



# KING HENRY VIII SCHOOL

## Positive Mental Health Policy November 2022

Name of policy	Date reviewed	By whom	Next review	Responsibility
Positive Mental Health	November 2022	Dr M Cuthbert Deputy Head	Annually November 2023	Dr M Cuthbert

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## Policy Statement

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

*(World Health Organization)*

The school promotes the mental and physical health and emotional wellbeing of all its pupils. Well-being is at the forefront of the school's PSHE programme and promoting good mental health is a priority. Through Mental Health Training and Mental Health conferences attended by Pastoral staff, the school community has identified 8 ways to achieve good mental health and well-being:

1. **Talking**                being open with people I trust about how I'm feeling.
2. **Exercising**            looking after my body, playing sport, eating healthy.
3. **Calming**                trying meditation, good sleep habits e.g. turning my phone off.
4. **Learning**                a new skill, a great way to gain confidence.
5. **Relating**                spending time with the people I care about.
6. **Contributing**        helping others or contributing to causes I believe in.
7. **Creating**                expressing myself creatively e.g. music, art, drama, writing.
8. **Congratulating**    being kind to myself or listing the qualities I value in myself.

Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through assemblies, extended form period and during PSHE lessons with pupils, through staff INSET, and through parent pastoral information evenings. The school has developed partnerships with, 'Relate' counselling services in order to best meet the needs of the pupils in our care, as well as guide parents on how they can promote positive well-being in the home. We have a highly experienced Pupil Wellbeing Manager who Heads of Year refer pupils if concern to and they triage pupils in order to best meet their needs. This could be through counselling or CBT etc.

The Policy aims to:

- Describe the school's approach to mental health issues;
- Increase understanding and awareness of mental health issues to facilitate early intervention of mental health problems;
- Alert staff to warning signs and risk factors;
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from mental health issues;
- Provide support to pupils who suffer from mental health issues, their peers and parents/carers;
- Provide information on how to access professional services.

This policy should be read in conjunction with our Child Protection Policy and the SEND policy where a pupil has an identified special educational need which might place them at further risk.

## Lead Members of Staff

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

- Dr Cuthbert - Deputy Head Pastoral and DSL
- Mrs Cadwallader- School Nurse and DDSL
- Mr Dearden – Headmaster, DDSL and CPD lead
- Mrs Kaczur - Assistant Head, DDSL and PSHE lead
- Head of Year 7 – Mrs Ainsworth
- Assistant Head of Year 7 – Mr Andrews
- Head of Year 8 – Mr Amlani
- Head of Year 9 – Mr Parker
- Head of Yr10 – Dr Coull
- Head of Yr11 – Mr McKee
- Head of 6<sup>th</sup> Form – Mr Miller
- Head of Year 12 – Mrs Tracey
- Head of Year 13 – Mr Lovell
- School Chaplain – Rev'd Slavic
- Head of Learning Support – Mrs Brindley
- Pupil Wellbeing Mentor – Mrs Tromans

Any member of staff who is concerned about the mental health or wellbeing of a pupil, should speak to the Head of Year in the first instance. 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 a DSL, School Nurse, Pupil Wellbeing Manager or Head of Learning Support

## Teaching about Mental Health

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

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

We will follow the [PSHE Association Guidance](#)<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

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<sup>1</sup> [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

## **Early Warning Signs**

School staff may become aware of early warning signs which indicate a pupil is experiencing mental health or emotional well-being issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with either the Head of Year, the SENCo, the DSL, School Nurse or Deputy DSLs

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 secretly;
- Lateness to or absence from school;
- Repeated physical pain or nausea with no evident cause;
- An increase in lateness or absenteeism;
- Changes in behaviour both inside and outside of the classroom.

## **Definitions of Mental Health illnesses:**

### **Anxiety**

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with – some people are just naturally more anxious than others and are quicker to get stressed or worried. Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships.

### **Depression**

A clinical depression is one that lasts for at least 2 weeks, affects behaviour, and has physical emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the

developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

### ***Eating Disorders***

Anyone can get an eating disorder regardless of their age, gender, or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape and are usually highly dissatisfied with their appearance. Most eating disorders involve low self-esteem, shame, secrecy and denial.

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

### ***Self-Harm***

Recent research indicates that up to 1 in 4 young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and in supporting pupils, peers and parents of students currently engaging in self-harm.

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin;
- Swallowing inedible objects;
- Taking an overdose of prescription or non-prescription drugs;
- Swallowing hazardous materials or substances;
- Burning or scalding;
- Hair-pulling;
- Banging or hitting the head or other parts of the body;
- Scouring or scrubbing the body excessively.

### ***Gender Identity and Sexuality***

Neither Gender Identity nor LGBTQ are recognised mental health illnesses, they have been included in this policy in recognition of the impact both can have on a young person's wellbeing. Schools should be a place where diversity does not mean discrimination and where the dignity of all individuals is respected.

#### ***Gender Identity***

A person whose gender identity is different from the sex they were assigned at birth. Some transgender people will choose to transition socially, and some will also take medical steps to physically transition (with the help of hormone therapy and/or surgery) to live in the gender role of their choice. Children and young people may question their gender identity for a range of reasons, and this may not mean they are definitely trans, or will go on to transition. The important thing is to validate the young person's identity as it is now and support any changes that may arise as they come to explore their gender identity further.

## **LGBTQ+**

Supporting LGBTQ involves ensuring that the attitudes which generate homophobia are challenged in all areas of the work of the school, from school policies and procedures to curriculum content.

The school is committed to challenging homophobia and sexism within the PSHE curriculum and is also developing links with outside agencies to offer expertise, advice and support to pupils experiencing issues around their developing sexuality.

Pupils who seek advice on sexual orientation or gender identity, will be signposted to appropriate local agencies such as local lesbian and gay counselling services or support groups for young trans people such as Time for You. Teachers will also seek to help and provide support to pupils.

A request by a pupil for confidentiality will be honoured in all circumstances except where the teacher is concerned about the health and safety of the pupil. Confidential information will only be passed on against the wishes of the pupil in exceptional circumstances. In these situations, the school will inform the pupil first and attempt to explain why their request for confidentiality could not be met.

### **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. Available support is outlined in Appendix i – ii.

We will display relevant sources of support for pupils in every classroom and will regularly highlight sources of support to pupils within relevant parts of the curriculum and through the assembly programme. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

### **Training**

All staff receive regular information about recognising and responding to mental health issues. Weekly staff briefings also provide a forum for HoYs and Deputies to identify pupils who are particularly vulnerable and staff meetings (held termly) will also address pupils on a case by case basis where there is a need to do so.

As part of training opportunities HoYs who require more in-depth knowledge, will be considered as part of our professional development process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

The [MindEd learning portal](#)<sup>2</sup> provides free online training suitable for staff wishing to know more about a specific issue.

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<sup>2</sup> [www.minded.org.uk](http://www.minded.org.uk)



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

### **Absence from school due to Mental Health issues**

If a pupil is absent from school for any length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil. If the school considers that the presence of a pupil in school is having a detrimental effect on the well-being and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school, the Headmaster reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

### **Reintegration to school**

Should a pupil require some time out of school, the school will be fully supportive of this, and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. The Deputy Head Pastoral will work alongside the Pupil Wellbeing Manager, Head of Learning Support where appropriate, the School Nurse, the pupil, and their parents or carers, to draw up an appropriate Safety Plan. The pupil should have as much ownership as possible with regards to the Safety Plan, so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents or carers. For certain students, an individual care plan may be written.

### **Working with All Parents or Carers**

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

- Make our mental health policy easily accessible to parents – on school website;
- 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 (Appendix i);
- Highlight sources of information and support about common mental health issues (see Appendix ii – iv);
- Share ideas about how parents can support positive mental health in their children through our regular Pastoral Information Evenings;
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

### **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 with the pupil who is suffering and their parents or carers with whom we will discuss:

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

Additionally, we will want to highlight with peers:

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

### **Policy Review**

This policy will be reviewed once per year as a minimum. It is next due for review in November 2023. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Dr Cuthbert DSL via phone 02476 2711111 or email [mbc@bkhs.org.uk](mailto:mbc@bkhs.org.uk)

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

## **Appendix i: Support within School**

### ***Form Tutor/Head of Year.***

- Pupils can talk to their Form Tutor or HoY about any concerns, whether pastoral or academic before, during or after-school.
- Outcomes of discussions are dealt with on a case-by-case basis and can sometimes lead to accessing external support eg. CAMHS or making a referral to our Pupil Wellbeing Manager

### ***Pupil Wellbeing Mentor***

When concerned about the wellbeing of a pupil, the Heads of Year co-ordinate and gather information to:

- Ask the Form Tutor to address pastoral issues with their Tutee;
- Meet with the pupil themselves to meet their pastoral needs; or
- Make a referral to our Pupil Wellbeing Mentor.

Parents are directed to contact the Head of Year in the first instance. It is the role of the Pupil Wellbeing Mentor to triage the pupils who have been referred to her by Heads of Year, the SENCo, or the Pastoral Deputy Head (DSL). After feedback to the SENCo and the DSL and in order to meet the individual needs of referred pupils, the Pupil Wellbeing Mentor may do any of the following:

- Pass the student back to the Head of Year for Head of Year or Form Tutor intervention;
- Refer to the school Chaplain, Rev Slavic for targeted or bereavement support;
- Refer the pupil to our Relate counsellor for 'Time for You' support;
- Undertake CBT therapy herself;
- Refer to the SENCo, Mrs Brindley, for Social, Emotional and Mental Health Support;
- Refer to the Designated Safeguarding Lead (DSL), Dr Cuthbert for safeguarding referrals to Coventry Children's Services;
- Gather information to make a [RISE](#) referral.

### ***School Nurse - Mrs Cadwallader***

- Able to listen and advise in a private/confidential room, and give recommendations ie see GP/counsellor or to return to see the School Nurse;
- All students and staff welcome;
- Attendance of medical room during school day or if unavailable to go to reception and they can locate the School Nurse and advise

### ***School Chaplain - Rev'd Slavic***

- Our school Chaplain is available before school every other Tuesday and on a Friday to offer pastoral guidance and counselling to all our pupils;
- Bereavement Counselling available.

### ***Learning Support – Mrs Brindley***

- Quiet retreat to alleviate stress
- Staff available to talk through difficulties/anxieties
- Receive help with study skills, time management

### ***Deputy Head Pastoral/DSL – Dr Cuthbert***

- Available before, during and after-school to offer pastoral guidance and counselling;
- Directly line managers all the members of the pastoral team;
- Senior Lead on Safeguarding matters.

### ***Anti-Bullying Ambassadors***

On during lunch and for drop in sessions

- Happy to advise on pastoral issues;
- Pupils have received training through the Princess Diana Awards to assist with empathetic conversations.

### ***School Prefects***

- On duty every break and lunchtime;
- Happy to advise on pastoral or academic issues;

### ***Peer Support***

- Every Form Group is assigned a set of peers who are older;
- Happy to advise on pastoral or academic issues.

### ***Pride Group***

- We are re-starting our Pride Group this academic year.

## **Appendix ii: Support in the local community Coventry & Warwickshire**

[www.covwarkpt.nhs.uk](http://www.covwarkpt.nhs.uk)

[CAMHS, REACH, JOURNEYS HUB 0300 200 2021](#)

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

RISE - emotional well-being and mental health services [www.cwrise.com](http://www.cwrise.com)

### **Coventry & Warwickshire**

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

<http://www.covwarkpt.nhs.uk/camhs/Pages/default.aspx>

<http://www.covwarkpt.nhs.uk/Pages/Aspen-Centre.aspx>

for people 16 years and over living with a severe eating disorder

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

### **Warwickshire Well-being Hubs**

Warwickshire Wellbeing hubs are available across Warwickshire and provide the following services.

#### **One to one sessions**

One-to-one support sessions offer practical support on a one-to-one basis for individuals with issues affecting their mental health and wellbeing

People can self-refer for one-to-one support sessions which are free of charge. The type of support provided may include providing helpful information, identifying and signposting to other local services, finding practical solutions to difficulties.

#### **Drop in**

Drop in sessions – no appointment is required for these twice-weekly sessions. Facilities include a cafe, free internet access and the opportunity to browse 'Books on Prescription'.

#### **Community outreach**

Community outreach sessions are held in various locations in local communities. Wellbeing Hubs can also offer sessions for existing community groups on enhancing wellbeing. For details of outreach sessions and to enquire about wellbeing sessions for a community group, please contact your local Wellbeing Hub

<http://www.warwickshire.gov.uk/mentalhealth>

## **Solihull & Birmingham Services**

<http://www.bsmhft.nhs.uk/our-services/birmingham-healthy-minds/>

Solihull Mind  
14-16 Faulkner Road  
Solihull B92 8SY  
t: 0121 742 4941/743 4237 e: [contact@solihullmind.org.uk](mailto:contact@solihullmind.org.uk)

### **Healthy Minds**

#### **Who is the Solihull Healthy Minds for?**

Anyone who is aged 16 and above, registered with a Solihull GP, not already under the care of specialist mental health services and feels they are:

- Anxious - e.g. unusually nervous and on edge, tense, irritable, avoiding events or situations
  - Depressed - e.g. loss of interest and pleasure, feelings of hopelessness, excessive tiredness, changes in appetite and sleep;
  - Experiencing feelings of panic;
  - Finding it hard to control feelings of worry;
  - Experiencing feelings of panic in social situations;
  - Experiencing flash backs of traumatic events;
  - Obsessing about thoughts or stuck in a repetitive routine;
- Getting help early is a key factor in enabling people to manage their psychological problems, maintain their lifestyle, improve their wellbeing and hold on to their job.

### **North Warwickshire and Rugby**

The Railings  
Brunel House  
Woodside Park  
Rugby  
CV21 2AW  
**Tel:** 01788 513700

The Railings is a purpose built complex, situated close to Rugby railway station, providing adult mental health and learning disability services to adults, aged 16 and over.

### **Respect Yourself**

This service provides support for young people experiencing mental health difficulties. You can be referred to this service by your GP or School.

<http://warwickshire.respectyourself.info/provider/children-and-adolescentsmental-health-services-camhs-north-warks-rugby/>

### **Leicester**

<http://www.leicspart.nhs.uk/OurServicesAZ-ChildandAdolescentMentalHealthServiceCAMHS.aspx>

<http://www.leicspart.nhs.uk/OurServicesAZ-AdultCommunityMentalHealthTeams.aspx>

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

### *Prevalence of Mental Health and Emotional Wellbeing Issues<sup>3</sup>*

- 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 selfharm;
- 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.

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

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

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<sup>3</sup> Source: [Young Minds](http://www.youngminds.org.uk)

## **Self-harm**

Online support

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

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

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## **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](http://www.depressionalliance.org/information/what-depression): [www.depressionalliance.org/information/what-depression](http://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**

Online support

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

Online support

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

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## **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**

Online support

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

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

Online support

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

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

## **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

## **Personality disorders**

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

Dr Christina Katsakou (2012) *Making sense of dialectical behaviour therapy* Katherine Darton  
(2013) *Understanding personality disorders*

## **Gender Identity**

Specialist Counselling

Janey Lansdell [janey@timeoutcounselling.org.uk](mailto:janey@timeoutcounselling.org.uk)

07592 538561

GIRES

[gires.org.uk](http://gires.org.uk) [info@gires.org.uk](mailto:info@gires.org.uk)

01372 801554

Mermaids

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

07020 935066

Comprehensive guidance for schools and parents p.5 – 6 useful links and reading

Diversity

[www.diversityrolemodels.org](http://www.diversityrolemodels.org)

Prism

<http://www.prismlgbtq.org/index.html>

### **Useful reading**

The Transgender Child

A Handbook for Families and Professionals by Stephanie Brill and Rachel Pepper

Gender Born, Gender Made by Diane Ehrensaft

A comprehensive guidebook for the parents and therapists of children who do not identify with or behave according to their biological gender.

The Boy who was born a Girl by Jon and Luisa Edwards

It is excellent in explaining things from a transperson's point of view.

## Appendix iv: Guidance and advice documents

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

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (2015)

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

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2022)

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

[Healthy child programme from 5 to 19 years old](#) is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

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

[NICE guidance on social and emotional wellbeing in primary education](#)

[NICE guidance on social and emotional wellbeing in secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document written by Professor Katherine Weare. National Children’s Bureau (2015)