



## LIFE Wirral Sports School MENTAL HEALTH AND WELLBEING POLICY

*This policy, which applies to the whole school, is publicly available on the school website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the school.*

### Document Details

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### Amendments:

Date	Amendment

**Availability:** This policy applies to all activities undertaken by the school, inclusive of those outside of the normal school hours and away from the school site and is inclusive of all staff (teaching, support and agency staff), pupils on placement, contractors, the Chief Executive Officer, the Advisory Board and volunteers working in the school. All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy being required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the *Policies Register*.

### Monitoring and review:

- This document will be subject to continuous monitoring, refinement and audit by the Headteacher.
- This policy was last reviewed agreed by the Advisory Board in September 2023 and will next be reviewed no later than September 2024 or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed:

Sarah Quilty  
Headteacher

Alastair Saverimutto  
Chief Executive Officer

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**Introduction:** The World Health Organisation has defined Mental Health as "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community".

LIFE Wirral Sports School strives to be a positive environment for both our pupils and our staff. We promote positive mental health as well as recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils and staff affected directly or indirectly by mental ill health. This policy, which is intended as guidance for all staff including non-teaching staff and the school advisors, 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 and the SEND policy where a pupil has an identified special educational need.

LIFE Wirral strives to create a culture of acceptance and respect across the whole school (promote respect, inclusivity and value diversity), where pupils can enjoy the knowledge-rich education they deserve in a safe and supportive environment that allows them to discover who they are. We have found the tools within the [DfE Respectful School Communities Self-Review and Signposting Tool](#) helpful in developing and maintaining the St Piran's culture. We recognise that relationships

between staff and pupils, and between students, are critical in promoting wellbeing and in helping to engender a sense of belonging to and liking of St Piran's. Our approach is very much a restorative one. The 2014 SEND reforms also included a change from the characterisation of Behaviour, Emotional and Social Development needs to *Social, Emotional and Mental Health Needs*.

### A whole school approach

What makes a good whole school approach for creating a respectful school community?

<div style="font-size: 10px; line-height: 1;">Create a culture</div>	<p><b>Design the culture</b> – The leadership team should design a vision for the culture of the school which sets out the standards, values and behaviours they expect. They should communicate it to the whole school community. Schools should proactively <b>engage staff, pupils, parents and the wider community</b> in school activities which promote the agreed standards.</p> <p><b>Build the culture into policies and practice</b> – The leadership team should ensure the culture is reflected in all policies and practices, so that all staff and students know how to achieve it and what is expected of them.</p>
<div style="font-size: 10px; line-height: 1;">Model the culture</div>	<p><b>Model the culture</b> – All staff and pupils should consistently model the agreed standards, values and behaviours during all elements of school life. This includes everything from break times to school trips, within lessons and between lessons.</p>
<div style="font-size: 10px; line-height: 1;">Maintain the culture</div>	<p><b>Maintain the culture constantly and consistently</b> – Leaders should maintain the culture throughout the year, with regular updates to staff training and effective use of consequences to maintain standards.</p>
<div style="font-size: 10px; line-height: 1;">Review the culture</div>	<p><b>Review the culture</b> – School staff should review the culture regularly to ensure it still meets the needs of the school community. They should make any required adjustments if needed.</p>
<div style="font-size: 10px; line-height: 1;">Embed the culture</div>	<p><b>Embed</b> – Ensure the culture is reinforced when teaching curriculum subjects and through other teaching opportunities.</p>

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**Fundamental to this policy is the recognition of the role that a school can play in promoting resilience amongst pupils.**

**Factors that put children at risk:** Research has taught us that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, school and local community, and also highlights some protective factors that are thought to make developing a mental health problem less likely. Longitudinal studies

propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular, there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems increasing the likelihood of these children developing behavioural problems (Brown, Khan and Parsonage, 2012). Data highlights that five or more risk factors increases eleven times the risks for boys aged 10 or under to develop a mental health disorder compared with boys with no risk factors. For girls of the same age range with five risk factors makes them nineteen times more likely to develop a disorder (Murray, 2010). Mentally healthy pupils are able to progress emotionally within the normal scope. Pupils acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

**Table 1:** [Mental Health and Behaviour in Schools: Departmental Advice for School staff](#), DfE, (November, 2018)

	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>In the Child</b>	Genetic influences Low IQ learning and disabilities Specific Development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	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 and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect

<b>In the family</b>	Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Failure to adapt to a child's changing needs Physical, sexual neglect or abuse Parental psychotic 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 a severe record
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<b>In the school</b>	Bullying Discrimination Breakdown of a lack of positive relationships Deviant 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
<b>In the Community</b>	Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events	Wider support 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

Schools are in a position to influence the mental health of children and young people as well as being best placed to identify the indicators of mental health problems at an early stage. They can increase the social and emotional development of children and nurture their mental wellbeing through their everyday involvement with pupils. At LIFE Wirral Sports School, we understand our responsibilities and ensure that such pupils are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the Equality Act (2010).

At LIFE Wirral Sports School, we aim to offer an empathetic environment that will support and aid pupils with mental health struggles to accomplish their greatest academic potential. We do this by:

- providing a range of support services such as peer mentors, as well as a pastoral support team that oversees the health and well-being of all students;
- having an 'open door' policy to encourage pupils with mental health difficulties to seek support;
- signposting pupils to resource and tools such as <https://www.nhs.uk/every-mind-matters/mental-health-issues/> <https://reading-well.org.uk/books/books-on-prescription/mental-health/>;
- promoting understanding and recognition of mental health difficulties;
- providing support and education to staff;
- having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised);
- having an effective Child Safeguarding Policy to work alongside this policy
- having an appointed Mental Health Lead (MHL)
- training for all staff in understanding and recognising mental health issues

LIFE Wirral Sports School is committed to providing a supportive environment, but it is important to recognise that we are not a mental health facility and there are limits to the extent of support we can provide; in some cases, we will need pupils to seek outside support from the NHS and from within the community.

**Child and Adolescent Mental Health Disorders:** Some examples of such disorders may include:

- Conduct Disorder (aggression, destroying/losing property, theft, running away etc.)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Deliberate Self-Harm
- Eating Disorders
- Obsessive Compulsive Disorder (obsessions, compulsions, personality characteristics verging on panic)
- Anxiety Disorders (including panic attacks)
- Soiling and Wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive behaviours)

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- Substance Abuse
- Depression and Bi-Polar Disorder
- Schizophrenia (abnormal perceptions, delusional thinking)
- Suicidal Thoughts (not a disorder but thoughts based and equally as serious)

**Prevention:** LIFE Wirral Sports School has the subsequent procedures in place to assist pupils in school life. These procedures support staff to identify and support pupils with mental health problems. This includes but is not limited to: pastoral support, policies, antibullying and safeguarding policies, behaviour management and external agencies.

**Identification of Mental Health Difficulties:** It can be very difficult to recognise a pupil with mental health difficulties. However, staff should be alert to changes in a pupil's behaviour, presentation and engagement and should raise any concerns to the Mental Health Lead (MHL). Any immediate concerns such as a pupil of risk of harm to themselves or others must be raised immediately. **When LIFE Wirral Sports School suspects a pupil has a mental health problem**, we will work with the child (and parents) to identify a graduated response. This may involve the child working with our Emotional Literacy Support Assistant (ELSA), school nurse/counsellor or a referral to external professionals (such as CAMHS). LIFE Wirral Sports School can also use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem. In addition, the PHSE Association has produced useful guidelines.

**Intervention:** It is in the best interests of the pupil to offer support for mental health problems when they arise as the longer a pupil struggles the more complex the problem becomes. Supporting a distressed pupil can take up a lot of time and be challenging so please follow the guidance below:

- Think cautiously about how you can/are unable to help.
- Do you have the time and expertise to help them?
- is there a conflict with other role you may have?
- Clarify your role/limits to the pupil.
- Be ready to take a definite line about the degree of your involvement.
- YOU ARE NOT: ALONE PLEASE REFER FOR SOME HELP.

If you are concerned about a pupil:

- Be proactive, don't evade the problem;
- Collect more information from staff members to determine if your concern is shared;
- Discuss your concerns in private with the pupil and be willing to listen;
- Tell the pupil that you may not be able to maintain confidentiality, explaining you will converse with them if information needed to be shared and who with;
- If you still have concerns that you are not the best person to deal with the pupils problems and there is no improvement in spite of your minimal intervention please contact external services.

IF UNSURE ALWAYS REFER THE PUPIL ON so you are not left to deal with situations you may not be able to manage.

**Next Steps:** The concerned member of staff would discuss the matter with the MHL or DSL. The aim of the meeting will be to decide whether:

- There are any child safeguarding concerns;
- who, if anyone the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care;
- the appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.

**Signposting:** We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we

will increase the chance of a 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.

**Individual Care Plans:** It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- details of a pupil's condition
- special requirements and precautions;
- dedication and any side effects;
- what to do, and who to contact in an emergency;
- the role the school can play.

**Teaching about Mental Health:** The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHEE. The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

**Supporting Peers:** When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss: What it is helpful for friends to know and what they should not be told. How friends can best support. Things friends should avoid doing / saying which may inadvertently cause upset Warning signs that their friend 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.

**Pupil-led activities:**

- Campaigns and assemblies to raise awareness of mental health;
- Student Ambassadors and
- Peer mentoring.

**Class activities:**

- Positive mental health promotion in classes, specifically: Well-being, PE and RSE;
- Mindfulness sessions for students;
- Mental Health teaching programmes;
- Worry boxes;
- Kindness/Compliment Boards;
- Mindfulness and breathing/meditation in class;
- Classroom scripts and signposting.

**Whole School:**

- Throughout the year positive mental health is discussed and promoted through our tutors;
- Displays and information about positive mental health and where to go for help and support, within the school and outside the school;
- Well-being focus;
- Social & Emotional Aspects of Learning;

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- Anna Freud *Colleges in Mind* resources

**Small group activities:**

- Nurture groups;
- Small group withdrawals e.g. aspirations group, small friendship, social skills groups;
- Sanctuary Room for those children who are finding the classroom overwhelming.

**Working with All Parents:** 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:

- highlight sources of information and support about common mental health issues on our school website;
- ensure that all parents are aware of who to talk to, if they have concerns about their own child or a friend of their child;
- make our mental health policy easily accessible to parents;
- share ideas about how parents can support positive mental health in their children;
- keep parents informed about the mental health topics their children are learning about in PSHEE and share ideas for extending and exploring this learning at school.

**Training:** 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 pupils safe. Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and will be supported throughout the year where it becomes appropriate due 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.

**Identification of Suicide Risk and action to be taken**

LIFE Wirral Sports School is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide. We want to make sure that students at our school are as suicide-safe as possible and that our parents and carers, teaching staff, support staff, students and other key stakeholders are aware of our commitment to be a suicide-safer school.

**Definitions:**

**Suicidal behaviour** is any deliberate action that has potentially life-threatening consequences, such as taking an overdose. It can also include repeated risk taking which constitutes a risk of death.

**Suicidal thoughts** imply that someone is thinking about taking their own life. This differs from young people who, as part of normal growing up, might explore the meaning of life. Further conversations will usually establish whether someone is thinking about suicide.

**Suicide** is the act of deliberately ending one's own life. It is possible to die unintentionally as a result of a serious self-harm episode.

**Self-harm** is the term used when someone intentionally injures or harms themselves. It is a common pre-cursor to suicide and children and young people who self-harm may kill themselves by accident.

**Suicide prevention** is the process of identifying and reducing the impact of risk factors associated with suicidal behaviour, and identifying and promoting factors that protect against engaging in suicidal behaviour.

**Our beliefs about suicide and contributory factors:** St Piran's School acknowledges that:

- Suicidal thoughts are common - we acknowledge that thoughts of suicide are common among young people;
- Suicide is complex;
- We believe that every suicide is tragic. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths;
- Stigma inhibits learning – stigma can kill;
- We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. LIFE Wirral Sports School is dedicated to tackling suicide stigma. In our language and in our working

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relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos;

- Suicide is everyone's business;
- We recognise students may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns;
- Safety is important;
- We want to support our students, sometimes working in partnership with family, caregivers, external agencies and other professionals where this may enhance suicide-safety;
- Suicide is a difficult thing to talk about;
- We know that a student who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will provide trained adults who are able to identify when a pupil may be struggling with thoughts of suicide.
- Talking about suicide does not create or increase risk;
- We will provide our students with opportunities to speak openly about their worries with people who are ready, willing and able to support them.

### **Suicidal thoughts (ideation) and feelings**

"Suicidal feelings can range from being preoccupied by abstract thoughts about ending your life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life." (MIND; 2017)

- hopeless, like there is no point in living;
- tearful and overwhelmed by negative thoughts;
- unbearable pain that you can't imagine ending;
- useless, unwanted or unneeded by others;
- desperate, as if you have no other choice;
- like everyone would be better off without you;
- cut off from your body or physically numb;
- poor sleep with early waking;
- change in appetite, weight gain or loss;
- no desire to take care of yourself, for example neglecting your physical appearance;
- wanting to avoid others;
- self-loathing and low self-esteem;
- urges to self-harm.

**Any suggestion that a student may be considering suicide should always be taken seriously.**

**Students are instructed to inform a member of staff immediately if they are feeling suicidal, or if another pupil confides suicidal thoughts to them. Members of staff will respond in accordance with the following protocol:**

1. Assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 in an emergency, if a suicide attempt has been made.
2. Report all incidents and disclosures immediately (by telephone and text) to the DSL and, if appropriate, escort the pupil to the Medical Centre.
3. A full risk assessment will be undertaken by the lead for Pastoral Care and Safeguarding team. An assessment will include a decision as to whether further medical and/or therapeutic intervention and/or a psychiatric referral is needed.
4. The pupil may be asked to undertake counselling, and to that end, professional advice concerning the management of, and support for, the pupil will be sought. This will include assessing the feasibility of the pupil's continued presence at the school. Consideration will be given as to whether or not the pupil may benefit from a period at home/away from school.
5. Parents will be informed at the earliest opportunity/as appropriate.

**Links between self-harm and suicide:** In the majority of cases self-harm appears to be a way of coping rather than an attempt at ending life. It may be an attempt to communicate with others, to influence or to secure help or care from others, or a way of obtaining relief from a difficult or overwhelming situation or emotional state. In these circumstances, somewhat paradoxically, the purpose of the self-harming behaviour is to preserve life, although this can be a difficult concept for practitioners to understand.



A small minority of young people who repeatedly self-harm may go on to attempt suicide, although this may not be what they intend to do, and death can occur accidentally. The difference between self-harm and suicide is not always clear, however. Self-harm is a common precursor to suicide for the relatively small numbers of young people who make deliberate attempts to end their lives and so repeated incidents of self-harm should be considered a risk factor when assessing the risk of suicide.

In their separate forms, self-harm and suicide generally differ in terms of the intent that lies behind the behaviours. Practitioners should feel able to communicate with young people about their self-harming behaviours. It is important to gather information about self-harm and the young person's thought processes associated with the behaviours in order to start to understand the risks; either of serious risk to the young person's health or well-being, of the risk of death by misadventure, or the risk of intentional suicide.

**Confidentiality:** Pupils will be encouraged to tell their parents about their problems or give permission for a member of staff to do so. If it is felt they are at risk to themselves, confidence will be broken and the parents informed. We realise that mental health problems may mean a pupil might not have the ability to recognise that they need help, resulting in the need for us to break confidentiality in order to get them the support they need.

#### **Reference to other legislation/documents**

- Brown, E., Khan, L. and Parsonage, M. (2012) A Chance to Change: Delivering effective parenting programmes to transform lives. Centre for Mental Health.
- Data Protection Act (1998). London: HMSO.
- Department for Education (2014) keeping children safe in education: statutory guidance for schools. London: Department for Education.
- Department of Education (March 2016) Mental Health and Behaviour in Schools: Departmental Advice for School Staff. [Online]. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508847/Mental\\_Health\\_and\\_Behaviour\\_-\\_advice\\_for\\_Schools\\_160316.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf). [Accessed 19th April 2016].
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- Equality Act 2010. London: HMSO.
- Murray, .I. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. *Journal Of Child Psychology & Psychiatry*, 51(11), pp. 1198-1207.
- Murphy, M. and Fonagy, P. (2012) Chapter 10: Mental health problems in children and young people. [Online]. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252660/33571\\_2901304\\_CM\\_O\\_Chapter\\_10.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CM_O_Chapter_10.pdf). [Accessed 13 December 2016].
- Ofsted (2015) inspecting schools: handbook for school inspectors. London: Ofsted.
- Public Health England (2014) The link between pupil health and wellbeing and attainment, London: Public Health England

## **APPENDIX 1: HOW TO HELP FLOW CHART**

### **Assessing if a pupil has a problem?**

- Did the pupil tell you? After discussion with the pupil, if you still have concerns or further intervention is required, speak to the DSL.
- Have other staff/pupils informed you of their concerns?
- Have you noticed an alteration in the pupil's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the pupil's mood (solitary, sad, depressed)?
- Has the pupil's behaviour recently declined?
- Has the pupil's academic accomplishment altered considerably?



Ask the pupil for consent to share the information and tell the pupil with whom and what is being shared. The DSL and DDSL meet to determine:

- if there are any child safeguarding concerns;
- who, if anyone the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care;
- the appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.



Encourage them to tell parents.

Team to nominate someone to tell parents unless inappropriate/child safeguarding issues.

### **FOLLOW UP**



Deal with the situation.  
Be ready to listen.  
Speak confidentially.

## **APPENDIX 2: USEFUL RESOURCES AND FURTHER INFORMATION**

### **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.
- 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 1985 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.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed 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](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) Minded ([www.minded.org.uk](http://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](http://www.selfharm.co.uk) National Self-Harm Network: [www.nshn.co.uk](http://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](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:** Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

#### *Online support*

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

*LIFE Wirral Sports School is committed to safeguarding and promoting the welfare of our pupils and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.*

### Books

- Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

**Obsessions and compulsions:** Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms - it is not just about cleaning and checking.

### Online support

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

### Books

- Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

**Suicidal feelings:** Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

### Online support

- Prevention of young suicide UK - PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)
- On the edge: 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 problems:** Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

### Online support

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

### Wellbeing dimensions and policy interaction

POLICY Example	Physical +mental health+ emotional wellbeing	Protection from harm + neglect	Education, training + recreation	The contribution made by pupils to society	Social and economic wellbeing
Child protection/safeguarding	x	X	X		X
Curriculum	X	X	X	X	X
Safer Recruitment		X			
Anti-bullying	X	X	X		X
Attendance		X		X	X
Health and safety		X	X		
Whistle-blowing		X			
Behaviour/sanctions		X	X	X	
SEND	X	X	X		
IT Acceptable use		X	X		

Wellbeing as defined by Children Act 2004 (10) and referenced in Education(ISSR)s 2014 Part 8

X = policy link and potential to hyper-link across policy areas to reduce duplication etc.