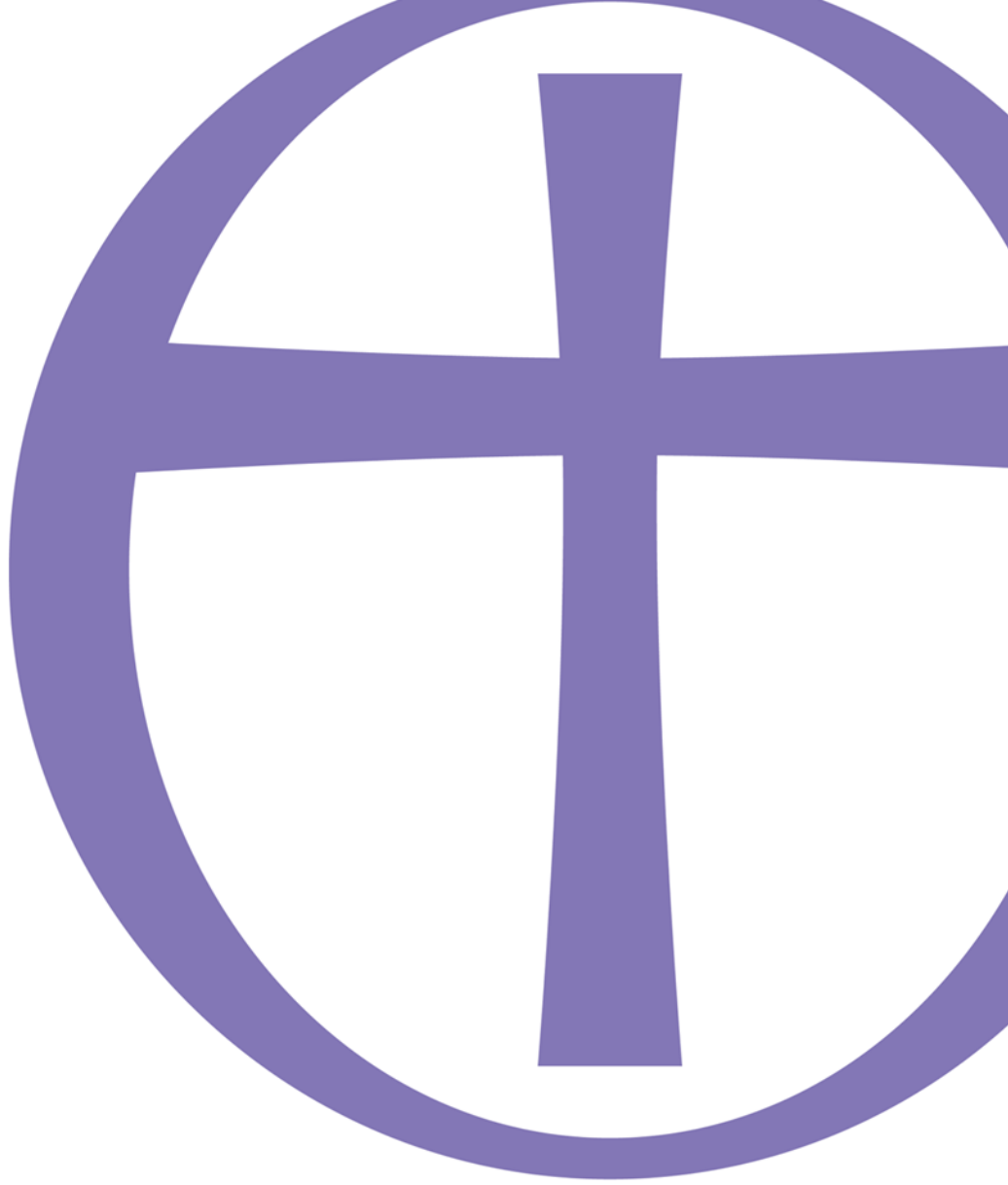THE CHURCH
OF ENGLAND
EDUCATION OFFICE

The Children's Society No child should feel alone

Mental Health and Wellbeing: Towards a Whole School Approach

Interim advice for schools and SIAMS inspectors ahead of the introduction of the new SIAMS Evaluation Schedule in September 2018

March 2018

www.churchofengland.org/education

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Introduction

Nurturing the health and wellbeing of pupils is a key facet of holistic education for human flourishing as exemplified in the *Church of England Vision for Education: Deeply Christian, Serving the Common Good*.[1] It should not be seen as a stand-alone item but as part of an embedded approach across the school's ethos, linking with other aspects of health education, spiritual development, the wider school curriculum and the ethos and policies that underpin the school. Any whole-school approach needs to ensure good partnership working with other agencies and health services.

Supporting children and young people to establish good habits and approaches to keeping well should happen as early as possible as part of forming a repertoire of good foundations for adult life as well as enabling them to enjoy more fully the here and now. The early years of schooling are particularly valuable in that these are often the times when contact with parents and carers is at its strongest. When young people have good emotional and mental health their engagement in academic learning increases.[2] In addition, for good mental health and wellbeing habits to have resonance staff need to be able to model these approaches for themselves to deepen children's learning as well as help staff to flourish.

This guidance aims to support Church of England schools to evaluate their current provision and to consider ways of embedding what they do in line with their Christian vision so that it becomes integrated into their school culture and ethos. It offers tools and resources which may complement or refine practices they are already engaged with. In addition it offers schools a framework to prepare for this aspect of their Statutory Inspection of Anglican and Methodist Schools (SIAMS). It is meant to be a thought-provoking and useful document rather than a prescriptive document.

Educating for human flourishing

The philosopher Nicholas Wolterstorff has suggested that the ultimate goal for Christian educators should be to seek 'shalom'.[3] 'Shalom' is a biblical vision of what God wants for humans and can be defined as flourishing in the enjoyment of relationships: with self, others, creation and with God. This is a helpful image when we consider the importance of mental health and wellbeing as part of a holistic vision for education. Equipping young people to navigate and enjoy good relationships is a key factor in

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[1] The Church of England Education Office, *Church of England Vision for Education: Deeply Christian, Serving the Common Good* (The Church of England Education Office, 2016), available at www.churchofengland.org/sites/default/files/2017-10/2016%20Church%20of%20England%20Vision%20for%20Education%20WEB%20FINAL.pdf.

[2] C.f Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B., 'The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions', *Child Development*, 82(1) (Farrington, C. A., 2011), pp. 405-432; Roderick, M., Allensworth, E., Nagaoka, J., Keyes, T. S., Johnson, D. W., & Beechum, N. O., *Teaching adolescents to become learners. The role of noncognitive factors in shaping school performance: A critical literature review* (Chicago: University of Chicago Consortium on Chicago School Research, 2012); January, A. M., Casey, R. J., & Paulson, D., 'A meta-analysis of classroom-wide interventions to build social skills: Do they work?', *School Psychology Review*, 40(2), (2011), pp. 242-256; Sklad, M., Diekstra, R., Ritter, M. D., Ben, J., & Gravesteijn, C., 'Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment?', *Psychology in the Schools*, 49(9) (2012). pp. 892-909.

[3] Wolterstorff, N., Joldersma, C. W., & Stronks, G. G., *Educating for shalom: Essays on Christian higher education*. (Grand Rapids/Cambridge, UK: Eerdmans, 2004).

supporting their mental health and wellbeing. Aligned with 'shalom' Wolterstorff argues that Christian educators should teach on justice and the importance of challenging injustice when it occurs. The new SIAMS framework calls for pupils to develop courageous advocacy and to see themselves as agents of change, making the world we live in a better place for everyone. Pupils have an important place in developing and contributing to the ethos and culture of our schools and can be a key resource.

A focus on academic resilience

One of a school's core activities is teaching and learning and so a focus that enables those in its care to establish academic resilience and achieve well despite adversity is rightly a priority. This must involve strategic planning, detailed practice and involve the whole school community if it is going to really make a difference.[4] Academic resilience means pupils achieving good educational outcomes despite adversity. Schools need to understand the contexts of the children and families they serve and to be aware when their basic needs are not being met so support can be tailored appropriately. They also need to work in partnership with others including parents, health and local authorities in order to fully appreciate all that is on offer and to be able to help families fully access the best support for their child. There may be times where it is right for schools to work as advocates for families, for example when housing is poor and impacting on sleep, health, wellbeing and learning. When support for children and young people is in the round it is likely to be more effective and have greater impact.

A core biblical principle is that we were created to live in community with others. In 1 Corinthians chapter 12 St Paul uses the image of a body to express how a community only functions well through recognising the different skills within it and being interdependent. Likewise, resilience is something that can only be fully achieved when a person is part of a nurturing community. Being resilient means knowing when and where to get the help you need at any one time. Sometimes this can be from within but at other times this support may need to come from elsewhere.

School leaders and governing boards need to have a clear approach to identifying and monitoring the quality of their provision. They need to reflect carefully on the impact of policies and resourcing for the most vulnerable and be aware of the long-term implications of decisions they make. The purpose of schools extends beyond academic learning to the holistic development of young people, so that they might live life in all its fullness into adulthood. For this reason it is right for schools to re-examine their curriculum and ethos regularly and to reflect on whether it continues to be fit for purpose. This is particularly pertinent when things go wrong, but it should also be a natural part of school development at a strategic level. Schools should be engaged in the iterative process of ensuring that they are meeting the needs of all young people in alignment with their aim to develop the whole child (including learning of knowledge and skills, fostering creativity and developing social, emotional and mental wellbeing). As

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[4] Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V., 'A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries', *BMC Public Health,* 13(1) (2013), p. 835; O'Mara, L., & Lind, C., 'What do we know about school mental health promotion programmes for children and youth?', *Advances in School Mental Health Promotion*, 6(3), (2013), pp. 203-224.; Weare, K., & Nind, M., 'Mental health promotion and problem prevention in schools: what does the evidence say?' *Health Promotion International*, 26(suppl 1), (2011), pp. i29-i69.

part of this ongoing process, feedback should be gathered from multiple school 'stakeholders' including staff, parents and carers and perhaps most importantly, by listening to young people. Their concerns and needs ought to be a key driver for improvement and a powerful tool that should not be underestimated.

What do we mean by wellbeing?

Wellbeing and mental health are not the same thing, neither is there one definition of wellbeing. The Children's Society comment:

> *Although definitions vary – and some feel that it is hard to define – there is broad agreement that well-being refers to the quality of people's lives. It is about how well we are, and how our lives are going. In our view, well-being may be best thought of as an umbrella term that can be measured via 'baskets' of indicators that together build up a picture of the quality of people's lives. In this sense, measuring well-being can involve both 'objective' indicators – e.g. measures of health, education and poverty – and 'subjective' ones – people's own assessments of how their lives are going. Until recently, however, relatively little attention has been given to the latter. It was to fill this gap in our knowledge that we set up a programme of research with the University of York. This research has developed a children's well-being measure, the 'Good Childhood Index', which includes an overall measure of well-being as well as measures of ten different aspects of life that we know to be important to children's overall well-being.* [5]

These ten aspects are:
1. Family
2. Friends
3. Health
4. Appearance
5. Time use
6. The future
7. Home
8. Money and possessions
9. School
10. Amount of choice[6]

In 2010 the Children's Society in partnership with York University developed the Good Childhood Index. The index is a short questionnaire for children to complete themselves. It includes a question

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[5] 'What is child well-being?', The Children's Society website www.childrenssociety.org.uk/what-is-child-wellbeing [accessed 04/01/18].
[6] 'The Good Childhood Index', The Children's Society website www.childrenssociety.org.uk/what-we-do/research/well-being/background-programme/good-childhood-index [accessed 12/03/18].

about their happiness overall, a five-item measure of life satisfaction and questions about happiness with ten different aspects of life: [7]

Children are asked: 'How happy are you with your life as a whole?'

Please say how much you disagree or agree with each of the following statements*:

- *My life is going well*
- *My life is just right*
- *I wish I had a different kind of life*
- *I have a good life*
- *I have what I want in life*

Please tick one of the boxes to say how happy you feel with things in your life.**

How happy are you with…
- *your life as a whole?*
- *your relationships with your family?*
- *the home that you live in?*
- *how much choice you have in life?*
- *your relationships with your friends?*
- *the things that you have (like money and the things you own)?*
- *your health?*
- *your appearance (the way that you look)?*
- *what may happen to you later in your life (in the future)?*
- *the school that you go to?*
- *the way that you use your time?*

* Response options are on a 5-point scale from 'strongly disagree' to 'strongly agree'.
** Scale from 0 to 10. 0 means 'very unhappy'; 10 means 'very happy'.

These are then followed with qualitative interviews with groups of children exploring any patterns that emerge from their particular context.

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[7] Summary of the Good Childhood Index taken from 'The Good Childhood Index', The Children's Society Website www.childrenssociety.org.uk/what-we-do/research/well-being/background-programme/good-childhood-index [accessed 12/03/18].

Some statistics on wellbeing

Whilst wellbeing and mental health are separate they are also connected. The 2016 *Good Childhood Report* combined a measure of psychological wellbeing to assess how many children could be said to be 'flourishing'.[8] They found that 82 per cent of children were 'flourishing', ten per cent could be said to be 'languishing', and around eight per cent fall between these two groups.[9]

While most children fare well, one in ten children – or three children in every classroom – feel both unhappy with their lives and that their life lacks meaning and purpose.[10] The report also explored how different aspects of wellbeing and different types of mental health problems relate to each other. They found:

- As they get older, girls become less happy than boys with their appearance and life as a whole, and more likely to experience emotional health problems such as anxiety and depression. An important new finding is that emotional problems are associated with happiness with appearance and life as a whole, and these links are strongest for girls.
- For boys, there is a different picture. It is younger boys that are more likely than girls to be unhappy with their school work and to have conduct and hyperactivity/ inattention problems.
- These gender differences disappear from age 12 onwards.
- These findings need concerted action to improve life for children.[11]

Listening carefully to children and young people about their needs can help schools to tailor their provision more effectively to support individuals better. Working collaboratively across school transitions may also be of benefit.

What do we mean by mental health?

While this paper has separated the concepts of wellbeing and mental health they are interrelated and any separation is, in many ways, an artificial construct. For this reason, when identifying and planning support for pupils in need, it is helpful to consider all factors that may be impacting on them.

We all have mental health; how good this is depends on many factors and it may be helpful to consider our own mental health as being on a continuum, recognising that it is not static. The World Health Organization (WHO) defines mental health as:

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[8] The Children's Society, *The Good Childhood Report 2016* (The Children's Society, 2016), available at www.childrenssociety.org.uk/what-we-do/resources-and-publications/the-good-childhood-report-2016.
[9] The Children's Society, *The Good Childhood Report 2016*, p. 19.
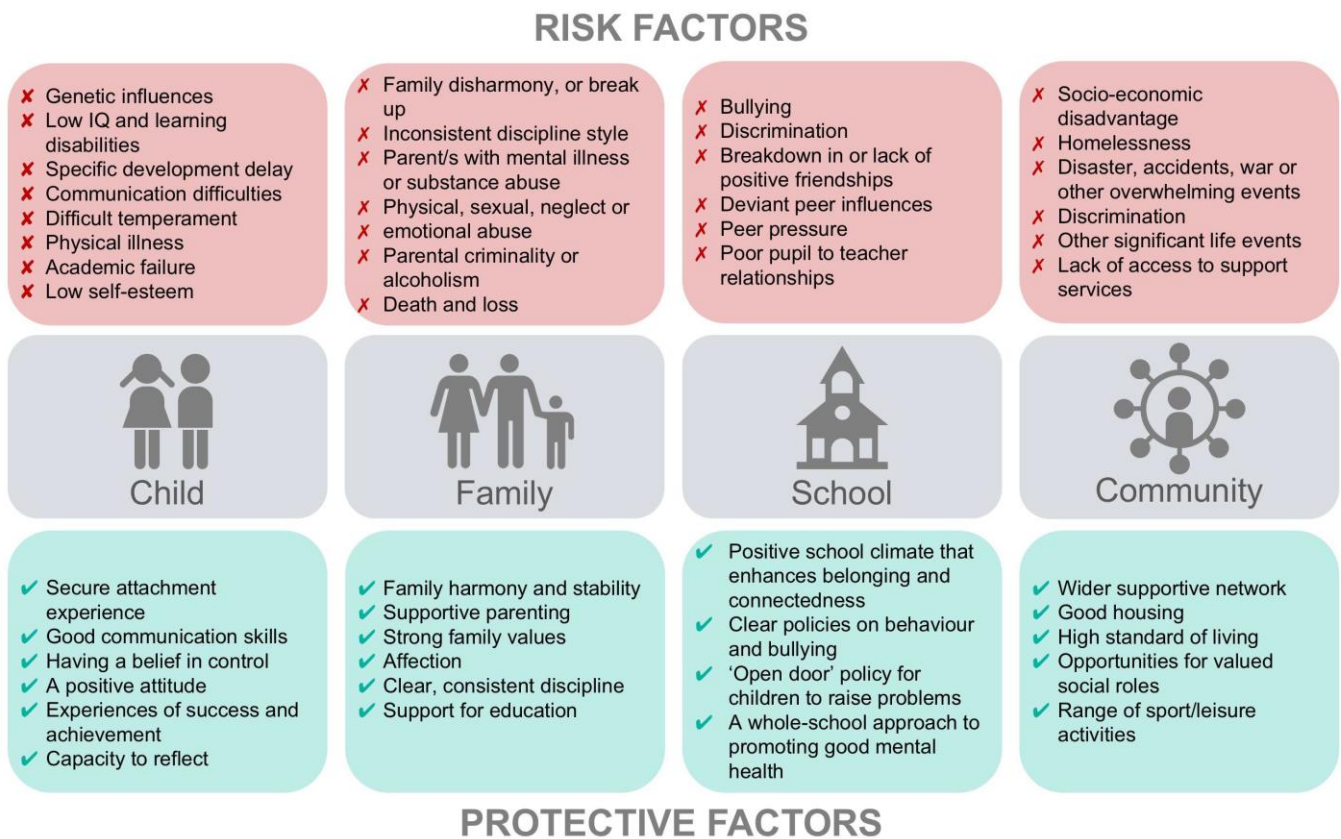[10] The Children's Society, *The Good Childhood Report 2016*, p. 62.
[11] The Children's Society, *The Good Childhood Report 2016*.

A state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.[12]

The WHO also says that 'mental health is an integral and essential component of health' and with wellbeing '[is] fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world' and in turn a core ingredient of effective schooling.[13]

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

RISK FACTORS

Child	Family	School	Community
✘ Genetic influences ✘ Low IQ and learning disabilities ✘ Specific development delay ✘ Communication difficulties ✘ Difficult temperament ✘ Physical illness ✘ Academic failure ✘ Low self-esteem	✘ 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	✘ Bullying ✘ Discrimination ✘ Breakdown in or lack of positive friendships ✘ Deviant peer influences ✘ Peer pressure ✘ Poor pupil to teacher relationships	✘ Socio-economic disadvantage ✘ Homelessness ✘ Disaster, accidents, war or other overwhelming events ✘ Discrimination ✘ Other significant life events ✘ Lack of access to support services
✔ Secure attachment experience ✔ Good communication skills ✔ Having a belief in control ✔ A positive attitude ✔ Experiences of success and achievement ✔ Capacity to reflect	✔ Family harmony and stability ✔ Supportive parenting ✔ Strong family values ✔ Affection ✔ Clear, consistent discipline ✔ Support for education	✔ 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	✔ 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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[12] 'Mental health: strengthening our response' (April 2016), World Health Organization website www.who.int/mediacentre/factsheets/fs220/en/ [accessed 05/01/18].

[13] 'Mental health: strengthening our response', www.who.int/mediacentre/factsheets/fs220/en/ [accessed 05/01/18].

[14] This diagram has been taken from Public Health England, *The mental health of children and young people in England* (Public Health England, 2016), p. 5, available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf [accessed 14/03/18].

Common mental health disorders

The Office for National Statistics' mental health of children and young people survey 2004 offers the following categories of common mental health disorders: [15]

Emotional disorders

- **Separation anxiety**
  Concerns about: separation from an attachment figure, for example, because of loss of or harm to that person or the child being taken away; not wanting to go to school; being afraid of sleeping or being at home alone. The child may feel sick, anxious or have nightmares about the possibility of separation

- **Specific phobia**
  Characterised by: excessive fears about particular objects or situations, for example: animals, storms, the dark, loud noises, blood, infections or injuries, dentists or doctors, vomiting, choking or diseases, types of transport, enclosed spaces, toilets, people who look unusual, monsters, etc. The child becomes very upset each time the stimulus is triggered and tries to avoid such situations.

- **Social phobia**
  Includes anxiety about: meeting new or large groups of people, eating, reading or writing in front of others, speaking in class. The child may be able to socialise with familiar people in small numbers but is frightened of interacting with other adults or children. The anxiety is typically due to fear of embarrassment. The child becomes distressed (for example, blushes or feels sick) and tries to avoid such social situations.

- **Generalised anxiety**
  The child worries about a wide range of past, present or future events and situations, for example: past behaviour, school work and exams, disasters and accidents, his/her own health, weight or appearance, bad things happening to others, the future, making and keeping friends, death and dying, being bullied and teased. The anxiety is accompanied by physical symptoms such as restlessness, fatigue, poor concentration, irritability, muscular tension or insomnia.

- **Depression**
  Characterised by feelings of sadness, irritability and loss of interest which last for most of the day and persist over a period of time. Associated features may be: tiredness, changed appetite, weight loss or gain, insomnia, hypersomnia, agitation, feelings of worthlessness or guilt, poor concentration, thoughts of death, recent talk or experience of deliberate **self-harm**.

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[15] The Office for National Statistics, *Mental Health of Children and Young People in Great Britain 2004* (Palgrave Macmillan, 2005), available at http://digital.nhs.uk/catalogue/PUB06116 [accessed 13/03/18].

Conduct disorders

- **Oppositional defiant disorder**
Characterised by: temper outbursts, arguing with adults, disobedience, deliberately annoying others, passing on blame, being easily annoyed, angry, resentful, spiteful and vindictive. The behaviour is likely to have caused complaints from parents and teachers.

- **Unsocialised conduct and socialised conduct disorders**
Typical behaviour includes: telling lies, fighting, bullying, staying out late, running away from home, playing truant, being cruel to people or animals, criminal behaviour such as robbery, rape, using weapons. This type of behaviour would often have resulted in complaints from school staff or contact with the police. Socialised conduct disorders are where the young person has friends (though usually antisocial friends). They may engage in antisocial behaviours such as shoplifting or stealing cars together. In unsocialised conduct disorder, the young person lacks any real friends and typically engages in solitary antisocial activities. These are the opposite ends of a spectrum, so dividing conduct disorder into these two categories is somewhat arbitrary.

Hyperkinetic disorders

The child is hyperactive (for example, fidgeting, running around, climbing on furniture, always making a lot of noise), impulsive (for example, blurts out answers, cannot wait his/her turn, butts into conversations or games, cannot stop talking) and inattentive (for example, cannot concentrate on a task, makes careless mistakes, loses interest, does not listen, is disorganised, forgetful and easily distracted). The child's teachers are likely to have complained about his/her overactivity, impulsiveness and poor attention.

Eating disorders

Children with eating disorders are excessively concerned with their eating habits, weight and shape. For example, they may perceive themselves as too fat even though they are thin, they may be ashamed of, or feel guilty about eating or engage in binge eating followed by fasting. Measures to control eating may involve excessive dieting, hiding food, vomiting, taking pills to aid weight.

Less common disorders

- **Tic disorders including Tourette's syndrome**
This disorder covers motor and vocal tics. The former include: eye blinking, squinting, eye rolling, nose twitching, head nodding, screwing up face, shoulder shrugging, jerking of arm or leg. Vocal tics include; throat clearing, excessive sniffing, coughing, squeaking, sucking noises, word repetition.

- **Selective mutism**
Characterised by a failure to speak in certain circumstances although the child is able to converse normally in other situations.

- **Schizophrenia**
Schizophrenia represents a major psychiatric disorder characterised by psychotic

symptoms that alter the child's perception, thoughts, mood and behaviour. It is rare in children and young people, the prevalence increases from age 14 onwards.

Children with multiple disorders

In 2004 one in five of children with a disorder were diagnosed with more than one of the main categories of mental disorder (emotional, conduct, hyperkinetic or less common disorders). This represented 1.9 of all children.[16] The most common combinations were conduct and emotional disorder, and conduct and hyperkinetic disorder.

Suicide

Suicide is a complex issue, usually with no single cause, and it is therefore not possible to generalise. However, there is some evidence to suggest that people who have previously experienced bereavement or undergone a personal crisis, people with mental health problems, and people in marginal groups may be more vulnerable.

In the UK, suicide is the leading cause of death in young people, accounting for 14 per cent of deaths in 10-19 year olds.[17] It is rarely caused by one thing and usually follows a combination of previous vulnerability and recent events. The stresses identified before suicide are common in young people and most come through them without serious harm. Important themes for suicide prevention are support for or management of family factors (e.g. mental illness, physical illness, or substance misuse), childhood abuse, bullying, physical health, social isolation, mental ill-health and alcohol or drug misuse.

Those affected by suicide are themselves at increased risk of serious upset and may potentially be at greater risk of taking their own life. School staff should be asked to identify any young people who are vulnerable, and efforts should be made to provide additional support or referral to specialist services without delay. [18]

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[16] Office for National Statistics, *Mental Health of Children and Young People in Great Britain 2004,* p. 212.

[17] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), *Suicide by children and young people* (University of Manchester, 2017), p. 4, available at www.hqip.org.uk/public/cms/253/625/19/870/CYP%20report%20FINAL.pdf?realName=8iQSvl.pdf&v=0 [accessed 08/02/18].

[18] The Samaritans have a helpful step by step guide for schools – Samaritans, *Help when we needed it most: How to prepare for a respond to a suspected suicide in schools and colleges* (Samaritans, 2016), available at www.samaritans.org/sites/default/files/kcfinder/files/HWWNIM_Feb17_Final_web.pdf [accessed 13/03/18].

Parents with poor mental health

An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves.[19] It is important for schools to recognise how the mental health and wellbeing of the children and adults in a family where a parent is mentally ill are linked.[20] For example:

- Parental mental health problems can adversely affect the development, and in some cases the safety, of children.
- Growing up with a mentally ill parent can have a negative impact on a person's adjustment in adulthood, including their transition to parenthood.
- Children, particularly those with emotional and behavioural or chronic physical difficulties, can precipitate or exacerbate mental ill health in their parents/carers.[21]

It is helpful for schools to be especially attentive to these children and young people and to consider whether they will need additional support if a parent is mentally unwell.

Some statistics on the mental health of children and young people

Whilst mental health and wellbeing is a priority for many, provision of mental health services for children and young people nationally is patchy. Research published by children's mental health charity Place2Be and school leaders' union NAHT in February 2017 found that more than half (56 per cent) of school leaders claimed that it was difficult to find mental health services for pupils, and more than one in five (22 per cent) who had attempted to find support were unsuccessful.[22] School leaders' experiences also varied by region, with two thirds of those in the West Midlands and South West finding it difficult to find mental health services for pupils compared to only 37 per cent of those in London.[23]

In primary schools, almost all school leaders (97 per cent) felt that people underestimate the level of mental health problems amongst pupils.[24] While 95 per cent of primary school leaders felt that their teachers already go 'above and beyond' to support their pupils' wellbeing, only two in five (39 per cent)

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[19] Office of the Deputy Prime Minister, *Mental Health and Social Exclusion: Social Exclusion Unit Report Summary* (ODPM 2004), pp. 4-5, available at www.nfao.org/Useful_Websites/MH_Social_Exclusion_report_summary.pdf [accessed 13/03/18].

[20] The Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS), *A guide to understanding the effects of parental mental health on children and the family* (DHSSPS), available at www.cypsp.org/wp-content/uploads/2014/02/DHSSPS-UNOCINI-Understanding-the-Effects-of-Parental-Mental-Health-on-Children-and-the-Family.pdfand [accessed 03/02/18].

[21] DHSSPS, *A guide to understanding the effects of parental mental health on children and the family,* p. 2.

[22] 'Half of schools struggle to get mental support for pupils' (10/02/17), NAHT website www.naht.org.uk/news-and-opinion/news/pupil-well-being-news/struggling-to-get-mental-health-support/ [accessed 13/03/18].

[23] 'Half of schools struggle to get mental support for pupils', NAHT website.

[24] 'Half of schools struggle to get mental support for pupils', NAHT website – statistics found on the full report available to download from the webpage www.naht.org.uk/news-and-opinion/news/pupil-well-being-news/struggling-to-get-mental-health-support/

felt confident that their staff would know how to respond if a pupil had a mental health crisis.[25] It is therefore important that schools ensure all staff receive an adequate level of training so that they are clear how to best respond to a pupil in need, and how to access further support.

The poor mental health of young people in this country compared to others is a current area of concern.[26] The actual scale of the problem is not widely known and the statistics we are currently working with are from 2004 survey data.[27] (The next comprehensive survey data on children and young people's mental health is expected to be published in September 2018.) The 2004 survey data found that 3.3 per cent of children had anxiety, 0.9 per cent had depression, and 5.8 per cent had a conduct disorder.[28] The report also highlighted parents reporting that two per cent of all children self-harmed compared to children reporting that seven per cent of all children self-harmed.[29] More recent research published in 2017 suggests that self-harm may be increasing amongst certain groups, with a 68 per cent increase in self-harm rates amongst girls aged 13-16 since 2011.[30] We also know that children and teenagers in the UK have scored consistently poorly in international league tables on happiness[31] and there are worrying trends that eating disorders and stress in children are on the increase.[32]

The Government has responded to this and its recent Green Paper identifies a need for more to be done and aims to ensure:

- All schools and colleges are incentivised and supported to identify and training a Designated Senior Lead for Mental Health to oversee their approach to mental health and wellbeing;
- Local Mental Health Support Teams are established to address the need of children with mild to moderate mental health issues and to provide a link to NHS services;
- Reduced waiting times for NHS services for those needing specialist help.[33]

However by its own admission the target is only for a fifth to a quarter of the country to have fully benefitted from this new approach by the end of 2023 and the focus is on secondary pupils not primary.[34] For any national strategy to be truly effective it needs to start to build foundations in the

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[25] 'Half of schools struggle to get mental support for pupils', NAHT website – statistics found on the full report available to download from the webpage www.naht.org.uk/news-and-opinion/news/pupil-well-being-news/struggling-to-get-mental-health-support/

[26] Ryan, B., *Christianity and Mental Health: Theology, Activities, Potential* (Theos, 2017), p. 19.

[27] 'Mental Health – how are children and young people affected?' (22/02/17), Office for National Statistics website https://blog.ons.gov.uk/2017/02/22/mental-health-how-are-children-and-young-people-affected/ [accessed 11/01/18]. It is interesting to note that Facebook was first launched (for universities) in 2004, and almost all social media platforms were not yet in use.

[28] The Office for National Statistics, *Mental Health of Children and Young People in Great Britain 2004*, p. 35.

[29] The Office for National Statistics, *Mental Health of Children and Young People in Great Britain 2004*, p. 84.

[30] Morgan, C., Webb, R., Carr, M., Kontopantelis, E., Green, J., Chew-Graham, C., Kapur, N., and Ashcroft, D., 'Incidence, clinical management and mortality following self-harm among children and adolescents: cohort study in primary care', *British Medical Journal* (2017), p. 359, available at www.bmj.com/content/359/bmj.j4351 [accessed 04/01/17].

[31] See for example, The Children's Society, *The Childhood Report 2015* (The Children's Society, 2015), available at www.childrenssociety.org.uk/sites/default/files/TheGoodChildhoodReport2015.pdf.

[32] Micali, N., Hagberg, KW., Peterson, I., Treasure, JL., 'The incidence of eating disorders in the UK in 200-2009: Findings from the General Practice Research Database', *British Medical Journal Open* 3 e002646 (2013), available at http://bmjopen.bmj.com/content/bmjopen/3/5/e002646.full.pdf [accessed 13/03/18].

[33] Department for Education (DfE), *Transforming Children and Young People's Mental Health Provision: a Green Paper* (DfE, 2017).

[34] DfE, *Transforming Children and Young People's Mental Health Provision*, p. 4.

Early Years so that by the time a child reaches adolescence they are already equipped with a repertoire of skills, resources and strategies to draw on.

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'.[35] 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)?

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[35] The Church of England Education Office, *Church of England Vision for Education* (The Church of England Education Office, 2016), p. 4.

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[36] 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.

Spirituality and mental health

The Royal College of Psychiatrists has published some useful guidance on spirituality and mental health where they identify 'ways in which some aspects of spirituality can offer real benefits for mental health.' [37] They identify spirituality as being within and beyond formal religion and recognise that it 'often becomes more important to people in times of emotional stress physical and mental illness, loss, bereavement and the approach to death.' [38]

They recommend that a person with a religious belief may need support which acknowledges and gives space to their faith as part of their support. Schools should therefore 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 which offers the opportunity for young people to engage with a diversity of people can support this. Schools would also benefit from building relationships with the religious leaders in their community.

Areas to explore might include:
- The value of prayer, worship and reflection.
- How different spiritualties can help us to find meaning and purpose in the things we value.
- How faith can bring hope and healing in times of suffering and loss.
- How a sense of the beyond can change a person's understanding of who they are, their relationship to others and the world.

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[36] For example, a school grouping could be a multi-academy trust (MAT) or a federation.
[37] 'Spirituality and mental health' (September 2014), Royal College of Psychiatrists (RCPSYCH) website
www.rcpsych.ac.uk/mentalhealthinformation/therapies/spiritualityandmentalhealth.aspx [accessed 26/01/18]. See also resources published by their Spirituality and Psychiatry Special Interest Group www.rcpsych.ac.uk/workinpsychiatry/specialinterestgroups/spirituality.aspx [accessed 26/01/18].
[38] 'Spirituality and mental health', RCPSYCH) website.

The role of chaplaincy

School chaplains can often be a valuable source of support to schools and can offer: additional and specific spiritual and pastoral support of pupils; support for staff; critical incident support; community links; and can be seen as working beyond the 'gates'.

In addition it is helpful if chaplains:
- get on well with local clergy and faith communities;
- can provide information about local religious groups, their traditions and practices;
- are willing to recognise that in some circumstances it is unhelpful for an individual to focus on religious beliefs and activities and can even be harmful;
- work closely with pastoral and mental health teams so that spiritual needs can be recognised and helped;
- make sure that staff, pupils, parents and governors know about the help available for their spiritual and pastoral care.

Developing a holistic approach to supporting children and young people's mental health and wellbeing

There are many approaches available for schools to utilise.[39] The best approaches emphasise the need to recognise the needs of children across the school community. For example, the Boingboing Resilience Framework identifies 'resilience moves' (actions or interventions), based on a review of the research evidence base.[40] Engagement with parents and carers informed the presentation and implementation of the Resilience Framework in its early days. Subsequently, young people with a range of needs have made their own versions of the Resilience Framework to enable the spread of this knowledge to their peers.

The 'resilience moves' in the Framework are categorised into: Basics, Belonging, Learning, Coping and Core Self which are summarised in the chart on page 18.

- **Basics** – ensuring the necessities needed for life are in place: like food, sleep, exercise, money, housing, a safe space and the right to be free of prejudice and discrimination.

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[39] For examples see: The Children's Society, *Ways to well-being: Exploring the links between children's activities and their subjective well-being* (The Children's Society, 2014), available at www.childrenssociety.org.uk/sites/default/files/Ways%20to%20well-being%20report%20FINAL.pdf and the YoungMinds 360° Schools hub https://youngminds.org.uk/what-we-do/360-schools-hub/we-support-your-whole-school-improvement/ [both accessed 10/01/18].

[40] The Resilience Framework is based on a set of ideas and practices originally developed by Angie Hart and Derek Blincow, with help from Helen Thomas. Hart, A., & Blincow, D., with Thomas, H., *Resilient Therapy: Working with children and families* (Brunner Routledge, 2007). Boingboing have made the Resilience Framework freely available for use www.boingboing.org.uk/resilience/resilient-therapy-resilience-framework/.

- **Belonging –** encouraging good relationships: concentrating on positive times and places, remaining hopeful about new connections and having people in your life you can count on.
- **Learning** – having opportunities in and outside of school to develop interests, talents and life skills, including mapping out or having a view to the future.
- **Coping** – embedding the skills needed to manage the knocks of everyday living like problem-solving, staying calm and leaning on others if needed.
- **Core self** – developing those things that help children and young people to develop a strong sense of themselves, including ways to build and nurture their confidence, self- esteem and character.

The Resilience Framework is underpinned by a set of key guiding principles. They describe the underlying values for resilience-building work and can be helpful when multiple disadvantages threaten to overwhelm us. These key principles include:

- **Accepting** – starting with exactly where a child, young person or family are at, even if it means being at a very sore point, returning to 'unconditional positive regard', which means trying not to judge people and appreciating them or their basic humanity come what may.
- **Conserving** – holding on to anything good that has happened up until now and building on it. When there is so much difficulty around, 'preserving' the little positive that there is becomes even more precious.
- **Commitment** – staying in there and being explicit about what your commitment can be. Being realistic about what's doable and not giving up or expecting things to change overnight.
- **Enlisting** – seeking others to help and moving on from those who might have let us down in the past, noticing that we may not be enough or we may be too much.

	BASICS	BELONGING	LEARNING	COPING	CORE SELF
SPECIFIC APPROACHES	Good enough housing	Find somewhere for the child/young person to belong	Make school/college life work as well as possible	Understanding boundaries and keeping within them	Instill a sense of hope
	Enough money to live	Help child/young person understand their place in the world			
	Being safe	Tap into good influences	Engage mentors for children/young people	Being brave	Support the child/young person to understand other people's feelings
	Access and transport	Keep relationships going		Solving problems	
		The more healthy relationships the better	Map out career or life plan	Putting on rose-tinted glasses	Help the child/young person to know him/herself
	Healthy diet	Take what you can from relationships where there is some hope		Fostering their interests	
	Exercise and fresh air	Get together people the child/young person can count on	Help the child/young person to organise him/herself	Calming down and self-soothing	Help the child/young person take responsibility for her/himself
		Responsibilities and obligations			
	Enough sleep	Focus on good times and places		Remember tomorrow is another day	Foster their talents
	Play and Leisure	Make sense of where the child/young person has come from	Highlight achievements		
	Being free from predjudice and discrimination	Predict a good experience of someone or something new	Develop life skills	Lean on others when necessary	There are tried and tested treatments for specific problems, use them
		Make friends and mix with other children/young people		Have a laugh	
GUIDING PRINCIPLES					
ACCEPTING		CONSERVING	COMMITMENT	ENLISTING	

Resilience Framework (Children and Young People) October 2015 – adapted by Boingboing from the chart in Angie Hart, Derek Blincow & Helen Thomas's 2007 book called Resilient Therapy: Working with Children and Families. This chart is published in full at www.boingboing.org.uk/resilience/resilient-therapy-resilience-framework/

Academic resilience

The Academic Resilience Approach builds on this work.[41] This whole school approach to resilience emphasises that, whilst schools cannot be held responsible for all of these factors, there is much they can do: in school; working with parents; utilising Pupil Premium funding; signposting; and providing access for families to places of further support and advice locally. The framework enables school staff to support pupils through both whole school practice and targeted intervention to focus on what can best help them to develop their resilience.

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[41] 'The Academic Resilience Approach' (24/04/17), Boingboing website www.boingboing.org.uk/academic-resilience-approach [accessed 22/01/18].

Many of the resources for the Resilience Framework and the Academic Resilience Approach are freely available on the Boingboing website. Part of the Academic Resilience Approach tools is a useful traffic light audit tool (Appendix 1), and also provides questions for senior leaders and governing bodies (Appendix 2). Schools are encouraged to create a visual Pyramid of Needs.[42] This is done firstly by creating a scoring system identifying possible vulnerabilities and weighting these. Vulnerabilities could include looking at behaviour; being 'invisible'; attendance; safeguarding; special educational needs; disability; Looked After Children; children in receipt of Free School Meals; children with English as an additional language; who have recent bereavement, family breakdown or trauma. The scoring is then used to asses a whole cohort and to identify the best strategies to support them. In addition the pyramid of need is displayed in the staffroom. This is a pyramid of photos (only) of the most vulnerable children in each cohort to act as an aide memoire for staff to offer light touch support when the opportunity presents itself. This includes spending time with a young person when a problem arises, and supporting them to solve the problem for themselves. There are also useful films on the website showing schools using the ARA in practice.[43]

Whilst there are more sophisticated tools available for assessing children's mental health and wellbeing, these are best used by those who have had specific training in how to interpret and share the results, and offer therapeutic support. Using such tools badly can cause more damage than good.
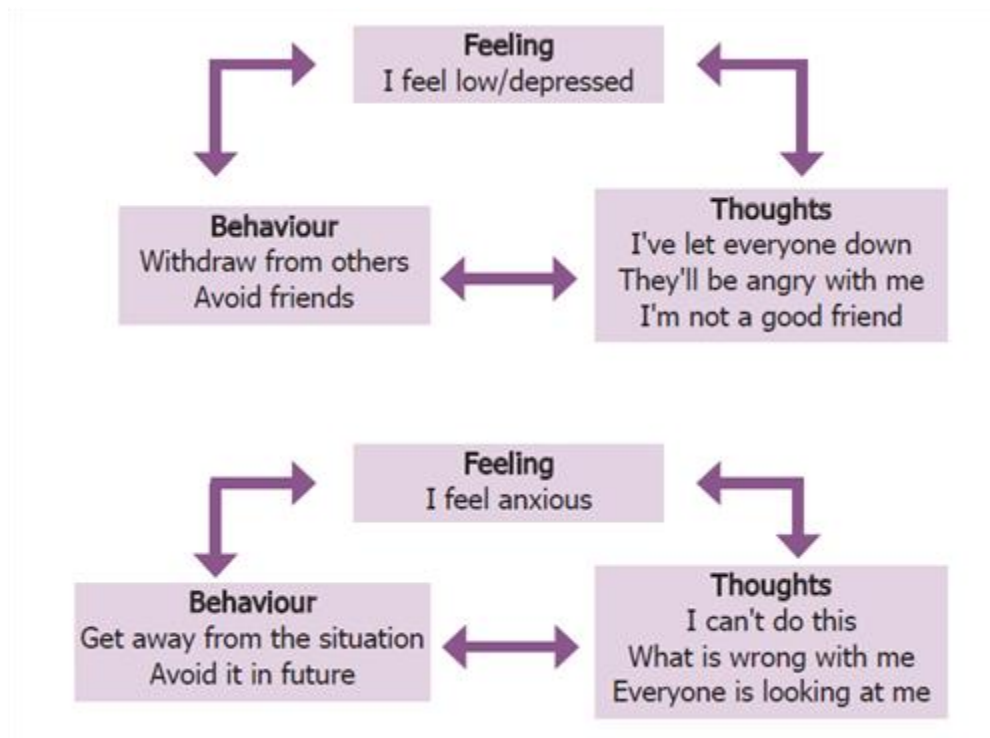
Cognitive Behaviour Therapy

Another notable and complementary approach is offered by Five Areas who provide a simplified Cognitive Behaviour Therapy (CBT) approach that encourages people to: understand their feelings; do things that make them feel better; look at things differently; and build inner confidence.[44] In addition to this it offers accessible strategies for: finding a way through problems; coping with failure; managing anger and becoming happier.

CBT is a type of talking treatment that focuses on how a person's thoughts, beliefs and attitudes affect a person's feelings and behaviour, and teaches coping skills for dealing with different problems. It combines cognitive therapy (examining the things a person thinks) and behaviour therapy (examining the things a person does). CBT is based on the idea that the way a person thinks about situations can affect the way a person feels and behaves. For example, if a person interprets a situation negatively then they might experience negative emotions as a result, and those bad feelings might then lead them to behave in a certain way.

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[42] 'How do I improve results through the Academic Resilience Approach?' (22/04/17), Boingboing website www.boingboing.org.uk/improve-results-academic-resilience-approach/ [accessed 22/01/18].

[43] The films can be found here www.boingboing.org.uk/resilience/short-films-showing-resilience-building-action/. Boingboing also provides training on Academic Resilience on request and together with the University of Brighton they deliver a course – the Facilitated Academic Resilience Approach (FARA) - for teachers and other school staff that is university accredited at either undergraduate or master's level www.boingboing.org.uk/training-and-events/training-courses/.

[44] You can find out about the five areas approach at www.fiveareas.com/about-the-five-areas-approach/ [accessed 05/01/18].

© Mind 2017. This diagram was first published in Mind's online resource *Cognitive Behavioural Therapy* published in full at www.mind.co.uk.

CBT is a relatively flexible therapy that can be adapted to meet a range of needs. The National Institute for Health and Care Excellence (NICE) particularly recommends CBT for depression and anxiety.[45]

The Five Areas CBT resources offer opportunities to develop shared language and approaches to support good mental health in a range of contexts. Resources have been developed for primary, secondary and special schools as well as for use by community groups. They equip participants to make positive changes through providing them with simple steps to do this. In addition there are faith-based versions (*Living Life to the Full with God*) for churches wanting to support parents within their local community and add capacity to work already happening in school. The schools' resources also have the option of faith-based versions, including for example optional story scenarios based on well-known Bible stories that can be used to discuss the thoughts, feelings and behaviours of popular characters such as David when facing Goliath.

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[45] 'Common mental health problems: identification and pathways to care' (May 2011), National Institute for Health and Care Excellence website www.nice.org.uk/guidance/cg123/ifp/chapter/What-treatments-might-I-be-offered [accessed 02/02/18].

Staff mental health and wellbeing

Teachers have been described as experiencing an "epidemic of stress" as research revealed a five per cent rise on the year before, revealing that one in 83 teachers spent more than a month off work in 2016-17. 3,750 teachers were signed off on long-term sick leave that year because of pressure of work, anxiety and mental illness.[46] Altogether 1.3 million days have been taken off by teachers for stress and mental health reasons in the last four years, including around 312,000 in 2016-17.[47] In addition, between 2011 and 2015 the suicide rate among nursery and primary school teachers in England was nearly two times higher than the national average; 42 per cent higher than patterns in the broader population of England.[48]

Clare is a busy teacher. She sometimes feels stressed by the demands of her job.

Luckily, her headteacher recently attended a mindfulness course and has decided to provide yoga classes after school to improve staff wellbeing.

Whilst performing an 'extended triangle pose' Clare can't shake off the feeling that this isn't going to get her marking done any time soon.

This text is used with permission from Andrew Percival and is taken from *The Second Ladybird Book of Edu-Twitter* https://twitter.com/i/moments/951559440003674114
Image from: https://pixabay.com/en/aerobics-balance-exercise-female-18884/

Whilst little research has been conducted into any causal relationship between teacher wellbeing and pupil outcomes Briner and Dewberry's 2007 report described a positive association between teacher wellbeing and pupil performance.[49] Other literature has highlighted a relationship between teacher absence and weaker pupil performance.[50] A further study by the National Foundation for Educational Research found high workload associated with two other negative outcomes: poor health or feeling undervalued contributed to surveyed teachers wanting to leave the profession.[51] So a school's focus on

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[46] '"Epidemic of stress" blamed for 3,750 teachers on long-term sick leave' (11/01/18), The Guardian website www.theguardian.com/education/2018/jan/11/epidemic-of-stress-blamed-for-3750-teachers-on-longterm-sick-leave [accessed 13/03/18].

[47] '"Epidemic of stress" blamed for 3,750 teachers on long-term sick leave', The Guardian website.

[48] 'Primary school teachers' suicide rate nearly double national average, figures reveal' (17/03/17), Independent website www.independent.co.uk/news/uk/home-news/primary-school-teachers-suicide-rate-double-national-average-uk-figures-a7635846.html [accessed 08/02/18].

[49] Briner, R. & Dewberry, C., *Staff wellbeing is key to school success. A research study into the links between staff wellbeing and school performance* (Worklife Support, 2007). See also The Work Foundation, *Healthy teachers, higher marks?: Establishing a link between teacher health and wellbeing and student outcomes* www.educationsupportpartnership.org.uk/sites/default/files/resources/healthy_teachers_higher_marks_report_0.pdf [accessed 23/01/18].

[50] Brown, S.L. & Arnell, A.T., 'Measuring the Effect Teacher Absenteeism Has on Student Achievement at A "Urban but not too urban:" Title I Elementary School', *International Journal of Humanities and Social Science,* 2 (2012), pp. 172-183; Estyn, *The impact of teacher absence* (Her Majesty's Inspectorate for Education and Training in Wales, 2013); Miller, R.T., Murnane, R.J. & Willett, J.B., 'Do teacher absences impact student achievement? Longitudinal Evidence from one urban school district', *Educational Evaluation and Policy Analysis,* 30 (2008), pp. 181-200.

[51] National Foundation for Educational Research, *Engaging Teachers: NFER Analysis of Teacher Retention* (NFER, 2016), p. 14, available at www.nfer.ac.uk/publications/LFSB01/LFSB01.pdf [accessed 23/01/18].

mental health and wellbeing of its staff alongside its pupils can be seen to have multiple benefits to its effectiveness as an organisation.

Schools and school groupings need to develop strategies to preserve good the good mental health and wellbeing of its staff. Governing bodies in particular have a legal responsibility to ensure this through their 'duty of care'. Teachers who are well are more able to support children effectively and to cope with the stresses that come with teaching. Ofsted has been clear through its myth-busting that they do not prescribe workload expectations but look to see if what a school says it does happens in practice.[52] It is important to regularly evaluate what is and is not working and to be brave enough to stop doing things if the evidence is that it is not effective. Many schools have adopted a range of strategies to support staff: for example, ensuring that there is a window of time in the day when they know they will no longer receive emails so they can properly relax and invest their attention elsewhere. Such initiatives can seem problematic for colleagues whose working patterns are different, but emails can be saved in draft form and automatically sent the following day. As the picture illustrates it is important for staff to have a voice in initiatives, piloting ideas and being able to reflect if something is working or not. Schools may be interested in seeking external validation of their approaches, for example through applying the Workplace Wellbeing Charter National Standards or the Mindful Employer Charter.[53]

Where should schools start?

The DfE has produced a useful document for schools to refer to when planning: *Promoting children and young people's emotional health and wellbeing*.[54] It outlines eight principles schools should consciously adopt to promote emotional health and wellbeing:

1. **Leadership and management**
   Having a knowledgeable governor and a designated member of the senior leadership team who can champion organisation-wide practices[55] who looks to see actions are: integrated, sustained and monitored for impact; responsive to pupil and parent voice; and fully linked to other avenues of support.

2. **School ethos and environment**
   Ensuring the physical, social and emotional environment for both pupils and staff promotes a culture of respect value and diversity.

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[52] 'Ofsted inspections: myths' (08/03/18), Ofsted website www.gov.uk/government/publications/school-inspection-handbook-from-september-2015/ofsted-inspections-mythbusting [accessed 13/03/18].
[53] These charters can be found at www.wellbeingcharter.org.uk/index.html and www.mindfulemployer.net/ [both accessed 06/01/18].
[54] Public Health England, *Promoting children and young people's emotional health and wellbeing: a whole school and college approach* (Public Health England, 2015), available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf [accessed 06/01/18].
[55] Leeds Beckett University, *Mental Health in Schools: Whole School Approaches* (Leeds Beckett University, 2016), available at http://leedsbeckett.ac.uk/-/media/files/research/mental-health-in-schools--dec-2017-issue.pdf?la=en [accessed 24/01/18]; Mental Health First Aid Youth, *A Whole School Approach to Mental Health* (2017), available at https://webcontent.ssatuk.co.uk/wp-content/uploads/2016/06/02094153/A-Whole-School-Approach-to-Mental-Health-Mental-health-First-Aid.pdf [accessed 24/01/18] and Aumann, K. and Hart, A., *Helping Children with Complex Needs Bounce Back* (Jessica Kingsley Publishers, 2009).

Church of England schools are also expected to ensure their Christian vision supports the flourishing of pupils and staff. It is also expected that all members of the school community should have an understanding of how the school's Christian vision shapes the provision for mental health and wellbeing.

3. **Curriculum, teaching and learning**
   Providing a focus within the curriculum and informal curriculum for social and emotional learning; and developing personal resilience. Opportunities for assessing these are utilised to help identify those in need of further support.

   Church of England schools are also encouraged to build spiritual opportunities that will nurture young people.

4. **Pupil voice**
   Ensuring pupils are involved in decisions that impact them or can benefit their mental health and wellbeing and develop agency to influence change.

   Church of England schools are also encouraged to encourage young people to be courageous advocates and should support them to become agents of change.

5. **Staff development, health and wellbeing**
   Ensuring access to training to equip them to identify mental health difficulties in their pupils and to refer them to appropriate support in school or externally. Offering additional counselling or supervision for staff working with children and young people with complex needs. Promoting staff health and wellbeing as a key principle of the school or organisation's approach to mental health and wellbeing.

6. **Identifying need and monitoring impact**
   Identifying need is an important basis for understanding and planning a response to a pupil's mental health and emotional needs and monitoring the impact of any support given. As mentioned previously this needs to be done sensitively and where there are particular concerns additional professional advice should be sought.

7. **Working with parents/carers**
   Working in partnership with parents and carers to promote mental health and wellbeing and offer or signpost support for parents and carers developing their parenting skills. Ensure families in disadvantaged circumstances can participate fully in activities by being mindful of costs, transport and other needs.

Church of England schools are encouraged to signpost out of school provision that may benefit families and to encourage their churches to address the unmet needs of their communities through partnership working.

8. **Targeted support**

Ensuring support for children's mental health and wellbeing needs is timely through identification and referral practices especially for children at greater risk, for example, children in care, young carers, those who have had previous access to CAHMS, those living in households with mental illness of domestic violence. It is important to acknowledge that mental health and wellbeing is complex and schools need to work in partnership with other agencies to support the pupils in their care. There are some things schools are able to directly support and others which are largely outside their domain. Being clear on all support that is available locally and knowing how to support families to access this is a timely manner will make a significant difference to any holistic approach developed.

Appendix 1: Tool for Senior Leadership Teams

Angie Hart and Lisa Williams' Academic Resilience Resource[56] – Tool for the Senior Leadership Team

Getting to grips with what you already do and making plans…

Aspect of School Life	Some questions to ask yourselves and/or discuss in the Senior Leadership Team	Red	Amber	Green	Don't know	Actions to take (short or longer term)
Culture and ethos	Does SLT hold a shared understanding of what Academic Resilience means and how it can be promoted?					
	Do disadvantaged pupils believe that staff care about what happens to them personally? Does the school culture give 'permission' for staff to tell pupils that they care?					
	Looking at the Resilience Framework and thinking about your most disadvantaged pupils, how holistically is resilience being promoted in your plans for them?					
Structures and processes	Is pupil data used to create a picture of need for each individual? Can you identify those with lower risk so that you can target them sooner rather than later? (see Pyramid of Need)					

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[56] This audit tool has been taken from Boingboing and is available at www.boingboing.org.uk/audit-whole-school-academic-resilience/ [accessed 05/01/18].

	Does the staff structure enable appropriate members of staff to build a trusted relationship over time with disadvantaged pupils? E.g. tutor that stays with their group, a Head of Year or other with this explicit responsibility.					
	Do you have a system to track that every pupil has experience of their achievements recognised and celebrated each year (academic and non-academic)? Is someone responsible for monitoring and taking action on this?					
	Are disadvantaged pupils *actually* accessing extra-curricular activities that they are interested in or show a talent for e.g. sports, hobbies etc.? Do you have a system to track this? Is someone responsible for monitoring and taking action?					
Leadership and Management	Do you receive feedback from pupils and parents about teachers' ability to develop rapport and relationships with disadvantaged pupils? Do you have a systematic way of identifying when teachers might need help to develop this?					
	Do staff treat each other with care and respect, modelling the behaviour they expect from pupils? Do they treat pupils well?					
Teaching and Learning	Do teachers have access to information about a pupil's background and disadvantages which would help them understand the pupil in class more? (see Pyramid of Needs)					

Policy Development	Have policies been developed to practically support social inclusion e.g. help with basics such as food, clothing, transport, living arrangements etc. for disadvantaged pupils?					
Curriculum planning	Is 'building aspiration and mapping out a sense of positive future' promoted at every opportunity across the whole curriculum? And the same for 'problem solving'					
School Environment	Are there quiet, safe spaces for pupils who wish to retreat from 'busy' school life?					
	Are their systematic approaches in place to help pupils calm down and manage their feelings?					
	Do you know how staff, pupils and parents experience the school environment in relation to safety, prejudice and discrimination?					
	Do pupils help with cleaning up and organising communal areas in the school, e.g., playground, corridor, etc.? Or do any activities to help the local community?					
Provision of Pupil Support Services	Are staff sufficiently aware of external services such as local charities and community services which could support disadvantaged pupils? Would they actively promote them?					
	Do pupils experiencing significant loss or trauma have an identified supportive adult in the school community? Do they check in with them regularly and for a sustained					

	period beyond the crisis period?					

Appendix 2: Questions for Governing Bodies

Angie Hart and Lisa Williams' Academic Resilience Resource[57]– Questions for Governing Bodies

What you are exploring (elements of AR based on evidence)	The kind of questions you will ask
At least one trusted adult, with regular access over time, who lets the pupils they 'hold in mind' know that they care	• Do staff structures allow staff to build trusting relationships over time e.g. a tutor system, or Head of Year role? • Do staff feel they have explicit 'permission' to 'go the extra mile' for pupils that need it or will anxiety about safeguarding get in the way?
Preparedness and capacity to help with basics i.e. food, clothing, transport, and even housing	• What is the culture in school in relation to inequalities? Is the impact understood and are you proactively countering this through policy and action? • Does your school limit itself in relation to help with basics at a cost to academic progress? • Who else in the community can help you with this?
Safe spaces	• How do pupils experience the physical spaces in school? • What's safe and what's not?
Making sure vulnerable pupils actually access activities, hobbies and sports	• How well are you tracking access to additional activities for your disadvantaged pupils? • Who is responsible in the school for ensuring interests are picked up and actively supported – are they making it happen?
Help to map out a sense of future (hope and aspirations) and developing life skills	• Does the career advice your pupils receive mean much to the most disadvantaged pupils with the lowest expectations? • How can it be made more targeted? • How far is aspiration and hope for the future build in to the curriculum, culture and approach of staff to pupils?

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[57] This audit tool has been taken from Boingboing and is available at www.boingboing.org.uk/audit-whole-school-academic-resilience/ [accessed 05/01/18].

Problem-solving	• How are opportunities for a problem-solving approach created and promoted in every aspect of school life from behaviour management to classroom learning? • How much time do staff spend telling pupils what to do compared with asking them to help solve the problem at hand?
Helping pupils to cope – teaching self-soothing, management of feelings,	• What do pupils think of your behaviour management and pastoral support? How would they improve it? • How do staff feel in relation to the relentless challenge from pupils who do not manage feelings well?
Support to help others e.g. volunteering, peer mentoring	• How are opportunities for volunteering maximised across the curriculum? • In what ways could pupils better support each other?
Opportunities for all staff, pupils and parents to learn about resilience	• What do your staff understand about the aspects of resilience that can promote academic progress? • How can pupils and their parents be better engaged in the schools drive to promote academic resilience?

Appendix 3: School policy template

Exemplar School Policy

Mental Health and Wellbeing Policy [enter name] Church of England School

Last Updated [Month/Year]

Policy Statement

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

In our school our Christian vision shapes all we do [add further detail]

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

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

Scope

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.

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of poor mental health and wellbeing
- Provide support to staff working with young people with mental health and wellbeing 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:

[insert name] - Designated Child Protection / Safeguarding Officer
[insert name] - Mental Health and Emotional Wellbeing Lead
[insert name] - Lead First Aider
[insert name] - Pastoral Lead
[insert name] - CPD Lead
[insert name] - Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. 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 Office staff or the head teacher. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by [insert name], Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix [insert appendix number/title].

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receives 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

Teaching about Mental Health and Wellbeing

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are 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.

We will follow the PSHE Association Guidance[58] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

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 [insert appendix number/title].

We will display relevant sources of support in communal areas 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 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

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 with [insert name], our Mental Health and Emotional 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

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[58] PSHE Association, *Teacher Guidance: Preparing to teach about mental health and emotional wellbeing* (PSHE Association, 2015), available at www.pshe-association.org.uk/system/files/Mental%20health%20guidance_0.pdf [accessed 14/03/18].

- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- 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 [insert appendix number/title].

All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, [insert name] who will provide store the record appropriately and offer support and advice about next steps. See Appendix [insert appendix number/title] for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead [insert name], this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection office [insert name] must be informed immediately.

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 questions (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, 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 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 leaflets 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.

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, and how to get about this, 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 through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations 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

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.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.[59]

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD 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 twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with [insert name], our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in [month/year].

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to [insert name] our mental health lead via phone [insert phone number] or email [insert email address].

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

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[59] www.minded.org.uk [accessed 02/02/18].

Appendix 4: SIAMS Checklist

SIAMS Checklist for Church Schools

For SIAMS, mental health and wellbeing is mainly captured in the 'Community and Living Well Together' section of the non-statutory SEF.

Community and Living Well Together	
The school is a safe inclusive community which values and celebrates each member.	
Policies related to mental health and wellbeing are linked to the school's Christian vision.	
Pupils are able to identify a member of staff, a preferred adult, who they can talk to and knows them.	
Pupils have the opportunity to lead on aspects of mental health and wellbeing.	
Pupil and staff voice is listened to and influences provision within the school.	
Wisdom, Knowledge and Skills	
The school's curriculum offer is accessible to all, inclusive and supports the mental health, wellbeing and spiritual development of pupils.	
Vision and Leadership	
The school has ensured that the provision of support for the mental health and wellbeing of pupils and staff is an expression of its Christian vision.	
All staff have received some level of CPD on mental health and wellbeing and are clear on their role and how to refer concerns	
There is a lead professional who champions mental health and wellbeing. The mental health and wellbeing Lead has received additional training.	
Professional supervision is available to staff working with pupils with complex needs.	
Consultation with pupils, staff and parents shape provision.	
A lead governor understands the complexity of mental health and wellbeing provision and reports knowledgeably to governing board meetings.	

The school works in partnership with others including the local church community to support the mental health and wellbeing of vulnerable families.	
The Impact of Collective Worship	
Space is created for spiritual development, prayer and reflection.	
Collective worship themes sometimes reflect on issues connected to mental health and wellbeing.	
The Effectiveness of Religious Education	
Pupils have the opportunity to talk to people of different faith and belief about how their faith shapes who they are and their thoughts on how this may contribute to their mental health and wellbeing.	

Appendix 5: Further Resources

Useful sources of further support

Locally

It is important for schools to be fully aware of what is offered locally to support families and that this is easily accessible to them and staff in various forms. It is recommended that dioceses also signpost support on their webpages.

Nationally

Anxiety UK work to relieve and support those living with anxiety and anxiety-based depression by providing information, support and understanding via an extensive range of services, including 1:1 therapy. They can provide support and help if a person has been diagnosed with, or suspect they may have an anxiety condition and can also help them deal with specific phobias such as fear of spiders, blushing, vomiting, being alone, public speaking, heights – in fact, any fear that stops a person from getting on with their life. www.anxietyuk.org.uk/

Catholic Mental Health Project supports the Catholic community to further develop spiritual and pastoral care for mental health www.catholicmentalhealthproject.org.uk/

Charlie Waller Memorial Trust offers free resources, including guidance and policy templates for use by schools and colleges. www.cwmt.org.uk/

Child Bereavement UK supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. Every year they train more than 8,000 professionals, helping them to better understand and meet the needs of grieving families. https://childbereavementuk.org/

Childline is a free, private and confidential service for children and young people available online, on the phone, anytime facilitated by trained counsellors. The website is easy to navigate and has many interactive resources, advice and sources of support for children and young people. www.childline.org.uk/

Education Support Partnership is the UK's only charity providing mental health and wellbeing support services to all education staff and organisations. www.educationsupportpartnership.org.uk/

Fixers: young people's stories Fixers are young people using their past to fix the future. They are motivated by personal experience to make positive change for themselves and those around them.

Fixers have different backgrounds, interests and life experiences, and come from every corner of the UK. They are motivated by a desire to act on an issue that is important to them or a strong desire to help other people. They also have a voice that they want to be heard, whether that's on eating disorders, drugs, offending, cyberbullying or any other issue that is concerning them. Becoming a Fixer allows that to happen. Fixers are heard, understood and respected by others. Fixers choose the issue they want to fix and, using the skills of a team of creative experts, they work out how to make sure their message is heard by the right people, whether that's through a unique film, a leaflet or poster campaign, a website, an event or workshop. Then they use digital, print and broadcast media to make their voice heard as far and wide as possible. www.fixers.org.uk/home/news.php

HeadMeds: about mental health medicines HeadMeds is a website for young people about mental health medication, launched in March 2014 and is owned and managed by the national charity YoungMinds. www.headmeds.org.uk/

MeeTwo a free App that lets users post anonymously and receive support and advice about their worries from other teens. All posts, which cannot be more than 300 characters, are seen by moderators who are trained and have experience in counselling or psychotherapy, so there is no risk of bullying. MeeTwo experts can also post and direct users to help from other organisations. The founders are in discussion with Childline about ways to refer young people to them. In exceptional cases the moderator would contact the emergency services. www.meetwo.co.uk/

Mental Health Access Pack is a compact, free resource which aims to: equip you with knowledge and advice, from medical, psychological and theological perspectives; help you support those in your community who are struggling with mental health issues; help you to discuss issues and share ideas surrounding mental health and the church. www.mentalhealthaccesspack.org/

Mental Health Matters contains information and resources for parishes, dioceses, chaplaincies and church community groups - and anyone else who's interested - to help improve our work with people experiencing mental illness. The Church is well placed to make a significant difference in the area of mental health. We can be a force to end stigma, and we can also be a place of inclusion, welcome and ministry. Mental Health Matters is working to make mental wellbeing a priority in our churches today. www.mentalhealthmatters-cofe.org/

Mentally Healthy Schools brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. Our aim is to increase staff awareness, knowledge and confidence to help you support your pupils. www.mentallyhealthyschools.org.uk/

Mind provides trusted advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness and promote understanding. www.mind.org.uk/

MindEd MindEd is a free educational resource on children and young people's mental health for all adults. www.minded.org.uk/

NHS Live Well Youth Mental Health offers resources and signposting for support from external links www.nhs.uk/Livewell/youth-mental-health/Pages/Youth-mental-health-help.aspx

PAPYRUS is the national charity for the prevention of young suicide. The website draws from the experience of many who have been touched personally by young suicide across the UK and speak on their behalf in PAPYRUS campaigns and in their endeavour to save young lives. PAPYRUS believe that with appropriate support and education, many young suicides can be prevented. They deliver awareness and prevention training, provide confidential support and suicide intervention through the HOPELineUK, campaign and influence national policy, and empower young people to lead suicide prevention activities in their own communities. www.papyrus-uk.org/

Reading Well for young people Reading Well promotes the benefits of reading for health and wellbeing. The programme has two strands: Books on Prescription and Mood-boosting Books. http://reading-well.org.uk/books

Rethink: living with mental illness provides expert, accredited advice and information to everyone affected by mental health problems. 'When mental illness first hits you or your family, it can be hard to know who or what to trust.' They give people clear, relevant information on everything from treatment and care to benefits and employment rights. We were the first mental health charity to gain the Information Standard for our trusted and relevant information. www.rethink.org/living-with-mental-illness/young-people/

Samaritans work to ensure that fewer people die by suicide by working to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour. They offer 24 hours a day emotional support for people who are struggling to cope, including those who have had thoughts of suicide, as well as reaching out to high risk groups and communities to reduce the risk of suicide and working in partnership with other organisations, agencies and experts, influencing public policy and raising awareness of the challenges of reducing suicide. www.samaritans.org/

The Charlie Waller Memorial Trust provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. www.cwmt.org.uk/

The Children's Society is a national charity that works with the country's most vulnerable children and young people. We listen. We support. We act. Because no child should feel alone. They work directly with children, develop resources and publications and lobby on behalf of children annually, surveying them as part of their Good Childhood reports. www.childrenssociety.org.uk/

The Mind and Soul Foundation aims to educate – sharing the best of Christian theology and scientific advances; equip – helping people meet with God and recover from emotional distress; encourage – engaging with the local church and mental health services. Of more use to staff and parents, they have a good selection of resources and articles, including the mental health access pack which was developed for churches, offering information on common mental health conditions and pastoral tips for working with those with mental health conditions. www.mindandsoulfoundation.org/

Winston's Wish provide specialist child bereavement support services across the UK, including in-depth therapeutic help in individual, group and residential settings. www.winstonswish.org/

YoungMinds is the UK's leading charity championing the wellbeing and mental health of young people. They offer resources and bespoke training for schools and support for parents and young people. In addition they have a dedicated section on caring for the wellbeing of teachers and school staff. https://youngminds.org.uk/

Appendix 6: School Reference Books

Recommended School Reference Books[60]

Reference Factsheets

- *Mental Health and Growing Up: Factsheets for parents, teachers and young people* (4th edn) Royal College of Psychiatrist (Feb 2013)
www.rcpsych.ac.uk/publications/books/rcpp/9781908020468.aspx (sample chapter)

Books for Parents and Adults

ADHD and Hyperactivity

- *Teenagers with ADD and ADHD: a guide for parents and professionals*, Chris A Dendy (Woodbine House).
A guide to understanding and coping with teenagers with attention deficit disorder. The book discusses diagnosis, medical treatment, family and school life, interventions, advocacy, legal rights and options after school.

- *Put yourself in their shoes: understanding teenagers with Attention Deficit Hyperactivity Disorder*, Harvey C Parker (Partners Publishing Group).
For parents of teenagers with ADHD. This book contains a wealth of information about understanding the world of teenagers with ADHD.

Anger

- *Taming the dragon in your child: solutions for breaking the cycle of family anger*, Meg Eastman and Sydney Rozen (John Wiley & Sons Inc.).
Gives parents realistic, healthy and positive ways to understand and diffuse situations that trigger children's tantrum, flare-ups, sulks and arguments.

- *When anger hurts - quieting the storm within*, Matthew McKay, Judith McKay and Peter Rogers (New Harbinger Publications).
Clears up misconceptions about anger, explains how to control it and discusses spouse and child abuse.

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[60] Recommended by the Royal College of Psychiatrists www.rcpsych.ac.uk/expertadvice/youthinfo/resources.aspx [accessed 02/02/18].

Anxiety

- ***The "Which?" guide to managing stress***, Mark Greener (Which? Books).
  Looks at the causes and consequences of stress and offers advice on devising an effective strategy for stress management.

- ***The worry cure: seven steps to stop worry from worrying you***, Dr Robert Leahy (Piatkus Books).
  Worry is a central issue in many people's lives; 38 per cent of people say they worry every day. In this ground-breaking book, Dr Robert Leahy offers new insight, advice and practical techniques for everyone who has ever had a sleepless night.

Behaviour

- ***How to deal with your acting-up teenager; practical self-help for desperate parents***, Robert Bayard and Jean Bayard (M Evans & Co Inc.).
  Offers practical advice on giving teenagers responsibility, reinforcing good behaviour and standing up for your parental rights.

- ***Understanding children's behaviour***, Dr Dinah Jayson and the British Medical Association (Family Doctor Publications Ltd.).
  If a child is difficult to manage, if parenting doesn't come easily or if you want to improve your relationship with a child as a parent, teacher or carer, this book offers some strategies that you can try. It will also help you decide whether you need expert help and, if so, where to find it.

Bereavement

- ***The Death of a Child***, Tessa Wilkinson (Jonathan Cape).
  Aims to help both adults and children to cope with the death of a child.

Childhood Depression

- ***So Young, So Sad, So Listen***, Philip Graham and Carol Hughes (Gaskell).
  Examines the nature and treatment of childhood depression. Aims to help those involved to recognise the signs of depression in children and to understand the possible causes.

- ***Coping with an anxious or depressed child***, Samantha Cartwright-Hatton (OneWorld Publications).
  This book provides an up-to-date approach to helping parents of anxious children. Often, both parents and child can learn to cope better with anxiety by learning how to face very simple childhood anxieties.

Depression

- ***Depression - the way out of your prison***, Dorothy Rowe (Brunner-Routledge).
  Depression is an experience of terrible isolation, of being in a prison. By understanding how we build this prison, we can dismantle it.

- ***Depression and how to survive It***, Spike Milligan and Anthony Clare (Arrow).
  Spike Milligan reveals the dark side of his life in this book, which is co-written with his psychiatrist, Professor Anthony Clare.

Eating Disorders

- ***Getting Better Bit(e) by Bit(e): survival kit for sufferers of bulimia nervosa and binge eating disorders***, Ulrike Schmidt, Janet Treasure and Tom Tresaure (Psychology Press).
  A self-help book which empowers sufferers to take control of their own lives and tackle their eating difficulties.

- ***Eating problems in children: Information for parents***, Claudine Fox and Carol Joughin (Gaskell).
  Tackles issues such as different types of eating disorders children can suffer from, how common they are, what causes them, types of treatment available and long-term outlook for children with eating problems such as selective eating and food refusal.

- ***Eating Disorders: The Facts***, Suzanne Abraham & Derek Llewellyn-Jones (Oxford University Press).
  Comprehensive guide to anorexia nervosa, bulimia nervosa and obesity.

Life Stages and Problems

- ***New passages - mapping your life across time***, Gail Sheehy (Ballantine Books)
  About the changes which take place in the adult life cycle.

Parenting

- ***It takes two to talk: a parent's guide to helping children communicate***, Ayala Manolson (The Hanen Centre).
  Guide for parents to learn how to encourage their child to communicate. It explains different ways to establish a special bond between parent and child. Wonderful book for parents, teachers and caregivers.

- ***Toddler taming: a parent's guide to the first four years***, Dr Christopher Green (Vermillion).

Book for parents of children aged between 1 and 4 years with practical advice on how to deal with difficult behaviour.

- *From birth to five years: children's developmental progress*, Mary Sheridan, Marion Frost and Ajay Sharma (Routledge).
  Sets out each stage of normal development in young children.

Post-divorce Parenting

- *Parenting Threads*, Erica De'Ath and Dee Slater (National Stepfamily Association).
  This book provides practical advice for those who are separating or starting again with a new partner. It looks at ways to negotiate visits, the needs of children and when to introduce a new partner, the legal position and how to establish stability for your children.

Sexuality

- *Keeping safe: a practical guide to talking with children*, Michele Elliott (Hodder and Staughton).
  A guide on talking with children on a whole range of issues from sexual abuse to bullying and teenage drug-taking.

Self-Esteem

- *The Self-Esteem Workbook*, Lynda Field (Vermillion).
  This book gives a practical framework of techniques and activities to enable reader to experience high esteem in all aspects of their lives.

Books for Primary Libraries

A comprehensive list of library books for Primary schools can be found here:

www.rcpsych.ac.uk/specialties/faculties/childandadolescent/public/booksforyoungerchildren.aspx

Books for Teens and Adults

Secondary library books list can be found here:

www.rcpsych.ac.uk/workinpsychiatry/faculties/childandadolescent/generalinformation/booksforteensadults.aspx

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