negotiate life and the challenges they will face. **(Twinkl, 2018)**

Ways to help build resilience in young children (heysigmund.com, 2018)

Build their executive functioning.
This will help them manage their own behaviour and feelings and increase their capacity to develop coping strategies. Some powerful ways to build their executive functioning are:

- Establishing routines.
- Modelling healthy social behaviour.
- Creating and maintaining supportive reliable relationships around them.
- Providing opportunities for their own social connections.
- Creative play.
- Board games.
- Games that involve memory.
- Exercise.
- Opportunities to think and act independently.
- Providing opportunities for them to make their own decisions **(Heysigmund.com, 2018)**

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

Prevalence of Mental Health and Emotional Wellbeing Issues[1]

- 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.
- 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

[1] Source: Young Minds

website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

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

Self-harm

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

Online support

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

Books

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

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate 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 Conners (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

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-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.

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

Czone | Czone

Supporting children and young people in their mental health – A guide for East Sussex schools East Sussex better together, ESCC, Boing Boing, connecting 4 you(March 2018)

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)
Keeping children safe in education 2026: September 2026 - statutory guidance for schools and colleges. Department for Education (2026)

Supporting pupils with medical conditions at school - GOV.UK - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2017)

Healthy child programme - GOV.UK is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2023)

ncb framework for promoting well-being and responding to mental health in schools 0.pdf Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

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

This will be unique to every school.

School Based Support

At St. Andrew's support will be available from:

- Alice Purkiss, Mental Health Lead, Trained staff, 1:1 meetings, SLT, Head Teacher, Deputy Head, SENCO, ELSA, SEND, CAMHS, ESBAS, Keyworker Chichester Diocese, Fegans
- The support will be suitable for all children in need of provision
- Families will be made aware of this support from the Head Teacher, Deputy Head, Mrs. Whitlock (SENCO), Mrs Purkiss (Mental Health Lead) or their class teacher

CAMHS Child and Adult Mental Health Services

Guide to CAMHS | Mental Health Services | YoungMinds

Referral to CAMHS (Child and Adolescent Mental Health Services) :: Hounslow Healthier Together (hrch.nhs.uk)

Children and young people's mental health services - NHS (www.nhs.uk)

Child and adolescent mental health (CAMHS) :: Sussex Partnership NHS Foundation Trust (sussexcamhs.nhs.uk)

A-Z service finder :: Sussex Partnership NHS Foundation Trust (sussexcamhs.nhs.uk)

Community teams - East Sussex :: Sussex Partnership NHS Foundation Trust (sussexcamhs.nhs.uk)

Contact us

- **Hailsham:** 01323 446070

- **Lewes:** 01273 402510
- **Uckfield:** 01825 745001
- **Hastings:** 0300 304 0435

Local and National Support for Parents and Staff

Sussex Mental Health line (5pm to 9am and all-day weekends and bank holidays) 0300 50000 101

The Samaritans 08457 909090

Health In Mind 03000 030 130 Email: spnt.healthinmind@nhs.net

Eastbourne Wellbeing Centre 01323 405330 Email: eastbournewellbeingcentre@southdown.org

PeerSupport Service Get Well, Stay Well, Prevent Crisis 01323 405 334 Email: PeerServiceESussex@southdown.org

Advocacy and representation POhWER 0300 456 2370 Email: pohwer@pohwer.net

Homepage - Mermaids (mermaidsuk.org.uk) trans, gender diverse, non-binary students, specific MH challenges

Papyrus UK Suicide Prevention | Prevention of Young Suicide (papyrus-uk.org)

SHOUT 85258 24/7 - free / confidentia

HUB OF HOPE App

www.fsncharity.co.uk (Dragonflies Bereavement Project)

www.imago.community (East Sussex Young Carers)

www.sussexprisonersfamilies.org.uk

www.ymcadlg.org.uk (YMCA dialogue, all ages, Eastbourne and Hastings)

www.nacoa.org.uk (The National Association for Children of Alcoholics)

www.eastsussex.gov.uk>socialcare (East Sussex Mental Health Directory of Community Support – Mental Health Services)

Place2be – national service for 4 – 14 year olds: **Improving children's and young peoples mental health – Place2Be**

Appendix D: Talking to students 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 students 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. 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 pupil does so.
This can often lead to them exploring their feelings more deeply. Don't feel an urge to over-analyse the situation or try to offer answers. 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 firsthand. 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). Trying 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 pupil 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 pupil 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 pupil 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 pupil.

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 pupil 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 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 pupil'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 E: What makes a good CAMHS referral?[2]

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 the pupil given consent for the referral?
- 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 would like 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.

[2] Adapted from Surrey and Border NHS Trust

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?

For further support and advice, our primary contacts are:

Sussex Partnership NHS Foundation Trust **www.sussexpartnership.nhs.uk**

Keeping Children Safe in Education: **Keeping children safe in education 2026: September 2026** **-** is the core statutory guidance issued by the Department for Education (DfE) in England. It outlines the legal duties and responsibilities that all schools, colleges, and education providers must follow to safeguard and promote the welfare of children under the age of 18.