An Daras Trust

Mental Health and Emotional Wellbeing Policy

An Daras Multi Academy Trust (ADMAT) Company
An Exempt Charity Limited by Guarantee
Company Number/08156955

Status: **Approved**	
Recommended	
Statutory	No
Version	v1.0
Adopted (v1.0)	**Jan 2021**
Reviewed	**Jan 2021**
Next Review	**Jan 2023**
Advisory Committee	Trust RSS Committee Local Governing Advisory Body
Linked Documents and Policies	SEND Local Offer SEND Code of Practice 0-25 years – 2014 SEND Policy Inclusion Policy Access to Education for Pupils with Medical Needs Policy Behaviour Policy, Bullying Policy, PSHE / SMSC policies Safeguarding Policy KCSIE

Policy Statement

This policy describes the Trust's approach within of its schools to promoting positive mental health and wellbeing and is intended alongside the additional guidance (attached to this statement) to be followed by all staff - including non-teaching staff and local governors. It should be read in conjunction with our medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need and the safeguarding policy in relation to prompt action and wider concerns of vulnerability.

At An Daras Trust it is our vision that all children are entitled to develop to their fullest potential academically, socially, emotionally into healthy human beings, enabling each child to grow in confidence and be able to fully participate in everything that goes on in the wider community with confidence.

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning. This also impacts on their physical and social health and their mental wellbeing into adulthood. The Department for Education recognises that, in order to help pupil's, succeed, schools have a role to play in supporting them to be resilient and mentally healthy.

Schools can be a place for pupils to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

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

"*Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."* **(World Health Organization 2014)**

Working in partnership with pupils and their families continues to be central to our school's policies and practice. The Trust and it's schools understand that pupil's, parents / carers, and staff's social and emotional development has been particularly at risk within the current national climate and during the period of school closure, due to the Covid-19 lockdown.

Regular contact between school staff and parents/carers has been central to identifying when additional support is needed. Where concerns are raised or are apparent, we are signposting to other external professionals who are able to support pupils during this time.

The Trust/school will also share parent and child-friendly leaflets, with links to mental health and wellbeing support strategies and agencies. Our aim is to help develop the protective factors which build resilience to mental health problems and to be a Trust/school where:

- All children are valued.
- Children have a sense of belonging and feel safe.
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma.
- Positive mental health is promoted and valued.
- Bullying is not tolerated.

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

The Trust is committed to supporting the emotional health and wellbeing of our pupils and staff. We have a supportive and caring ethos, and our approach is respectful and kind, where each individual and contribution is valued. We know that everyone experiences life challenges that can 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.

We aim to promote positive mental health for every child, parent / carer and staff. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at identified vulnerable pupils and families. 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, however across the Trust it is identified that some classrooms may have a higher number of children than this. We recognise as a Trust/school that by developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable environment for children affected both directly, and indirectly by mental ill health. See Appendix 4 for information and additional support about mental health illnesses.

Ethos

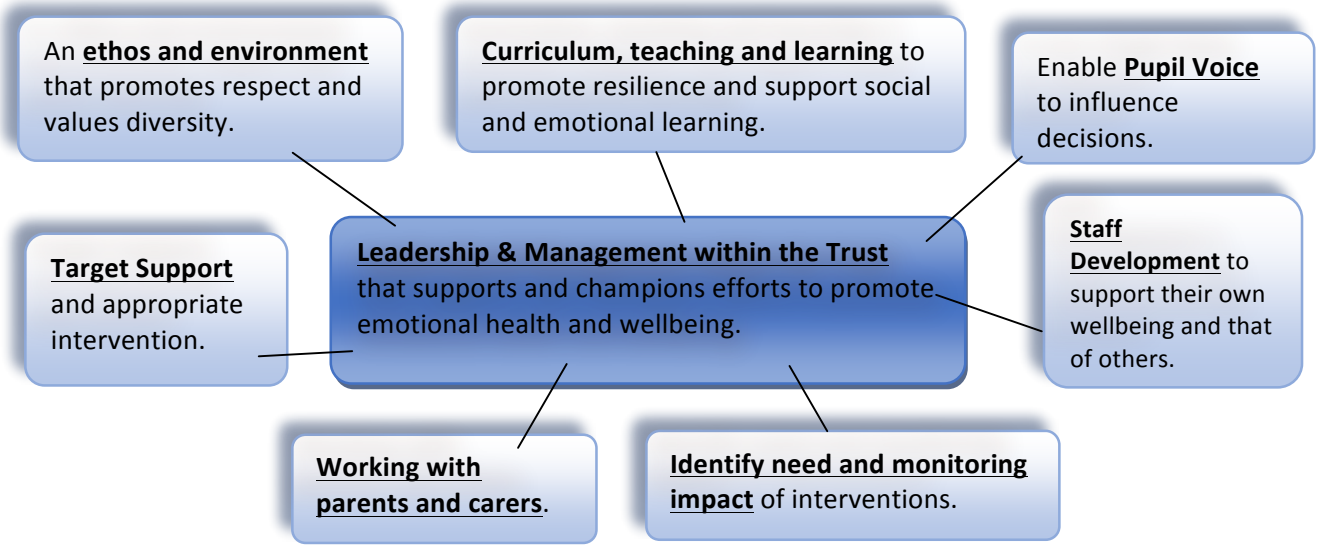
The Trust aims to support and teach skills to pupils and staff to increase their awareness of emotional health and wellbeing. Two key elements to support good mental health are;

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

To promote first aid for mental health and wellbeing the Trust/school aims to:

- Develop a whole school approach for both pupils and staff.
- To create an approach on the principles and the 8 key principles identified in 'Promoting Children and Young People's Emotional Health and Wellbeing' (2015).
- To work together with families.
- To provide a holistic and multi- agency approach that is identified in the children's individual SEN support plans.

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



At Trust schools we:

- Help children to understand their emotions and feelings better
- Help children feel comfortable sharing any concerns or worries
- Help children socially to form and maintain relationships.
- Promote self-esteem and ensure children know that they count.
- Encourage children to be confident and 'dare to be different'
- Help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities to reflect
- Access to appropriate support that meets their needs.

We pursue our aims through:

- Universal, whole school approaches
- Support for pupils going through recent difficulties including bereavement and family breakdown

- Specialised, targeted approaches aimed at pupils with more complex or long-term difficulties including attachment disorder.

Lead Members of Staff

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

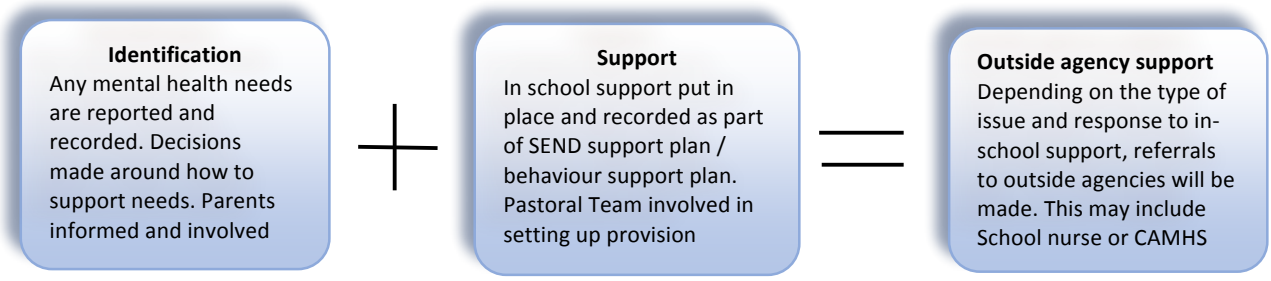
- Head Teacher / Designated child protection officer
- Designated child protection / safeguarding officer
- TIS / Trauma Informed Schools practitioner
- SENDCo
- Family Support Advisor
- Designated governor with responsibility for Mental Health & Wellbeing
- Pastoral Team (where this is mentioned in this policy, this will apply to any member of staff who has a role in the pastoral care of the children within the school e.g. Head Teacher / Head of School, SENDCo, Safeguarding Officer, Parent Support Advisor

This Policy statement will be reviewed on a regular basis by the Trust RSS Committee and the Local Governing Body of each School not exceeding three years.

The Mental Health & Emotional Wellbeing Policy will be made available on each school's website .

Mental Health and Well Being - Detailed Guidance Relating to Policy

The flow chart below shows how outside agencies are involved alongside identification and support within school. It demonstrates how in school support should be set up as part of the referral to outside agencies.



Identifying Needs and Warning Signs

School staff are extremely vigilant at identifying a range of difficulties and 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 a member of the Pastoral Team as appropriate. Possible warning signs include:

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

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, 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. Any member of staff who is concerned about the mental health or wellbeing of a child should speak to a member of the Pastoral Team in the first instance. If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the safeguarding lead or the head teacher.

If the child presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the Pastoral Team.

Low Need Support
The school will offer support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approaches or 'circle of friends' activities.
- Targeted use of PHSE resources.
- Managing feelings resources e.g. 'worry boxes' and 'worry eaters'
- Managing emotions resources such as 'the incredible 5-point scale' e.g. anger meter
- Therapeutic activities including art, Lego and relaxation and mindfulness techniques.
- TIS sessions individual / group (if school use this approach)

The school to make use of resources to assess / track wellbeing as appropriate including:

- Strengths and Difficulties questionnaire (SDQ)
- The Boxall Profile
- Emotional literacy scales
- Motional (TIS assessment tool)

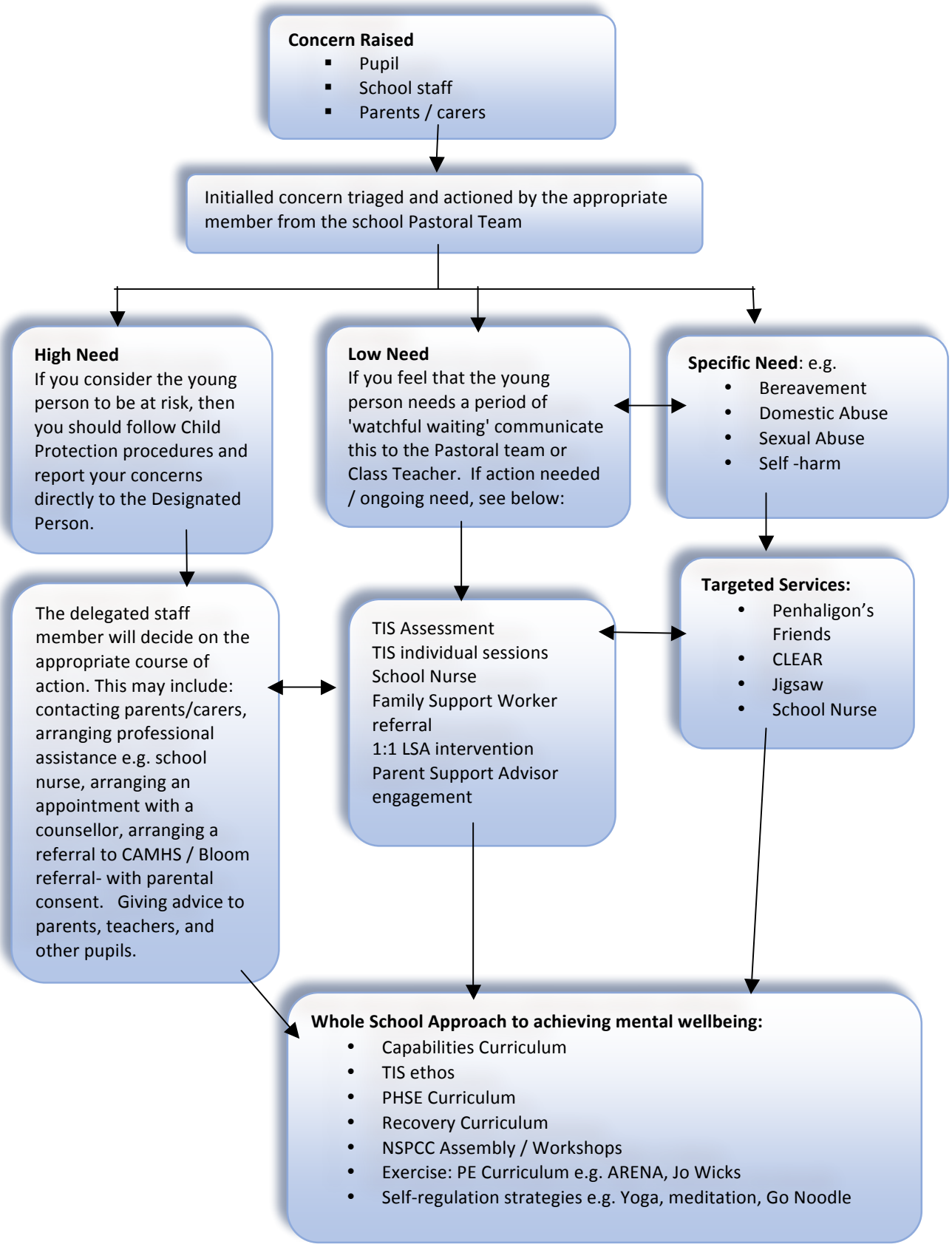
The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined above. Figure 1 below, outlines the procedures that are followed if staff have a concern about a pupil, if another pupil raises concerns about one of their friends or, if an individual pupil speaks to a member of staff specifically about how they are feeling.

SEND and Mental Health
Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases, the child may benefit from being identified as having a Special Educational Need (SEN). As behaviour and mental health can be intrinsically linked, refer to appendix 1:

Behaviour & Mental Health Flow-chart / Pathway.

This diagram below (figure 1) explains the pathways the Trust/school will follow to ensure concerns around mental health and well being are prioritised and acted upon. Schools must follow the process as illustrated as they are based on good and effective practice as defined by agencies and professionals with expert knowledge on mental health support.

Figure 1 - Procedures following a Concern



We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case by case basis what support might be appropriate including one to one and group support.

We will involve the pupil who is suffering and their parents and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing / saying which may inadvertently cause upset and warning signs that their friend needs help. We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

Pupil Wellbeing Interventions

<table>
<tr><th>Need
The level of need is based on discussions with key members of staff, parents and pupils</th><th colspan="2">Evidence-based Intervention and Support
The kinds of intervention and support provided will be decided in consultation with key members of staff, parents, and pupils.
For example:</th></tr>
<tr><td rowspan="3">Whole School approach</td><td>• Recovery Curriculum with a focus on mental health and the wider curriculum
• Teaching and Learning approaches</td><td rowspan="3">• Pupil voice – communication skills (School Council, One-page profile, pupil EHCP reviews)

• Emotional literacy skills
• TIS
• PHSE

• Engagement in individual SEN one-page profiles and home school contact such as (Early Support involvement- PSA support, CAMHS, Educational Advisor).

• Self-regulation strategies linked to behaviour management, CPD training and staff meeting updates.</td></tr>
<tr><td>• Holistic/ Multi-agency approach (Individual SEN Support Plans and Parental Support Advisor)</td></tr>
<tr><td>• Staff training</td></tr>
<tr><td>Highest need</td><td>• CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies. If the school, professionals and/or parents conclude that a statutory Education, Health and Care Plan assessment is required, refer to the SEND policy and SEN School Information Report.
• If need not clear / CAMHS declined, a Bloom referral can be made for mult[1]i-agency discussion and support.</td><td rowspan="2">• 1:1 TIS sessions provided focusing on individual wellbeing outcomes.

• Class group sessions each week focusing on emotional wellbeing outcomes. (e.g. Relax Kids)

• Identified support linked to pupil high level needs – (Therapeutic small group work, alternative curriculum)

• Personalised differentiated learning opportunities.

• Physical intervention based on sensory processing approaches and self-regulation.</td></tr>
<tr><td>Low need</td><td>• Access to TIS,
• Family support worker,</td></tr>
</table>

	• School nurse, • Educational advice, • 1:1 intervention, • Small group intervention: skills for life; wellbeing programmes; circle of friends.	
	• General support e.g. School Nurse drop in; class teacher; LSA	

Also refer to Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016) – Appendix 3

Working with Specialist Services - swift access to specialist support and treatment
In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the children' Individual Care Plan. School referrals to a specialist service will be made by the Pastoral Team or the SENDCo following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil's specific needs.

Trauma Informed Schools
Within schools that use this approach, identified pupils will receive bespoke intervention packages delivered by trained TIS practitioners who have undertaken relevant training in relation to the development of resilience through providing a secure basis, enhancing self-esteem and self-efficiency will underpin all interventions. The Pastoral Team will ensure teaching staff are made aware of information about pupil's physical, emotional or mental health that may have an impact on his or her learning and educational progress.

Procedure for Concern in Relation to Mental Health Issues
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?' All disclosures should be recorded and added to 'My Concern / CPOMS'. This record should include:

- Date, name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps This information should be shared with the Head, Deputy Head, or a member of the Pastoral Team who can offer support and advice about next steps.

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

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

Working with All Parents and Carers

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

- Highlight sources of information and support about common mental health issues on our school website.
- Ensure that all parents are aware of who they can to talk to, and how to get the support they need if they have concerns about their own child or a friend of their child.
- Make our Mental Health & Emotional Wellbeing Policy easily accessible to parents on the school website.
- Share ideas about how parents can support positive mental health in their children through our regular review meetings.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

It is recognised that a parent's / carers mental health may impact on their child's mental health and wellbeing. See Appendix 5

Working with other Agencies and Partners

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- The School Nurse
- Educational Advisory services
- Paediatricians
- CAMHS (Child and Adolescent Mental Health Service)
- Counselling services
- Family support worker
- Social Services
- Therapists e.g. OT
- Targeted agencies e.g. Penhaligon's Friends

Staff Wellbeing

It is recognised that promoting staff health and emotional well-being should be an integral part of the whole school approach to mental health and wellbeing. Therefore, training and signposting to materials about mental health and emotional wellbeing will be made available for all staff. An open-door policy to senior leadership is always made available if staff are in need of speaking to someone about any issues of concern; we also have a fully committed and supportive governing body. Supervision and appraisal will allow for mutual communication about personal health and emotional wellbeing if both felt it is deemed necessary.

Staff Wellbeing Support and Interventions

Whole School Approach	A senior leadership team and governing body committed to provide all staff with listening support in relation to emotional wellbeing and recognition of this within performance management / appraisal discussions.	• Open door policy, contactable governing body and flexible emotional wellbeing

		appointment planning. • Information sharing • Posters/ leaflets • Signposting to additional CPD courses
	Work life Support and Flexibility for personal wellbeing appointments.	
	Library of resources and Online training with Mind Ed and planned CPD opportunities.	
Whole School offer	Emotional Wellbeing Staff meetings and Inset Days	• Planned staff meeting with guest speakers from trained professionals. • Occupational Health. • Unions support as appropriate
	LA Confidential Counselling Service	
	Emotional Wellbeing information support file containing appropriate information in relation to emotional wellbeing as a tool for personal review, reflection and private advice	
Targeted support	Debriefing / support sessions for all staff working in classes for pupils with complex needs, medical needs or challenging behaviour from the Head Teacher, Deputy Heads, SENDCo / Team – Teach Coordinator, Safeguarding Officer	
	Significant incidents – debriefing / counselling with a trained professional for all staff involved in a significant incident.	

Staff Training / CPD

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe. We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd www.minded.org.uk learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process 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 training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with the Head Teacher, who can also highlight sources of relevant training and support for individuals as needed.

Role of the Local Governing Body

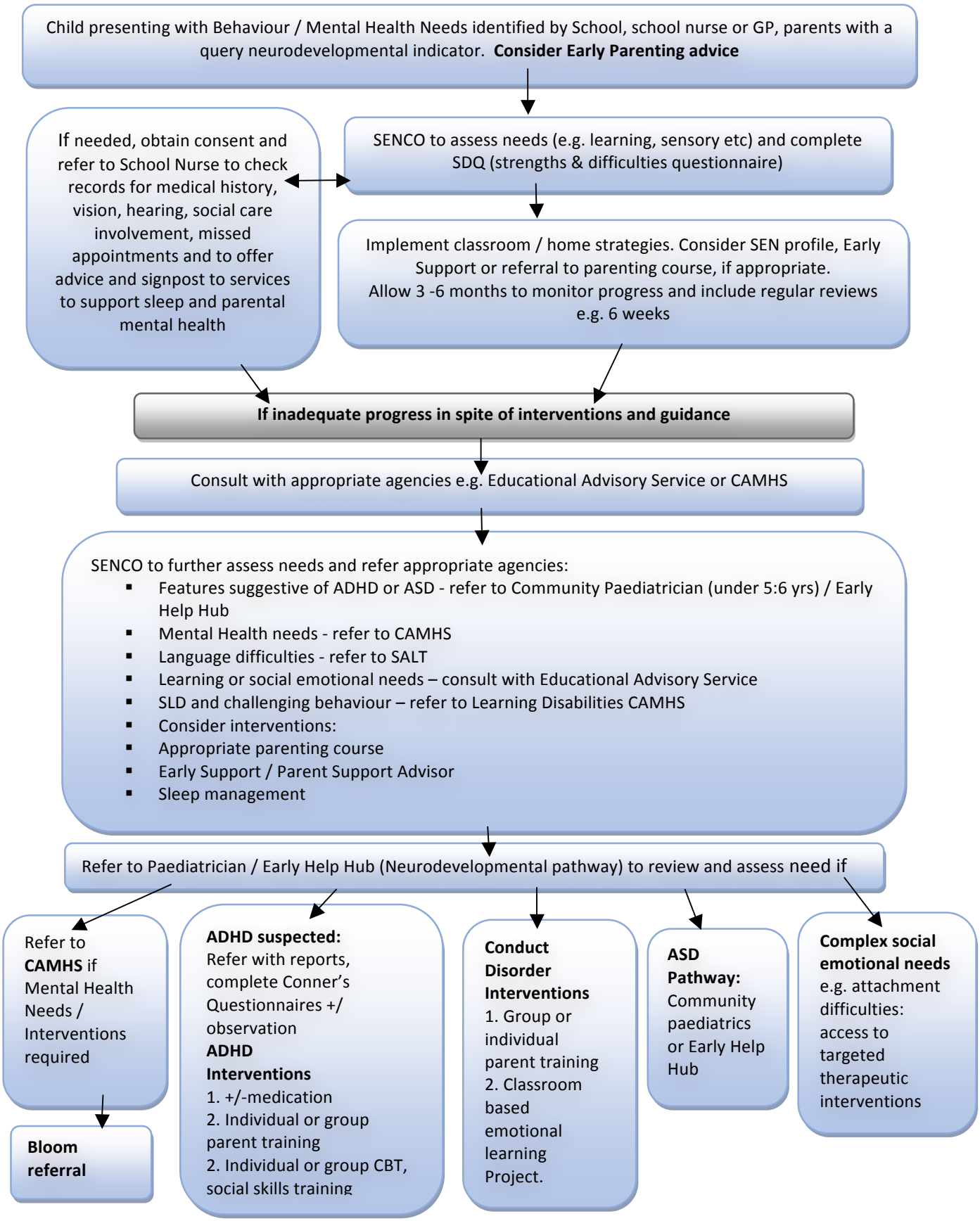
The Local governors are fully supportive of the drive to support positive mental health and understand the need for targeted support and intervention as needed. As part of ongoing monitoring by the Local Governing Body, the contents of policy and guidance will be monitored to ensure that all aspects are embedded within the school. This monitoring will take place across a number of different aspects including monitoring by the SEND Local Governor and the Safeguarding Local Governor. This will focus primarily on the impact of whole school approaches in supporting mental health and impact of interventions for specific needs. At a full Local Governing Body meeting, the Headteacher's report will include an update around Mental Health and Emotional Wellbeing across the school.

Links to other policies

This policy links to our policies on Safeguarding, Medical Needs, Anti-Bullying, SEND and Equalities. Links with the School's Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

Appendix 1 – Behavioural / Neurodevelopmental diagnosis - Mental Health flow-chart / Pathway

As behaviour and mental health can be intrinsically linked, the following pathway where there are suspected neurodevelopmental indicators needs to be followed.



Appendix 2

Individual Care Plan (ICP) for pupils with mental health/emotional concerns

Name	**Date**
Symptoms	
Internal referral to CAMHS worker? Yes / No **Receiving treatment? Yes / No**	
Advice for staff	
Goal	
Parental involvement and review arrangements	

Appendix 3 - Protective and Risk factors -adapted from Mental Health and Behaviour DfE March (2016)

	Risk Factors	**Protective Factors**
In the Child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord
In the School	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health Positive classroom management • A sense of belonging • Positive peer influences
In the Community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix 4

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 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.

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.

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: Child Line spotlight report on suicide: 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

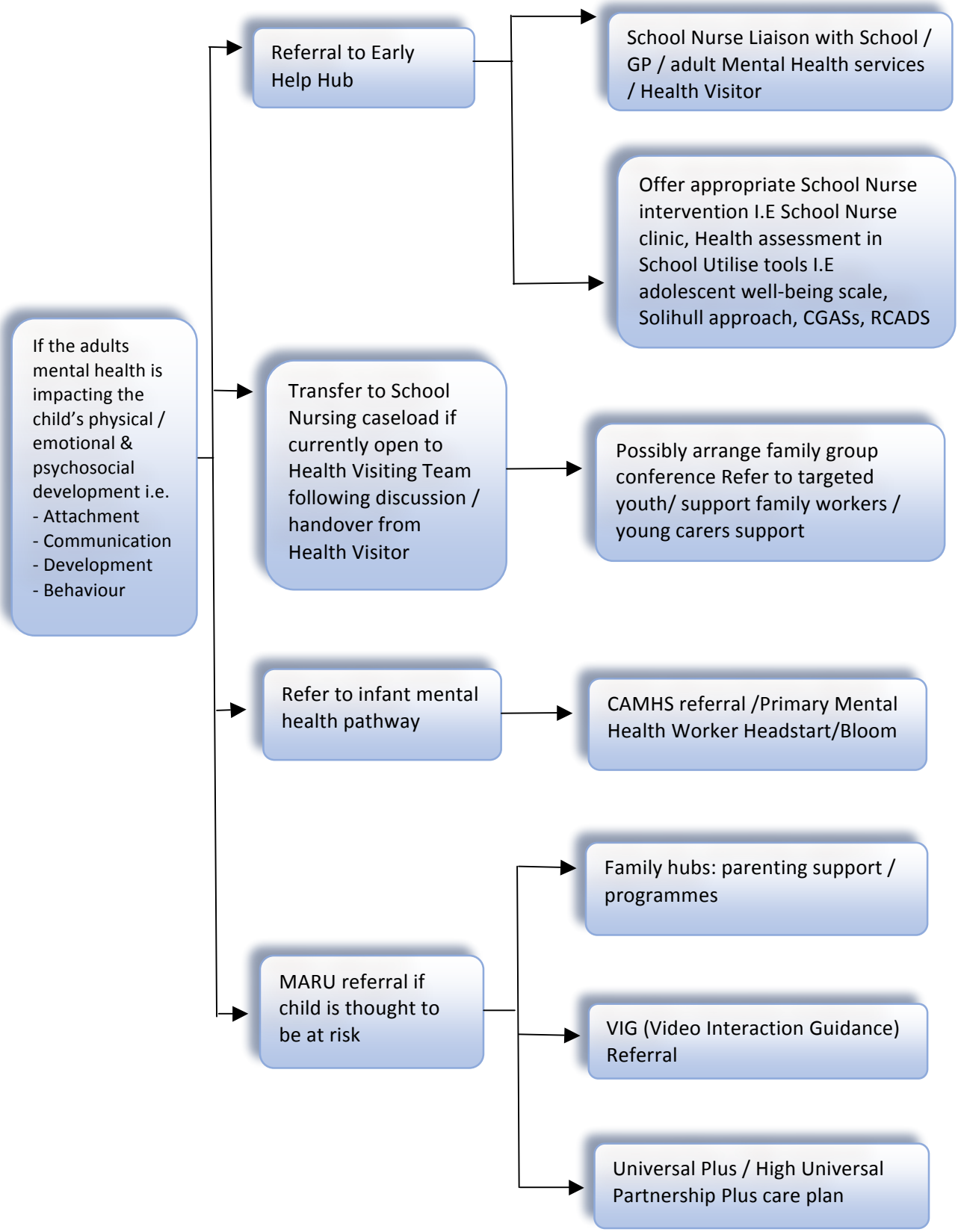
- Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eatingdifficultiesin-younger-

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 5

Cornwall Council - Adult Mental Health Pathway 5-19 (version 2 – 2020)