

Whole School Mental Health and Wellbeing Policy

This Policy applies to the whole school and is published to staff, pupils and parents/carers

Author: Designated Safeguarding Lead (CB) *Krysia Westthorp – Mental Health Lead
Approval: Safeguarding Governor

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This policy should be read in conjunction with the following documents:

- Longridge Towers School Child Protection (Safeguarding) Policy
- Longridge Towers School Anti-Bullying Policy
- Longridge Towers School Behaviour Policy
- Longridge Towers School Equal Opportunities Policy
- Longridge Low-level Concerns About Staff Policy

Introduction

Mental health is a state of wellbeing 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 Organisation)

Wellbeing – a state of complete mental and physical health that is characterised by high-quality social relationship. (Department for Education’s Expert Advisory Group on Education Staff Wellbeing)

At Longridge Towers School, we aim to promote positive mental health and general wellbeing for our pupils and staff. We do this by using universal, whole school approaches and more specialised and targeted approaches where appropriate. We understand that everyone experiences different challenges in life, and that each of us may at times need additional support beyond our own resources to cope with these.

Scope of this Policy

This document describes the School’s approach to promoting positive mental health and wellbeing, and the procedures to be followed if concerns are raised regarding an individual’s mental health and wellbeing. It is intended as guidance for all staff and governors, and as information for pupils and parents. The term ‘parents’ includes pupils’ parents and guardians.

Aims of this Policy

We aim to promote positive and robust mental health, and to recognise and respond in a supportive way to those experiencing poor mental ill-health. We also aim to encourage our pupils and staff to be pro-active in supporting and managing their own wellbeing.

We do this by:

- Promoting our school values and encouraging a sense of belonging to our community
- Encouraging positive attitudes to eating a balanced diet, and being active and socially engaged
- Celebrating both academic and non-academic achievements
- Creating an environment where concerns can be shared
- Providing opportunities to develop a sense of worth and to reflect
- Providing outdoor learning opportunities, making use of our extensive grounds
- Developing problem solving skills
- Developing our pupils’ emotional literacy
- Explicit teaching about supporting good mental health, recognising when someone might be experiencing poor mental health, and where and how to access sources of support and help

By developing and implementing practical, relevant and effective strategies and procedures, we aim to create a safe and stable environment for all, regardless of age, sex, gender, ethnicity, disability, sexual orientation or religion.

In addition, this policy aims to increase understanding and awareness of common mental health issues, alert staff to early warning signs of mental ill health, both in pupils and themselves, whilst providing support and a framework for staff working with pupils who have mental health issues. Guidance is also provided in the policy and its appendices for how to raise concerns, safeguarding thresholds and signposts for the Longridge Community to support their own mental health.

Key Staff Members

If any pupil, parent or staff member would like to consider any aspect of mental health or general wellbeing at the School, please contact one of the following members of staff:

Mrs Charlotte Barber – Designated Safeguarding Lead, Senior Leader, Head of P.S.H.E.E.

Mrs Krysia Westthorp – Senior Mental Health Lead

Mrs Sarah Maddock – Head of the Junior Department

Ms Sarah Watson - Armstrong, RGN – School Matron

Pupils mental health and wellbeing

Mental Health affects all aspects of a child's development and impacts on both their cognitive abilities and emotional wellbeing. Childhood and teenage years are when mental health develops rapidly and patterns are set for the future. For most children and teenagers the opportunities for learning and personal development during adolescence are exciting, challenging and an intrinsic part of their school experience. However, for some, there may be times of an overwhelming sense of anxiety or doubt and the development of less resilient mental health practice or experience.

We provide opportunities to discuss emotional wellbeing and mental health across the curriculum, in Assemblies and during Form periods. We also monitor trends and patterns in pupil mental health by means of an annual anonymous survey.

The School endeavours to teach our pupils about good mental health as part of the P.S.H.E.E. programme. It also encourages parents to share information about events in their lives outside of School which might impact on the wellbeing of their child in School.

Children and young people also have open access to the School Matron, who is a qualified Registered General Nurse (RGN) and the Senior School Deputy Designated Safeguarding Lead (Mental Health and Wellbeing).

Teaching about Mental Health and Wellbeing

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are formally taught as part of our P.S.H.E.E. curriculum.

The specific content of lessons is tailored to the specific needs of the cohort being taught, but at the core will always be enabling pupils to develop the skills, knowledge, understanding, language and confidence to manage their mental wellbeing in a positive way, along with providing routes for them to seek help, if necessary, for themselves or others.

The P.S.H.E. Association Guidance regarding teaching about mental health is followed to ensure that this is done in a safe and sensitive manner which supports pupils.

Responsibilities of Staff

All staff at Longridge have a shared responsibility for fostering an environment in which both they and the pupils feel safe to share and discuss problems if they wish to, including any wellbeing and mental health concerns. Additionally, all staff recognise that they have a legal duty of care to ensure that all pupils are kept safe.

Staff who have day to day contact with pupils are often best placed to spot changes of behaviour which raise concerns for that pupil's physical, emotional and/or mental wellbeing.

However, concerns may be raised over a pupil's mental health in a variety of other ways, including:

- the pupil disclosing or acknowledging that they have a problem and are seeking help
- a pupil exhibiting unusual, disruptive, aggressive or withdrawn behaviour that may be indicative of them developing or experiencing poor mental health;
- a parent or another adult reporting concerns about, or issues relating to, a pupil's mental health or behaviour
- another pupil reporting concerns about, or issues relating to, a pupil's mental health or behaviour.

The School will take all reports of concerns over the mental health and wellbeing seriously.

Mental health related disclosures and managing them

A pupil may choose to disclose their concerns about themselves or a friend to any member of staff. As with any disclosure, staff need to feel that they can respond appropriately.

Where a disclosure is made, staff should always respond in a calm, supportive and non-judgemental way.

Staff should listen rather than advise and first thoughts should always focus on the pupil's emotional and physical safety, rather than on exploring the cause of the pupil's distress. Advice on how to talk to someone making a disclosure in relation to mental health can be found in Appendix 2. This can also be used should a member of staff disclose concerns about their own mental health.

Procedure for dealing with concerns about changes in behaviour

Staff should familiarise themselves with the associated risk factors and warning signs listed in Appendix 1.

All staff at Longridge are trained in safeguarding, and are aware of the duty of care placed on them with regard to sharing concerns about the welfare or safety of children and young people in a timely manner, and following the procedures set out in the School's Child Protection (Safeguarding) Policy.

Procedure for dealing with self-harm, including suicide

Where staff have concerns that a pupil is in immediate danger of significantly harming themselves or those around them, or significant harm has occurred, they should:

- remain calm and talk to the pupil while moving other pupils out of any danger if necessary

- apply first aid, and call for an ambulance if there is a significant injury
- if possible, escort the pupil concerned to Matron/a senior member of staff OR send for assistance – **DO NOT LEAVE THE PUPIL ON THEIR OWN**
- if it is not possible to contact someone else then
 - ascertain whether the pupil has a plan and what stage they are at in that plan, including whether any substances have been ingested, and if so, the type and quantity
 - if no substance has been ingested, contact Northumberland CYPS or the Intensive Community Treatment Service on 01670 502700 or, if suicide risk is still there, 0303 123 1146.

If a substance has been ingested, ensure that the pupil goes to A & E, and ask for them to be admitted.

Guidance for assessing risk from self-harm including suicide

Where required, risk will be assessed by any two staff from: the School Matron, the DSL, one of the Deputy DSLs or the Headmaster using Northumberland Safeguarding Strategic Partnership's procedures for managing self-harm and/or suicidal behaviour in children and young people. The advice is available at <https://nesubregion.trixonline.co.uk/chapter/self-harm-and-suicidal-behaviour-in-children-and-young-people?search=self%20harm>

Contacting parents

It should be noted that children and young people do not always want their parents informed initially of problems. Although the School recognises Gillick Competency and the pupil's right to make this decision, it will always endeavour to obtain consent to contact parents. Gillick Competency will always be over-ruled if it is decided that the pupil is at immediate risk of significant harm or if they are under the age of 13 years, and parents will always be contacted whenever it is known that a child has carried out an act of deliberate self-harm, unless to do so would place the child in danger. Social Services may also be contacted.

As with all safeguarding issues, records should be kept regarding decisions made, the people making them and rationale behind them.

Support for pupils experiencing mental health challenges

Parents/ who are contacted regarding concerns about their child's mental health may be shocked or upset and their initial reactions may include anger, fear or disbelief. Where possible, contact should be made face-to-face by meeting with parents. Consideration should also be given to where this meeting will take place and who should be present. Wherever possible, the School seeks to work in partnership with parents, particularly with regard to a pupil who would benefit from support by those who have closest and most frequent contact with them.

Therefore, support may be provided by the School in partnership with parents, or in partnership with an outside agency such as a person's General Practitioner or practice nurse, the Northumberland Primary Mental Health and Wellbeing team, and, if appropriate, the Child and Adolescent Mental Health Services or Children and Young People's Services. A pupil may also be supported via the Early Help Assessment Process. This allows families to engage and work with a small number of identified professionals in order to support a child or young person who is facing challenges in their life. Further details may be found at:

<http://www.northumberland.gov.uk/Children/Family/Support.aspx#earlyhelpassessmentforms>

Although mental illness is often categorised medically, every individual's experience of mental illness is unique. Therefore, appropriate support requirements will be formulated on a case by case basis, built around the individual and done in consultation with the appropriate level of services.

Some of the options may include:

- a pupil remaining in school but with 'time out' arrangements in a designated safe space;
- a pupil remaining in school with supportive one-on-one sessions with a mentor;
- a pupil participating in school on an agreed reduced timetable for a defined period of time.

The School may, if it is felt that the person could not be kept safe, consider other arrangements.

Parents may also be asked to temporarily remove the pupil if it is felt in the best interests of that pupil. If appropriate, the School will provide work for that pupil to do at home. This might be done in conjunction with the Education Other Than At School (EOTAS) service. For further information go to:

<http://www.northumberland.gov.uk/Children/Needs/Education-other-than-at-school-EOTAS.aspx>

Further information and suggested sources of support are listed in Appendix 3.

School based counselling

The School works with Northern Guild, taking counselling placements. Referrals can be made to this service by staff, parents and pupils themselves. The school also works with a qualified psychotherapist through Choices for Growth.

Staff mental health and wellbeing

Staff wellbeing is also important at Longridge. When staff are experiencing good levels of wellbeing, life feels in balance and people can generally cope well. Staff feel motivated and engaged, resilient and able to deal effectively with daily challenges. Good staff wellbeing is essential for cultivating a mentally healthy school, for retaining and motivating staff, and for promoting pupil wellbeing and attainment.

The School encourages staff to be pro-active in supporting their own mental and general health. Colleagues are supportive of each other, and many meet socially outside of the School day. All are aware of the importance of eating a balanced diet, keeping active, being socially connected and good sleep habits.

Staff are often best placed to spot changes in a colleague's of behaviour which may raise concerns for that person's physical, emotional and/or mental wellbeing. Staff who have a concern about another member of staff should share this with the Headmaster, so that if required, appropriate support can be put in place promptly.

The School will take all reports of concerns over the mental health and wellbeing seriously. Concerns may be raised over a colleague's mental health and/or wellbeing in a variety of ways:

- the colleague themselves acknowledging that they have a problem and seeking help;

- a colleague exhibiting a change in their usual behaviour, becoming withdrawn or appearing less able to cope with everyday activities;
- staff working with colleagues may notice concerning changes in their demeanour or behaviour.

Mental health related disclosures and managing them

Staff may choose to disclose their concerns about themselves or a friend to any member of staff. As with any disclosure, staff need to feel that they can respond appropriately. Any such concern should then be shared with the Headteacher.

Where a disclosure is made, staff should always respond in a calm, supportive and non-judgemental way.

Staff should listen rather than advise and first thoughts should always focus on the member of staff's emotional and physical safety, rather than on exploring the cause of their distress. Advice on how to talk to someone making a disclosure in relation to mental health can be found in Appendix 2.

Procedure for dealing with concerns about changes in behaviour

Staff should familiarise themselves with the associated risk factors and warning signs listed in Appendix 1.

All staff at Longridge are trained in safeguarding, and are aware of the duty of care placed on them with regard to sharing any concerns they have about adults working with children. Staff should follow the procedures set out in the Low Level Concerns About Staff Policy.

Procedure for dealing with self-harm, including suicide

Where staff have concerns that another member of staff is in immediate danger of significantly harming themselves or those around them, or significant harm has occurred, they should:

- remain calm and talk to the member of staff while moving others in the vicinity out of any danger if necessary
- apply first aid, and call for an ambulance if there is a significant injury
- if possible, escort the member of staff concerned to Matron/a senior member of staff OR send for assistance – **DO NOT LEAVE THE MEMBER OF STAFF ON THEIR OWN**
- if it is not possible to contact someone else then
 - ascertain whether the member of staff has a plan and what stage they are at in that plan, including whether any substances have been ingested, and if so, the type and quantity
 - if no substance has been ingested, contact the Cumbria, Northumberland Tyne and Wear NHS Foundation Trust crisis team on 0800 652 2861.

If a substance has been ingested, ensure that the member of staff goes to A & E, and ask for them to be admitted.

Support for staff experiencing mental health challenges

Staff are considered Gillick Competent in decisions regarding who they share information with regarding health matters, including mental health. The School will always seek to obtain consent to share any disclosure with their family, as support by those who have closest and most frequent contact is vital in supporting that member of staff going forward. The School will also encourage the member of staff to seek appropriate professional assistance from their

General Practitioner or practice nurse, a counselling service or the Northumberland Community Treatment Team.

Although mental illness is often categorised medically, every individual's experience of mental illness is unique. Therefore, appropriate support requirements will be formulated on a case by case basis, built around the individual and done in consultation with the appropriate level of services.

Some of the options may include:

- having an informal discussion with the staff member to share concerns
- developing a support plan
- meeting regularly with a colleague to discuss how agreed support measures are working
- a temporary reduction in workload and/or responsibilities.
- Counselling support from Aviva or Choices for Growth within school.

Summary

Good mental health and wellbeing is important for everyone, and just as any organ in the physical body can be susceptible to illness, so too can the brain. Mental illness is no less serious than a physical ailment. The School endeavours to create an environment where good mental health and wellbeing are supported and proactively promoted. We recognise that those experiencing mental illness may do so for a transient period or for a longer term, and that this will impact upon their general wellbeing. Key to our work and our understanding of such an illness is good communication, and an environment where talking about mental health is accepted as a normal and crucial part of wellbeing.

APPENDIX 1 – SIGNS AND SYMPTOMS

Common mental health issues and illnesses

- Eating disorders
- Self-Harm
- Anxiety and Depression
- Suicidal thoughts and feelings

Signs and symptoms of mental or emotional concerns

Eating Disorders

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, secretly overeat and then purge to prevent weight gain (by vomiting or the use of laxatives).

Risk Factors

The following risk factors, particularly in combination, may make a person more vulnerable to developing an eating disorder:

- difficulty expressing feelings and emotions
- being bullied, teased or ridiculed due to weight or appearance
- pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing
- very high personal expectations of achievement
- overly high family expectations of achievement
- a home environment where food, eating, weight or appearance have a disproportionate significance
- an over-protective or over-controlling home environment
- poor parental relationships and arguments
- a tendency to comply with other's demands
- neglect or physical, sexual or emotional abuse

Warning Signs

School staff may become aware of warning signs, which indicate that person may be experiencing difficulties that might lead to an eating disorder. These warning signs should always be taken seriously and anyone observing any of these warning signs should follow the procedures outlined in the policy.

Physical Signs

- weight loss
- dizziness, tiredness, fainting
- constantly feeling cold, even in a warm room or environment
- hair becomes dull or lifeless
- swollen cheeks
- callused knuckles
- tension headaches
- frequent sore throats / mouth ulcers
- tooth decay (caused by acid erosion from regular vomiting)

- restricted eating
- skipping meals or strange behaviour around food
- scheduling activities during lunch
- a reluctance to eat with other people
- wearing baggy or oversized clothes
- wearing several layers of clothing
- excessive chewing of gum/drinking of water
- increased conscientiousness
- increasing isolation / loss of friends
- believes s/he is fat when s/he is not
- secretive behaviour
- visits the toilet immediately after meals
- excessive exercise

Psychological Signs

- preoccupation with food and number of calories in food
- sensitivity about eating
- denial of hunger despite lack of food
- feeling anxious when faced with food and distressed or guilty after eating
- dislike of self
- fear of gaining weight
- excessive perfectionism

STAFF SHOULD NOTE THAT EATING DISORDERS ARE A FORM OF SELF HARM AND THAT ONE SELF-HARMING CHILD/YOUNG PERSON ON OCCASION MAY DIRECTLY OR INDIRECTLY INFLUENCE OTHERS IN THE SCHOOL TO ALSO SELF-HARM.

Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body. This may manifest itself in:

- 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
- eating disorders

Risk Factors

The following risk factors, particularly in combination, may make a person particularly vulnerable to self-harm:

- depression/anxiety
- poor communication skills
- low self-esteem
- poor problem-solving skills

- impulsivity
- drug or alcohol abuse

Family Factors

- unreasonable expectations
- poor parental relationships and arguments
- depression, self-harm or suicide in the family
- neglect or physical, sexual or emotional abuse

Social Factors

- difficulty in making relationships/loneliness
- being bullied or rejected by peers

Possible warning signs include:

- changes in eating/sleeping habits (e.g. person may appear overly tired if not sleeping well)
- increased isolation from friends or family, becoming socially withdrawn
- changes in activity and mood e.g. more aggressive or introverted than usual
- lowering of academic achievement or professional achievement
- talking or joking about self-harm or suicide
- abusing drugs, solvents or alcohol
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing e.g. always wearing long sleeves, even in very warm weather to hide cuts/scratches on arms
- unwillingness to participate in certain sports activities e.g. swimming as cutting/scratching on legs or stomach may be noticed

STAFF SHOULD BE AWARE THAT ON OCCASION, ONE SELF-HARMING CHILD/YOUNG PERSON MAY DIRECTLY OR INDIRECTLY INFLUENCE OTHERS IN THE SCHOOL TO ALSO SELF-HARM.

Anxiety and Depression

Everyone get anxious at times; this is a normal part of life. However, concerns should be raised when anxiety is impairing development, or having a significant effect on capacity to learn/work or on relationships.

Anxiety disorders include:

- Generalised Anxiety Disorder
- Panic disorder and agoraphobia
- Acute Stress Disorder
- separation anxiety
- post-traumatic stress disorder
- obsessive-compulsive disorder (OCD)
- a variety of phobic disorders (including social phobia and school phobia)

Symptoms of an anxiety disorder can include:

Physical effects

- cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- respiratory – hyperventilation, shortness of breath

- neurological – dizziness, headache, sweating, tingling and numbness
- gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- unrealistic and/or excessive fear and worry (about past or future events)
- mind racing or going blank
- decreased concentration and memory
- difficulty making decisions
- irritability, impatience, anger
- confusion
- restlessness or feeling on edge, nervousness
- tiredness, sleep disturbances, vivid dreams
- unwanted unpleasant repetitive thoughts

Behavioural effects

- avoidance of situations
- repetitive compulsive behaviour e.g. excessive checking
- distress in social situations
- urges to escape situations that cause discomfort (phobic behaviour)

It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period may often lead to depression and long periods of depression can provide symptoms of anxiety. As a result, people who are suffering from either anxiety or depression may have a mixture of symptoms of both.

Depression

Risk Factors:

- experiencing other mental or emotional problems
- divorce
- perceived poor achievement at school/in the workplace
- being bullied
- developing a long term physical illness
- death of someone close
- break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation may not. Factors which influence this include personal support networks, individual levels of resilience, and the level of robustness of physical and mental health.

Symptoms

- effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness, confusion and a tendency to believe others see you in a negative light
- thoughts of death or suicide

- effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour
- physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains

APPENDIX 2 – TALKING TO SOMEONE MAKING A MENTAL HEALTH RELATED DISCLOSURE

The following advice is recommended by the Charlie Waller Memorial Trust.

Focus on listening

- let the person talk
- ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and talking to you
- if anything is said to you which raises concerns that the person is contemplating suicide, please follow the procedures set out regarding suicidal thoughts and feelings

Don't talk too much

- the person making the disclosure should be talking for the majority of the time
- do not be tempted to fill silences – these may occur as a person takes time to gather their thoughts
- comments made by you should be supportive and indicate that you understand what they are saying to you – you can do this by paraphrasing back the person's words
- ask for clarification of something that they have said if you don't understand and don't be afraid to admit that you didn't understand the point they were just making
- don't offer solutions or answers

Don't pretend to understand

- the person making the disclosure is the only person who really knows what their world is like, and their understanding of what makes sense in that experience may be very different to the listener's
- don't try to analyse or offer solutions
- listen and encourage the person to talk

Don't be afraid to make eye contact

- keep this at normal levels – too much might be interpreted as staring at them, too little might be interpreted as an expression of disgust at what they are telling you

Offer support

- agree next steps with the next person – even if it is only to refer them to someone else

Acknowledge how hard it is for the person to discuss that they are experiencing their thoughts and feelings.

Be aware that the person may reject offers of support, or be angry or rude – this is part of their mental state at that time.

Never break your promises

- never promise confidentiality, particularly to a child or young person – remember safeguarding procedures over disclosures
- don't be afraid to admit you don't know what will happen next – you can only say what might

7 Questions to help when dealing with people experiencing anxiety

The following questions are suggested by Natasha Devon – mental health expert

1. What would you like to happen?

This forces the person being asked to shift focus from dwelling on the problem to starting to think about possible solutions. Encourage them to talk about these solutions, however, unlikely they may appear, as there may be the foundations of a next steps plan.

2. OK, what out of that list do you have the power to change?

Often people are overwhelmed by problems which then become one big amorphous mass. Get the person to divide the problems and consider which they have control over. Use this list to prioritise what needs dealing with.

3. Who can help you with that?

Explore who might be able to help. It reinforces the message that we don't have to try to solve everything by ourselves and it removes expectation on the listener to provide all the answers.

4. How much of your time are you spending thinking about that?

Sometimes people have a feeling that something is not quite right and our brains try to reach a logical reason for the feeling. However, this may stop someone really thinking about what it is that is bothering them. This question may help to clarify thinking on what is really bothering someone.

5. What's the worst thing that can happen?

Keeping things inside tend to amplify them to a doomsday scenario. By talking about the worst thing that can happen, we can help the person evaluate for themselves how likely each possible outcome might be, and help put things back into perspective.

6. Now, crucially, what is the best thing that can happen?

This moves the speaker onto thinking about possible positive outcomes and reminds them that there is a whole range of possible outcomes.

7. What advice would you give to a friend who came to you with this dilemma?

Each individual is their own worst critic! By considering the advice that we would give someone else, we tend to be more even handed and less critical.

APPENDIX 3 – FURTHER INFORMATION AND SOURCES OF SUPPORT

For staff

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

<http://www.depressionalliance.org/information/what-depression>

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

<http://www.ocduk.org/ocd>

<https://www.papyrus-uk.org/>

<https://www.minded.org.uk/>

<https://www.youngminds.org.uk>

<https://www.qwell.io/>

https://healthwatchnorthumberland.co.uk/your_health/mental-health/

NHS Psychological Wellbeing Services – for adults who are finding it difficult to cope, feel low, anxious or stressed, or are not sleeping properly Tel 0300 3030 700

For support due to loss by suicide:

<https://www.ifucareshare.co.uk/>

Jessica Kingsley Publishers

Self-harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies – Pooky Knightsmith (2015)

By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents – Keith Hawton and Karen Rodham (2006)

A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm – Carol Fitzpatrick (2012)

Can I Tell You About Depression? A guide for friends, family and professionals – Christopher Dowrick and Susan Martin (2015)

Can I Tell You About Anxiety? A guide for friends, family and professionals – Lucy Willetts and Polly Waite (2014)

A Short Introduction to Helping Young People Manage Anxiety – Carol Fitzpatrick (2015)

Can I Tell You About OCD? A guide for friends, family and professionals – Amita Jassi and Sarah Hull (2013)

Can I Tell You About Eating Disorders? A guide for friends, family and professionals – Bryan Lask and Lucy Watson (2014)

Teachers' Pocketbooks

Eating Disorders Pocketbook – Pooky Knightsmith (2012)

Jossey-Bass (San Francisco)

The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers – Susan Conners (2011)

Routledge (New York)

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

For pupils (older)

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

<https://www.youngminds.org.uk/>

Walker Books (London)

Blame my Brain: The Amazing Teenage Brain Revealed – Nicola Morgan (2013)

Scribe UK

Brainstorm – Daniel J. Siegel (2014)

Bookpal (USA)

The Owner's Guide to the Teenage Brain – Derek Pugh (2017)

For pupils (all ages)

<https://www.childline.org.uk>

For pupils (younger)

Little Pickle Press LLC

Your Fantastic Elastic Brain, Stretch It, Shape It – JoAnn Deak (2010) (ages 4 – 8)

For parents

<https://www.place2be.org.uk/our-services/parents-and-carers/supporting-your-child-s-mental-health/>

<https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/>

<https://www.barnardos.org.uk/what-we-do/helping-families/mental-health>

<http://minded.e-lfh.org.uk/families/index.html>

Harper Collins (London)

The Teenage Brain: A Neuroscientist's Survival Guide to Raising Adolescents and Young Adults – Frances E. Jensen with Amy Ellis Nutt (2015)