St. Mary's Church of England Primary School, High Crompton

Emotional Health and Mental Wellbeing Policy

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Next Review: July 2025

St. Mary's C.E. Primary School, High Crompton

Emotional Health and Mental Wellbeing Policy

Vision

"Love one another as Jesus loved us."

(John 13 : 34-35)

Through God's love and our Christian Values we encourage each individual to love, respect and value themselves and others. We encourage and nurture the growth of every individual and their uniqueness so that all flourish and become all that they can be and all that God made them to be.

Healthy School

St. Mary's is a Healthy School with healthy attitudes embedded in the curriculum and extra-curricular activities. Pupils are encouraged to be active and maintain healthy relationships with their peers and adults as well as making other choices about healthy lifestyles.

Building Learning Power Statement

At St. Mary's, we encourage all pupils to build their own learning power. Building Learning Power emphasizes the development of lifelong learning values and skills. We aim to ensure that all pupils develop persistence and curiosity for learning and become adventurous risk takers who are not afraid of the 'don't know' state of mind. At St. Mary's, children will develop the ability to take responsibility for their own learning and self-assess and be able to articulate themselves as a learner. They will have the opportunity to develop the ability to know what's worth learning, know how to face confusion and know the best learning tool for the job.

1.0 Introduction

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

Our intention is to promote holistic development alongside academic achievement for all pupils; key to these is the emotional health and mental wellbeing of our school community. Our aim is for all pupils in school to develop the self-esteem, resilience and emotional understanding to be able to play an active part in school life, becoming effective and successful learners and friends.

The Oldham Whole School and College Emotional Health and Mental Wellbeing Framework – supporting young minds through tough times, has been launched and is now a main driver for our work in this area in school. The framework sets out key actions within eight principles:

1. Management and Leadership
2. The school ethos and environment
3. Curriculum, teaching and learning
4. Student voice
5. Staff development, health and wellbeing
6. Identifying need and monitoring impact
7. Working with parents and carers
8. Coordinated support

"*If the eight principles are consistently and comprehensively applied across the whole school setting they can positively impact on:*
- *The cognitive development of children, their learning, motivation, and sense of commitment and connectedness with learning and with school.*

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- *Staff wellbeing, reduced stress, sickness and absence, improved teaching ability and performance.*
- *Pupil wellbeing including happiness, a sense of purpose, connectedness and meaning.*
- *Development of social and emotional skills and attitudes that promote learning, success, wellbeing and mental health, in school and throughout life.*
- *The prevention and reduction of mental ill health such as depression, anxiety and stress.*
- *Improving school behaviour, including reductions in low-level disruption, incidents, fights, bullying, exclusions and absence.*
- *Reducing risky behaviour, such as impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, alcohol and drug use."*

(Supporting young minds through tough times)

This policy is intended as guidance for all staff, including non-teaching staff and governors. It may be read in conjunction with our Medical Conditions 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 or Disability.

2.0 Purpose and aims
Our intention is to promote positive emotional health and mental wellbeing across the whole school community, as well as every pupil and staff member. We pursue this by utilising whole school, universal approaches alongside selected and targeted approaches for those who require additional support for identified concerns.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health, as well as increasing understanding and awareness of common mental health issues. By developing and implementing practical, relevant and effective procedures we can promote a safe and stable environment for all affected by emotional health and mental wellbeing concerns: this includes those affected by the emotional health of members of their families and/or peers.

We advocate the use of the term 'Emotional Health and Mental Wellbeing' to highlight the inclusive nature of our approach which demonstrates our commitment to universal support for all pupils. We deliver our emotional health and mental wellbeing support from the premise that: "Health is a state of completely physical, mental and social well-being and not merely the absence of disease or infirmity" *(World Health Organisation, Mental Health: A State of Well-Being, 2014).*

Aims
- Promote positive emotional health and mental wellbeing across the school community
- Develop and sustain universal interventions which will be accessed by all pupils and embedded in the ethos and culture of the school
- Increase understanding and awareness of common mental health issues
- Provide information for pupils and families about promoting positive emotional health and mental wellbeing
- Provide support to pupils and families when a pupil is experiencing mental ill health
- Provide support to pupils and families when a family member is experiencing mental ill health
- Alert staff to early warnings of mental health concerns and the process for reporting these
- Provide support to staff working with pupils with mental health issues
- Provide support and compassion to staff experiencing mental ill health
- To utilise the Oldham framework 'Supporting Young Minds in Tough Times' and self-assessment audit to evaluate and develop provision within school, including staff training needs

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- Utilise the Graduated Response of Universal, Selected and Targeted support for pupils (See Appendix 1)
- To embed the Assess-Plan-Do-Review process (see Appendix 2) to ensure high quality work is monitored and evaluated.
- We seek to raise awareness amongst staff and gain recognition that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and pupil welfare where everyone is aware of warning signs, with effective signposting underpinned by behaviour and welfare throughout the school.

3.0 Training

Training schedules will be responsive and led by the needs of the pupil population.

Staff will receive training about recognising and responding to mental health issues and associated topics as part of their Continuing Professional Development.

We actively promote and record the use of MindEd; an online training resource which provides high-quality, free training for school staff around emotional health and mental wellbeing.

School will make links with suitable associations and charities (such as Healthy Young Minds, Relax Kids, NHS –Mental Health Nurse Practitioner, Local Authority)

4.0 Staff Wellbeing

A key component in the delivery of the Universal offer is staff wellbeing; ensuring that staff are well-supported and able to deliver quality provision for emotional health and mental wellbeing to all pupils. Therefore, as a school, we are committed to promoting positive mental, physical and emotional wellbeing and continue to provide support for all members of staff.

We encourage staff as individuals to accept responsibility for their own mental, physical and emotional wellbeing and promote an open culture in which emotional health and mental wellbeing are taken seriously. We seek to prevent stigma by taking part in events such as Time to Talk Day, Ask Twice.

Our Improving Attendance Policy adopted by Governors from the Local Authority are supportive of staff with emotional health and mental wellbeing issues, both during any periods of absence and upon their return to work, including phased returns. These policies are available to staff.

We provide wellbeing support to staff in a variety of ways including:
- We have access to an Employee Assistance Programme for counselling – details of how to refer to this service are readily available in school and is displayed on the staffroom noticeboard.
- Staff can also refer themselves to Occupational Health and details are displayed on the staffroom noticeboard.
- Wellbeing staff meetings-cancelled pre-planned and ad hoc, prompt start and finishes to meetings
- TA Champion for Emotional Health and Mental Wellbeing
- Seeking strategies to reduce workload e.g. modified school reports, 1 day to write reports, parents evenings start within the school day, rota for staff attending 1 'out of school event', increased staff meeting time to prepare and implement new initiatives, purchasing of workbooks/resources/online subscriptions so staff save time making resources
- Opportunity to take PPA offsite
- There is no expectation for any staff to respond to emails outside of school hours
- Opportunities for staff to attend own children's performances
- Organising social activities and exercise (Boot camp, daily mile, Cocktail Making)

- Receiving deliveries at the school address
- Weekly 'pledge' draw to boost morale

5.0 Teaching about Emotional Health & Mental Wellbeing
The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are taught across curriculum areas and particularly in our RHSE curriculum. Through planned programmes, worship and informal opportunities pupils are encouraged to explore emotional health and mental wellbeing issues appropriate to their age and stage of development.

We also promote emotional health and mental wellbeing through our school vision (which links to the Church of England's vision. See Appendix 3) and our Christian values and we encourage each individual to love, respect and value themselves and others. We encourage and nurture the growth of every individual and their uniqueness so that all flourish and become all that they can be and all that God made them to be.

We recognise that spirituality often becomes more important to people in times of emotional stress, physical and mental illness, loss and bereavement. We look to provide opportunities for inclusive spiritual development that supports good mental health as well as opportunities to learn from people of different faiths and beliefs about how their spirituality shapes them and supports their mental health and wellbeing. Religious Education also offers the opportunity to support this.

Church members and clergy can often be a valuable source of support and can offer additional and specific spiritual and pastoral support for pupils, support for staff, critical incident support and community links.

Staff use a variety of methods and opportunities to promote emotional health and mental wellbeing alongside the formal curriculum. These complement the whole school approach and overall ethos of the school. These include:
- Living out the School Vision
- BLP- Promoting a 'Growth Mindset', reflection, cooperation and resilience
- Celebrating awareness days and campaigns such as World Mental Health Day, Friendship Week etc.
- Reward systems embracing positive behaviour and individual achievements
- Whole school activities to promote a 'sense of belonging' e.g Pantomime trip, Circus tent, Crazy golf experience
- Having a culture of challenge by promoting 'learning from mistakes' and embracing 'can do' not 'can't do' attitudes
- Providing forums for listening and talking (can talk to any adult in school, circle time and an open door policy for all pupils)
- Encouraging co-operation and collaboration through Buddies, peer working and Sports Ambassadors
- Workshops e.g. Relax Kids, NSPCC, Esaefty
- Worship- MIND assembly, NSPCC, Esasfety
- Worry boxes in classes
- Valuing prayer and creating reflection spaces/opportunities
- Website has a designated area with links of support for emotional health and mental wellbeing
- Developing spirituality to help find meaning and purpose in the things we value
- Encourage faith to bring hope and healing in times of suffering and loss
- Promoting and displaying the '5 Ways to Wellbeing' (Be active, connect with others, learn something new, take notice and be generous and give)

6.0 Supporting Parents/Carers & Families

We see parent/carer involvement as a vital part of promoting emotional health and mental wellbeing: alongside an open-door policy, regular opportunities exist to promote partnerships with parents/carers, including:

- Annual transition/welcome meetings – a chance to meet staff, find out about the organisation, routines and curriculum in each class, enabling parents to support their children effectively with day-to-day change, promoting resilience.
- One to one appointments with the Headteacher to view the school prior to admission
- Structured parents'/carers' meetings with class teachers to provide feedback
- Parental questionnaires
- Parent workshops on key topics ie: phonics, SATs, Reading
- Information signposting parents to resources and support on the school website
- SEND review meetings

We recognise that families play a key role in influencing children's emotional health and mental wellbeing, therefore it is vital that we work with parents/carers to promote positive wellbeing for them. We do this by:

- Highlighting sources of support available within school and the local community: we will ensure this information contains services that are available to promote positive emotional wellbeing for all pupils, as well as those for children experiencing mental ill health. This information will be delivered via the curriculum, newsletters, the school website
- Ensuring parents/carers living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing.
- Relevant literature is available to borrow from school.
- Providing information about sources of support and information for adult mental health and emotional wellbeing services and making these readily available through our communication channels ie: newsletter/website etc.

The below links have an extensive directory of local agencies and organisations we can signpost staff and families to:
https://www.oldham.gov.uk/hsc/services/send/
https://www.oldham.gov.uk/downloads/file/4710/supporting_young_minds_through_tough_times

7.0 What does an emotionally healthy child look like?

School staff may become aware of certain signs which indicate a pupil may be experiencing emotional health or mental wellbeing issues. These should **always** be taken seriously and staff observing **any** of these should communicate their concerns with the Lead for Emotional Health & Mental Wellbeing and log on the school CPOMS system.
Possible warning signs include (but are not limited to):

- Expressing feelings of failure, uselessness or loss of hope
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating habits
- Changes in sleeping habits, including falling asleep in lessons
- Increased isolation from friends and family or becoming socially withdrawn – this may include not wanting to spend time with friends at break-time, frequent fallouts or seeking adult company/reassurance.
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Using drugs or alcohol

- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Avoiding PE or asking to get changed privately
- An increase in lateness or absenteeism
- Repeated physical pain or nausea with no evident cause – this may include repeatedly expressing feelings of being unwell or requesting to visit the first aid room/go home
  (See Appendix 4 for further details)

We also recognise that some children and young people have been exposed to multiple risk factors which may mean they are at greater risk of experiencing poorer mental health. For example: those who are looked after or previously looked after children, young carers, those who have had previous access to mental health services, those living with parents/carers with a mental illness and those living in households experiencing domestic violence. (See Appendix 5 for further details about risk and protective factors.)

These risk factors **do not** mean that the child **will** experience poorer mental health, they should be considered alongside resilience factors such as: a secure attachment experience with appropriate adults, good communication skills, capacity to reflect, a positive school climate enhancing belonging and connectedness, an open-door policy for children to raise concerns, a range of leisure activities and a whole school approach to supporting good mental health.

We promote a culture of sympathetic alertness, particularly to changes in behaviour or presentation of pupils. Staff should be aware that some children will not openly demonstrate any of the above signs, even when experiencing distress.

8.0 Managing Concerns
A pupil may choose to disclose concerns about themselves or a friend to **any member of staff** so it is vital that **all staff know how to respond appropriately to a disclosure or concern about a child's mental health.** School will source and provide training for all staff to ensure they are comfortable with this process. In this situation, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than give advice and if questions are needed, these should be open such as "tell me about…" or "describe what happened". Our first thoughts should be of the pupil's emotional and physical safety rather than exploring "why?"
In line with the Safeguarding Policy, all disclosures must be recorded on CPOMS, as soon as possible, within a 24 hour period. The report should detail:
- Date and time of the concern/disclosure
- The names (and positions if applicable) of those present
- What was discussed, in as much detail as possible
- What the agreed next steps are
- Who the concern/disclosure was reported to

8.1 Confidentiality
We need to be honest with pupils who make a disclosure about themselves or a friend. If we feel it is necessary to pass on the concerns we must inform them:
- Who we are going to tell (parents/carers, other staff, health care professionals etc.)
- What we are going to tell them
- Why we need to tell them

Parents/carers will be informed, and their support sought, unless there is reason to believe that there is an underlying child protection issue, in which case the DSL and local MASH team will be informed immediately. Pupils will be informed if this is the case.

Staff will share concerns/disclosures with a colleague using CPOMS, as this helps to safeguard their own emotional wellbeing as they are no longer solely responsible for the pupil. It also ensures continuity of care in case of absence and provides an extra source of ideas and support. We will discuss this with the pupil.

8.2 Sharing Concerns with Parents/Carers
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 questions (on a case by case basis):

Can the meeting happen face to face? This is preferable.

Who should be present? Consider parents, the pupil, other members of staff.

What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and we recognise that some 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 highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news being shared. 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. We will finish each meeting with an agreed next step

We will ensure a record of the meeting and points discussed/next steps agreed is kept and added to the pupil's CPOMS record.

9 Record keeping
Actions may be drawn up for pupils who receive a diagnosis pertaining to their mental health or who are accessing external support services. This should be drawn up involving the pupil, the parents/carers and relevant health professionals alongside school. Details of the pupil's condition, special requirements and precautions, medication and side effects, what to do and who to contact in an emergency, the role school can play and specific staff involved, any adjustments, interventions or support to be put in place based on the 'Assess-Plan-Do-Review' process and the involvement of any external agencies and their role in supporting the child will be recorded in CPOMS.

Where a referral to an external service is appropriate, this will be lead and managed by SLT in liaison with, the Lead for Emotional Health and Mental Wellbeing and/or SENCO.

For those children who require additional support with their emotional health and mental wellbeing, we will
- Involve parents/carers, and the child in the Assess-Plan-Do-Review process to identify the specific support required
- Keep parents/carers informed about the related work being carried out in school

10 Lead Members of Staff

Lead for Emotional Health & Mental Wellbeing – Steven Day
Named Governor for Emotional Health & Mental Wellbeing – Melissa Smith & Ian Mayhew
Designated Safeguarding Lead – Pamela Hartley
Deputy Safeguarding Lead – Steven Day
Youth Mental Health First Aider – Jane Riley
Lead First Aider – Debbie Atkinson

SENCO – Sue Ernest
TA Champion for Emotional Health and Mental Wellbeing – Lesley Roberts
ELSA Lead – Natalie Hague
Pastoral Support TA – Sophie Heron

Appendix 1 Graduated Response

School will respond to concerns for emotional health and mental wellbeing using a graduated response, as advocated in the Oldham Framework:

Universal Support
This is what school offers *all* children to promote positive mental health. Support is embedded in all classrooms and is part of the whole school approach. Eg. Daily Mile, worry boxes in class, strong curriculum presence for emotional health and mental wellbeing, worship, participation in awareness weeks etc.

Selected Support: Stage 1
This is where we put specific interventions into place. These are delivered in school by school staff, sometimes in consultation with other agencies. Eg. Self-esteem groups, 'Circle of Friends', 1:1or small group mentoring/interventions by TA, interventions led by SENCO, SATs interventions, Emotions Activities e.g. ELSA

Selected Support: Stage 2
This is where interventions are put into place, with support and consultation from external, specialist emotional health and wellbeing services/professionals (eg. Educational Psychology, Healthy Young Minds, MIND, School Nurses).

Stage 3: Targeted Support
This is where specific interventions are delivered in school by external agencies. School remain involved. Eg. MIND, Healthy Young Minds, Educational Psychologists, QEST.

Children may move around within the different stages depending on their need/improvement.

Appendix 2 Assess – Plan – Do – Review Process

To deliver Selected and Targeted Support for children and young people with emotional health and wellbeing needs this cycle should be followed.

> ### Assess

Clear analysis of the child's need. There should be a holistic and collaborative approach to assessment using tools such as a Functional behaviour Analysis (ABC logs) and emotional wellbeing checklists, ensuring views are gathered from the child and the parent/carer.

> ### Plan (see CPOMS)

Recording of adjustments, interventions and support to be put in place, based on the findings of the assessment.

> ### Do

Implementation of the agreed adjustments, interventions and support.

> ### Review

Evaluation of the impact and quality of the adjustments and support, along with the views of the child and their parents. This information should feed into the next cycle.

"Has the implemented plan had a positive impact?" – If yes, the cycle should be continued, if not, the cycle should be repeated at the next level.

It is important that despite the involvement of external professionals, the school retains **'ownership'** of the provision given to support the child, and continues to coordinate the response to the child through continuing 'assess-plan-do-review' cycles, with input from other professionals to shape appropriate adjustments, interventions and support.

Important: Children in Crisis

There may be isolated times where it is not appropriate or safe to follow the graduated approach, and a more immediate response is required.

Examples of this include:
> - If a child informs you they have taken an overdose or made an attempt to end their life
> - If a child informs you they have actual INTENT or a PLAN to end their life
> - If a child appears to be in a highly distressed state due to experiencing altered perceptions, unusual or abnormal experiences such as hearing voices.

In these circumstances it would be appropriate to implement one of the following steps:
- If the child reports an overdose/severe self-harm and appears physically unwell then an ambulance should be called and parents/carers informed.
- If the child reports any intent/plan to end their life a telephone consultation should be initiated with Health Young Minds and parents/carers informed before the child leaves school.
- If there is **any** uncertainty about the risk to a child or young person's mental health or safety, please contact the duty worker at Healthy Young Minds Oldham for a consultation.
  T: 0161 770 7777

If there are safeguarding concerns, the usual Safeguarding procedure will be followed

Appendix 3 Mental health and wellbeing and the Church of England vision for education

The core of the *Church of England's Vision for Education* is underpinned by the belief that education should support human flourishing, or' fullness of life'. This should equip children and young people in their understanding of who they are, why they are here, what they desire and how they should live. The vision also puts emphasis on a rounded education which should equip young people with strong foundations that will carry them through into adulthood.

The new SIAMS framework also acknowledges the importance of schools supporting the mental health and wellbeing of children, young people and staff. This is especially detailed in the section focusing on 'The impact of the school's Christian vision on community and living well together', although there is obvious overlap across all four key areas of the vision. For example, schools may want to consider:

Education for Wisdom Knowledge and Skills
• How do we help pupils to cope? e.g. teaching self-soothing, management of feelings.
• What opportunities do we offer for all staff, pupils and parents to learn about resilience?
• Is there an ongoing cycle of training on different aspects of mental health and wellbeing that informs practice?

Education for Hope and Aspiration
• How do we support young people to be agents of change?
• How do we ensure vulnerable pupils actually access activities, hobbies and sports?
• How do we help to map out a sense of future (hope and aspirations) and developing life skills?
• How do we help children and young people to recognise that failure does not need to have the last word?

Education for Community and Living Well Together
•How do we build community that enables all to feel safe and valued and that they belong?
•How do we invest in supporting problem-solving on issues related to mental health and wellbeing?
•How prepared are we and what capacity do we have to help with basics i.e. food, clothing, transport, and even housing?
•What opportunities do we give our whole school community to support and help others (e.g. volunteering, peer mentoring)?

Education for Dignity and Respect
• Does everyone in our school community have access to a safe space?
• Does every child or young person have at least one trusted adult, with regular access over time, who lets them know they 'hold them in mind' and that they care?   To really have an impact as a school or school grouping the approach needs to be central to the core purpose and vision of your organisation. It needs to be an approach that impacts the approach of all staff and offers consistency in how things are done.

Signs and symptoms of common mental ill-health conditions

Depression	Anxiety
- Feeling sad or having a depressed mood - Loss of interest or pleasure in activities once enjoyed - Changes in appetite — weight loss or gain unrelated to dieting - Trouble sleeping or sleeping too much - Loss of energy or increased fatigue - Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others) - Feeling worthless or guilty - Difficulty thinking, concentrating or making decisions - Thoughts of death or suicide	- Palpitations, pounding heart or rapid heart rate - Sweating - Trembling or shaking - Feeling of shortness of breath or smothering sensations - Chest pain - Feeling dizzy, light-headed or faint - Feeling of choking - Numbness or tingling - Chills or hot flashes - Nausea or abdominal pains
Obsessive-compulsive disorders	**Eating Disorders**
Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions: - Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings. - Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done. - Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone. - Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion. - Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.	*Anorexia Nervosa:* People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation: - Menstrual periods cease - Hair/nails become brittle - Skin dries and can take on a yellowish cast - Internal body temperature falls, causing person to feel cold all the time - Depression and lethargy - Issues with self-image /body dysmorphia *Bulimia Nervosa:* Patients binge eat frequently, and then purge by throwing up or using a laxative. - Chronically inflamed and sore throat - Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids - Constant vomiting causes gastroesophageal reflux disorder • Severe dehydration from purging of fluids

Self Harm
- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long trousers, even in hot weather
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioural and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness
- Head banging
- Ingesting toxic substances.

Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.

Appendix 5

Risk and Protective Factors for Children and Young People's Mental Health[14]

RISK FACTORS

Child
- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

Family
- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

School
- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

Community
- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services

Child
- ✔ Secure attachment experience
- ✔ Good communication skills
- ✔ Having a belief in control
- ✔ A positive attitude
- ✔ Experiences of success and achievement
- ✔ Capacity to reflect

Family
- ✔ Family harmony and stability
- ✔ Supportive parenting
- ✔ Strong family values
- ✔ Affection
- ✔ Clear, consistent discipline
- ✔ Support for education

School
- ✔ Positive school climate that enhances belonging and connectedness
- ✔ Clear policies on behaviour and bullying
- ✔ 'Open door' policy for children to raise problems
- ✔ A whole-school approach to promoting good mental health

Community
- ✔ Wider supportive network
- ✔ Good housing
- ✔ High standard of living
- ✔ Opportunities for valued social roles
- ✔ Range of sport/leisure activities

PROTECTIVE FACTORS

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