



Social, Emotional and Mental Health Policy (SEMH)

Spring Term 2022

Our school definition

Mental Health is a state of mind that affects how we think, feel and behave. We recognise that mental health is a dynamic state that goes up and down. Having good mental health creates a feeling of wellbeing which allows us to grow, learn, form relationships, cope with life's challenges and experience life to the fullest.

At our school, we aim to promote positive mental health for every member of staff and pupil. We do this using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health, we aim to 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 affected both directly, and indirectly by mental ill health.

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

Aims of the Policy

- Promote positive mental health in all staff and pupils.
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with children with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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

- Mrs Rebecca Brammall- Mental Health and Wellbeing Lead
- Lesley Hemingway - Mental Health and Wellbeing Governor
- Mrs Hannah Stillings - SENCO/Deputy Safeguarding Lead
- Helen Dakin/Julie Robbins Pastoral Lead/Emotional learning support

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead or a Safeguarding Lead and submit a concern through Cpoms under Welfare - Mental Health & Wellbeing . If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated child protection officer.

Where a referral to CAMHS is appropriate, this will be led and managed by the SENCO.



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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
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Individual Care Plans would be written by Helen Dakin and/or Hannah Stillings.

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 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 pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

My Mental Health Rocks lessons are taught in KS2 allowing children the opportunity to explore their mental health, discover their super powers and give them a range of strategies to draw upon.

Pastoral Care & Mental Health

Children are welcomed each day by a member of staff on the door, asking a daily question and checking in with each child.

TAs check in with individual children in classes each morning.

Children's programmes of work are driven by targets outlined within ISPs and or needs highlighted in ELSA concern or referral forms.

Approaches are tailored to suit the child's needs and learning style and may be creative (art therapy), peer driven (lego therapy), and collaborative or individual to ensure the child is fully engaged in the process.

Programmes of work may focus on emotional awareness and regulation, social/ friendship issues, family issues, bereavement and loss, self esteem and confidence and building resilience and a growth mindset. Through the [Iamworried](#) email address children (in year 5 and 6) have an opportunity to express any concerns or worries. Children in KS1 and lower KS2 can drop a note in the I am worried box. A well being drop in is held weekly.

Children are supervised at lunchtime by their teaching assistants who demonstrate the same high expectations seen in class. Children respond positively to this which in turn leads to positive behaviours at lunchtime.

We have a calm cafe at lunchtime for those children who can often be overwhelmed in the dining hall environment.

Board Game/Lego/Drawing club Clubs are run each lunchtime for children who would like to come and sit down and interact with their peers whilst engaging in a range of quieter activities. This helps develop social interaction and build positive relationships.

We encourage an open door policy so that all children know they can approach our Pastoral Advisor or visit our Sea and Smile room if they feel they need someone to talk to.



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Signposting

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

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns via CPOMS under Welfare - Mental Health & Wellbeing and also speak to a DSL or Mental Health and Wellbeing Lead.

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
- Getting changed secretly for PE
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix E.

This information should be reported via CPOMS under Welfare - Mental Health & Wellbeing, and shared with a DSL, Pastoral Lead or Mental Health and Wellbeing Lead.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should consider the following (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, and other members of staff.



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- What are the aims of the meeting?
- Where possible inform child / young person that you will be speaking with parent about their disclosure

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them information to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

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 and through our school Thrive newsletter
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our Social, Emotional and Mental Health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular Parent workshops.
- Keep parents informed about the mental health topics their children are learning about in PSHE through half termly knowledge progression which gives ideas for extending and exploring this learning at home.
- Support and sign parents through our termly Thrive Newsletter.
- Offer the Family Links Nurturing Programme to support family life.

Safeguarding

All staff across the school have training annually with reminders throughout the year at briefings, staff meetings and inset days.

Weekly reminders in the staff Memo put safeguarding at the forefront of people's minds.

All new staff have safeguarding training as part of their induction.

All staff at the school recognise that safeguarding is everyone's responsibility, that they should have read and understood section one of Keeping Young people Safe in Education 2021, that early intervention is key and that context matters.

Key information is added to CPOMs.

Attendance

All staff have a role to play in ensuring each child attends school.

Regular monitoring means we identify pupils whose attendance is an issue.



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We work together with external agencies to address and remove barriers to school attendance.

We prioritise children who are classed as disadvantaged, SEMH or SEN, however, we are passionate about providing the same support to all children, irrespective of background.

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.

The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Staff also receive 'How to have a Mental Health conversation training by our Pastoral Lead. This is available on the shared drive for staff to refer back to.

The child's voice

The child's voice is reflected through school council, 007, pupil survey, MHL talking to pupils about mental health and wellbeing, weekly jigsaw circles, school council suggestion box, 'I am worried' email to book a 'wellbeing drop in' appointment and our pastoral lead being on the playground daily.

Staff Mental Health

Staff Mental Health is a priority. If a member of staff has a concern over their mental health or wellbeing, they need to speak to a member of SLT who will support them in school and signpost them, if necessary, to the relevant support networks that are on offer.

If a member of staff has concerns about another member of staff's mental health or wellbeing, they must report this SLT.

We send out a staff questionnaire each year to capture staff views and consider how we can improve their mental health/wellbeing and work load.

We offer Wellbeing supervisions termly so staff have an opportunity to discuss their wellbeing and their workload.

Through our Wellbeing initiative staff are able to have a day off each year for their own mental health and wellbeing.

Staff are valued and recognised with 'positive postcards' from our Head Teacher

Staff new to our school have an end- of- first- week review and 3-month review interview with a member of SLT.

We signpost staff to a range of services to support the mental health and wellbeing of staff. See appendix D.



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Stakeholders

This policy was written in conjunction with all our stakeholders, staff, pupils, governors and parents.

Adoption, Approval, Sign Off

Signed	Mrs Rebecca Brammall
On behalf of	Headteacher
Date	Spring Term 2022

Document Control

Title of document	Social, Emotional and Mental Health Policy (SEMH)
Revision number	1
Review frequency	2 years
Next review date	January 2024
Type or status	Policy
Statutory?	Yes
Notes	This Policy links with a number of other school policies, practices and action plans including <ul style="list-style-type: none">● Behaviour Policy● Safeguarding Policy● Attendance Policy● E-Safety Policy



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

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

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](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).

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

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



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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)

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



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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 - PYPYRUS: www.papyrus-uk.org](http://www.papyrus-uk.org)

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

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

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

Eating problems

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

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/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-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



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Appendix B: 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 (2018)

[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)

Appendix C: Data Sources

[Children and young people's mental health and wellbeing profiling tool](#) collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

[ChiMat school health hub](#) provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

[Health behaviour of school age children](#) is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.



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Appendix D: Sources of support at school and in the local community

School based pupil support

We offer a range of support and interventions in school to support the emotional wellbeing of all of our children. This list below is always developing and growing depending on the needs that we have within school.

Emotional Literacy Support (ELSA)

Identified children have ELSA sessions to improve their emotional wellbeing. These sessions support learning by improving skills, knowledge and understanding in a range of areas such as social skills, friendships and relationships, self-esteem, emotional awareness and managing feelings, anger management, anxiety, transition and change, loss and bereavement or family related issues.

Sessions typically run once a week for around 30 minutes and usually for 8 weeks. Sessions are usually 1:1 but often group based where this is appropriate.

Calm Me Time

Children participate in calm me time in their weekly PSHE lessons

1:1 Support

Support is offered to children who need help and guidance in supporting their emotions and well-being. Examples of some of the support we can offer are: anxiety and stress, self-esteem, anger-management and friendship support.

Wellbeing Drop In

During a lunchtime, our pastoral lead is available for children to go and talk to her over any worries or concerns that they may have. Mrs Dakin offers a range of strategies and practical advice depending on the problem. _

Parent Support

Our Pastoral lead works closely with children and their families with any concerns or worries that they have.

The school runs the Children Centre's Family Links Nurturing Course in house. This 11 week programme is delivered by Mrs Dakin and Mrs Brammall and can accommodate 10 parents per cohort. The focus is on learning new skills, approaches and insights in a wide range of common parenting challenges. The course explores empathy, positive behaviour management, self-awareness and self-care to enhance family relationships and dynamics. This is also available as a 1:1 virtual course.

Stress and Anxiety Support—SATs

Our pastoral Lead will work and support children in Year 6 who are feeling anxious and worried over SATs. These sessions will take place once a week and offer the pupils strategies to support their emotions.

Stress and Anxiety Support - Transition

Our pastoral lead will work and support children in Year 6 who are worried about transitioning to high school. This will involve a session once a week and extra visits to high school prior to starting. The sessions will explore their worries and questions whilst also encouraging them to challenge unhelpful thinking and reframe these with positive affirmations.

Mental Health First Aid Training

Our Pastoral Lead has received mental health first aid training so that they can support pupils with any well-being concerns, should they need it.



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Board Game/Lego/Drawing Club

Board Game/Lego/Drawing club Clubs are run each lunchtime for children who would like to come and sit down and interact with their peers whilst engaging in a range of quieter activities. This helps develop social interaction and build positive relationships.

Calm Cafe

The Calm Cafe is run on a lunchtime to support children who find the dining hall experience too noisy/overwhelming.

Meditation

Meditation sessions are included in some children's sessions where we feel they would benefit from having some time out to de-stress and relax and also to help with understanding how meditation can be used to help feel calm during stressful or anxious situations. Our Sensory room is well equipped to create a very calm space for meditating.

House System

Every child is put into one of our four different house groups. Throughout the year, we hold different House competitions. The House with the most points at the end of the term, will participate in a house reward.

Worry Email

The worry email, iamworried@epsch.co.uk is displayed throughout school and allows children an opportunity to express any concerns or worries they have via email if they do not feel confident enough to talk to an adult.

School Council

School Council representatives are chosen from each form to represent the views of the pupils in their form. They hold regular meetings and discuss any changes that need to be addressed in school.

Education Psychologist

The school works closely with an Education Psychologist who, if the school requests, will support children and families with a range of different needs.

School Nursing Team

Regular meetings with the school nursing team take place so that school can discuss any concerns that they have with any children and school nurse can offer support where appropriate.

Touchstones

For pupils who need support with Bereavement, we use Touchstones. Touchstones support and help guide the pupil through this period of time.

Young Carers

Most recently, school have been working with the Young Carers organisation to look at how we can help support young carers further in school.

The Nurturing Programme

The Pastoral lead and Mental Health and Well being lead run at 10 week nurturing programme to support families. The programme helps parents to understand why children behave like they do, recognising feelings behind the behaviour and explores different approaches to discipline.



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Support for Staff

Mental Health emails

A member of staff sends out regular tips and suggestions for staff to improve their mental health

Wellbeing supervision

All staff have half termly supervision meetings to discuss their wellbeing.

Return to Works

Return to works are conducted by the line manager, to make sure that the member of staff is well enough to return to work and support is put in place if needed.

Open Door Policy

SLT have an Open Door Policy, whereby staff can come and speak to a member of SLT when they need to. They do not need to book an appointment.

Staff Socials

Staff social events take place during the year. This is time away from work for staff to engage and socialise.

Compassion Discretionary Absence

Staff are able to take discretionary absence in certain circumstances. However, this is at the discretion of the Head.

Well Being Days

Through our Well Being policy staff are given a day off each year to support their wellbeing.

Tea and coffee

Tea and coffee are provided free of charge for staff.

Local Support

HeyMind - mental health support and services throughout Hull and East Yorkshire.

If you need someone to talk to HeyMind offer a wide range of services for adults and young people. Visit Heymind.org.uk for more info or call 01482 240200.

Children Centres

Brough Children's Centre services are based at Brough Primary School. The children's centre services offered cover the town of Brough as well as local surrounding villages. The friendly, passionate and knowledgeable staff team work alongside colleagues from Midwifery and Health Visiting to provide a range of activities and services for children and their parents or carers, grandparents or childminders from pregnancy to age 9.

Some of the services offered include 1:1 family support, Family Links Nurturing Programme for parents both face to face and virtual. Various groups and support are offered for all ages and stages of child development from new born, breastfeeding to toddlers and children.

Contact: broughchildrenscentre@eastriding.gov.uk for more info or call:
Tel: 01482 669474



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ERVAS - East Riding Voluntary Action Service

They have a virtual youth hub with lots of information for young people aged 10+, a telephone support service and also a virtual form and youth drop-in where you can discuss your thoughts and experiences with others.

Visit www.ervas.org.uk/youngpeople.

SEED Eating Disorder Support

Support for children, young people and adults experiencing disordered eating or eating disorders in Hull and East Riding. Visit www.seed.charity

email us at hello@seed.charity

Administration and Resource Room Line: 01482 344084

Advice Line: 01482 718130

Kooth.com

Offering online counselling and a host of resources for young people aged between 11-25 in East Yorkshire and Hull. Visit www.kooth.com

Cornerhouse

Working with young people around sexual health and emotional wellbeing. Contact via www.wearecornerhouse.org or through social media @wearecornerhouse

School Nurse Service (chcp)

For confidential health service advice and support for 11-19 year olds text SCHOOLNURSE to 61825 or call 01482 689689 or email <https://humberisphn.nhs.uk/contact/>

Domestic Abuse

Hull Women's Aid 01482 446099

Hull Domestic Abuse Partnership 01482 318756

Online Web Chat for isolated Domestic Abuse Victims (10am - 12pm Mon-Fri) -

<https://chat.womensaid.org.uk> - if ongoing support is required, onward referrals are made by local DAP's.

Contacts, Resources and Online Support

Samaritans

24 hour confidential telephone, email and text message service. 08457 909090 or 01905 21121

www.samaritans.org.uk

NHS Choice

24 hour national helpline providing health advice and information. Call 111.

www.nhs.uk

Mind Infoline

Helpline open Mon-Fri (except bank holidays)

0300 123393

www.mind.org.uk



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GP

Request an emergency appointment or get advice

Saneline

Out of hours telephone helpline, 7 days a week, 6pm -11pm: 0300 3047000

www.sane.org.uk

Stay Alive App

A suicide prevention pocket resource. Offers help and support and can be personalised for and by individuals: go to www.prevent-suicide.org.uk

Online Suicide Help

List of mental health services available online: www.unsuicide.wikispaces.com

Befrienders Worldwide

Befrienders work to reduce suicide across 40 countries: www.befrienders.org

Young Minds

web: www.youngminds.org.uk

YoungMinds is the UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people.

The Mix

website: www.themix.org.uk

Honest information and support for young people in the UK on a range of issues.

Mental Health Foundation

website: www.mentalhealth.org.uk

Charity improving the lives of those with mental health problems or learning disabilities.

Kooth

Online mental health counselling and well-being service for children and young people.

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

MindEd

website: www.minded.org.uk

At its heart, MindEd provides practical knowledge that gives adults confidence to identify a mental health issue and act swiftly, meaning better outcomes for the child or young person involved.

Child Line

0800 1111 (UK), 24 hours a day

chat: [chat online](#) [email](#) web: www.childline.org.uk

NSPCC

Offers a wide range of advice and support. www.nspcc.org.uk

CAMHS Online Resources

www.acamh.org

Eating disorder advice

Beat

Adults over 18 including parents, teachers or concerned adults

0345 634 1414 - . (Mon-Wed, 1pm-4pm)

Support forums (7 days a week) email: help@b-eat.co.uk

Under 25s.

0345 634 7650 - (Mon-Wed, 1pm-4pm)



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Support forums (7 days a week) email: fyp@b-eat.co.uk

web: www.b-eat.co.uk

Addiction advice

FRANK

0300 123 6600 (UK), 24 hours a day

live chat (UK), 2-6pm

email

SMS: 82111 - Need a quick answer? Text a question and FRANK will text you back.

website: www.talktofrank.com

Appendix E: Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a pupil has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head - it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The pupil should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T - don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these



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difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you are staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you being disgusted by them - to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' - no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and

said 'That must have been really tough' - he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a child weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a pupil has confided in you and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference, or insolence, it's the illness talking, not the pupil.



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Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone, just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers

or aren’t exactly sure what will happen next. Consider yourself the pupil’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.