

L E A R N



WEST HOVE
INFANT SCHOOL
.....
A family of friends



HOVE LEARNING FEDERATION

MENTAL HEALTH AND WELL- BEING POLICY

Policy introduced: Autumn 2024
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Contents

1. Background
2. Policy Statement
3. Scope
4. Policy Aims
5. Key Staff Members
6. Signposting
7. Mental Health Procedures
8. Teaching About Mental Health
9. Early Warning Signs
10. Managing disclosures
11. Confidentiality
12. Working with parents and carers
13. Whole School Approach
14. Supporting Peers
15. Supporting Staff
16. Training
17. Policy Review
18. Appendices

Background

This policy statement was written in consultation with staff, pupils, parents and professionals in mental health and well-being.

During the Coronavirus pandemic, the mental health of our students, families and staff have been at the heart of decisions as a school, and this policy aims to formalise this commitment to promoting and monitoring well-being within our community. It will also set out a clear stepped approach to supporting students during times when their emotional well-being is low.

All schools have a statutory duty to promote the welfare of their pupils and students, which includes preventing impairment of children's health or development and taking action to enable all children to have the best outcomes.

Schools and colleges have an important role to play in supporting the mental health and wellbeing of their pupils and students. By developing approaches tailored to the particular needs of their pupils and students, good mental health can be both supported and promoted. Taking a coordinated and evidence-informed approach to mental health and wellbeing in schools can also help foster readiness to learn.

The Department of Education (DfE) identifies a whole school approach to promoting good mental health as a protective factor for children and young people's mental health. Although schools play a significant and valuable role in helping to promote pupil mental health and wellbeing, their contribution should be considered as one element of a wider multi-agency approach. A multi-agency approach is likely to span children's social care, NHS children and young people's mental health services (hereon referred to as CYPMHS, formerly known as CAHMS), the local authority, as well as both education and voluntary and community sector organisations.

This policy will cover eight main ways to support pupil's mental health and wellbeing. These are informed by current data and practitioner feedback. (See Appendix 1)

Policy Statement

'We are most likely to thrive when our emotional wellbeing is valued, when we feel connected and secure in respectful and nurturing relationships and when we feel safe to express any worries and concerns we may have.'

'When our wellbeing is optimal, we can manage emotions, self-regulate behaviour, follow structures and routines, socially interact with peers, build trust with peers and adults and ultimately establish positive relationships. (Carpenter, Barry and Carpenter, Matthew. April 2020)'

At Hove Learning Federation, we promote life skills to enable positive mental health and wellbeing for our whole school community. We believe that having a mentally healthy

community relies on every individual feeling supported, heard, accepted and empowered. We believe that everyone has the right to express how they feel and seek support for their mental health without judgement. We recognise the role that stigma can play in preventing understanding and awareness of poor mental health and therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

We as a school aim to promote protective behaviours to safeguard the wellbeing of all. We believe that all members of the community have the right to feel safe and for our wellbeing to be prioritised, and that nothing is too small or insignificant to talk about with a trusted adult in our school support network.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We encourage everyone within the community to recognise mental health early warning signs within themselves as well as others and encourage everyone to connect and seek support whenever these signs arise.

Policy Aims

This policy outlines how we:

- Promote positive mental health and emotional well-being across the whole school community.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.
- Enable staff to understand how and when to access support when working with children with mental health issues.
- Provide the right support to children with mental health issues and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and pupil welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

Members of Staff

As a school community, we all have a responsibility to promote the wellbeing and mental health of pupils, however, staff with a specific, relevant remit include:

- **Senior Designated Mental Health Lead** - Bridget Rennie
- **Inclusion Manager** - Charlotte Wallace
- **SENCO (SR)** - Ben Bowra
- **SENCO (PR)** – Charlotte Hudson

- **Inclusion/Learning Mentors**- Elaine McMahon & Bridget Rennie (PR) James Ward-Lee and Kelly Taft (HR), Sharon Pond and Serena Lambert (SR)
- **PSHE Coordinators**- Caroline Kemp-Harris (HR), Rachael Dawson and Catrin Pearce (PR)

Sign Posting

We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services. See Appendix F (Change letters to be in order)

Within the school and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure everyone understands:

- What help is available
- Who it is aimed at
- How to access it
- Why they should access it
- What happens next

Mental Health Procedures

Any member of staff who is concerned about the wellbeing or mental health of a pupil should log concerns on Child Protection Online Management System (CPOMS) as a 'Mental Health Concern'. The class teacher will contact parents/guardians/carers to arrange a meeting and remind the child of their support network as well as the importance of seeking support no matter how small their concern may seem to them. Universal strategies may be implemented or it may be appropriate to complete a school mental health referral. When talking to parents and carers, sharing sources of further support aimed specifically at parents can also be helpful too, e.g., parent helplines and forums.

We will always provide clear means of contacting us with further questions and may suggest a follow-up meeting or phone call for any further questions or concerns. We will finish each meeting with agreed next steps and always keep a brief record of the meeting on CPOMS.

Any parent or carer or member of staff can refer a mental health concern directly to the Senior Mental Health Lead (hereon referred to as SMHL) using the online referral form via the website, or by using the QR code on the posters displayed around the school sites.

See Appendix C

The referral form will identify the level of need as it has been written to align with Brighton and Hove's Mental Health Threshold Document. **See Appendix D**

Once a form is received by the SMHL, contact will be made with the child's parent or carer within two weeks. This will be to offer a telephone appointment to discuss concerns and possible next steps. The child's views will also be gathered using the pupil voice form. **See Appendix E.**

If needed, the referral may be discussed at the next termly mental health triage meeting.

If there is a fear for the immediate safety or wellbeing of the young person, an immediate referral should be made to the Designated Safeguarding Lead and the Senior Mental Health Lead and the child should not be left alone. Parents and carers should be contacted immediately.

For children identified to be at Level Four (in need of immediate help), an individual care plan will be created as soon as possible. This will 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
- What to do and who to contact in an emergency
- The role the school can play

Teaching About Mental Health

Our PSHE curriculum has a sustained focus on wellbeing. The curriculum supports children to recognise their own worth, work well with others and become increasingly responsible for their own learning. They will learn to reflect on their experiences and understand how they are developing both personally and socially, tackling many of the spiritual, moral, social and cultural issues that are part of growing up. The combination of our PSHE and Well-being curriculum mean that children are supported from their first day of school to their last in developing the skills to both lead a healthy life, and access support when they face difficulties that naturally occur.

In addition to our PSHE curriculum, children take part in daily five-minute well-being sessions.

In the Early Years Foundation Stage, the concept of promoting mental well-being, or 'looking after your brain', is introduced through the SMILE unit of learning in Spring1. Mindfulness sessions also begin in the Spring Term. These are tailored to the needs of the class.

In KS1, each unit follows a cycle of 3 sessions, which include guided meditation, mindfulness tools and techniques as well as yoga. Each unit focuses on an aspect of mindfulness and provides children tools to use in stressful moments to help both improve their emotional

wellbeing and help equip them with coping mechanisms for tricky moments and times in their lives. This looks necessarily different in EYFS, due to the learners' young age.

| <u>Term</u> | <u>Mindfulness and well-being units</u> | <u>Details</u> |
|-------------|---|---|
| Autumn 1 | All shook up | Exploring how when feeling strong emotions, they can almost 'grab' us and distract us from what we are doing. We are so focused on being cross or sad, we can't do anything else. How to recognise this when it happens. |
| | Noticing your body | Exploring how so much of the time we are busy and rushing around, we do not take a moment to think about our bodies, unless we hurt them! Learning to listen to your body. |
| Autumn 2 | Listening Carefully | Exploring how so much of the time we are busy and rushing around, we do not notice lots of things like noises, unless someone says our name! Focussing on being still and calm to listen to our world. |
| | Noticing the little things | Exploring that lots of things we do are on 'autopilot' because we are so busy. Taking the time to notice small things, like the sensation of brushing your teeth, or the sights on your walk to school to ground you. |
| Spring 1 | Feeling pulled | Learning the difference between reacting and responding: making a conscious effort to respond rather than react in stressful situations. |
| | I think I'm thinking | Review how mindfulness is going so far. Reflecting on emotions when emptying our minds doesn't work and ways to tackle invasive thoughts during mindfulness and other times. |
| Spring 2 | Extreme Thoughts | Exploring the link between our thoughts and our emotions. Sometimes we can think thoughts that make us feel sad or cross. If we keep thinking these thoughts over a long time, they can make us feel sad or cross a lot. How to recognise these thoughts and how they make us feel and tools to help us overcome thinking the same things a lot if they do not help us. |
| | Take a break | Exploring times when children may have felt cross or sad for no reason? Discussing this as a group to recognise it is a common human trait! Explore that we're so busy at school we can forget to listen to our minds and bodies when they need a break. Recognising these moments as your body and brain trying to tell you something. |

| | | |
|----------|---------------------------------------|--|
| Summer 1 | Life's a rollercoaster | Recognising that life has ups and downs and this occurs throughout our lives: even for adults! Using mindfulness as a tool can help even out the bumpy parts of life. Children to reflect on when they can use the tools to help them. |
| Summer 2 | Recap and review themes from the year | Summer 2 is a time for teachers and class to reflect on what they feel they are good at and which of the units would be good to explore again. |

Warning Signs

As part of their PSHE lessons, students reflect on the physical, social and behavioural 'early warning signs' that indicate that it would be positive to seek support.

We also use the 'Just Right' programme to help support children's emotional literacy and interoception. This is a whole school approach and a key part of our Behaviour for Learning strategies also. Strategies are provided at each phase to help pupil's self-select strategies to help them emotionally regulate.

Staff are also trained to be aware of behaviours that indicate a student may be experiencing mental health or emotional well-being issues. Staff observing any of these warning signs will communicate their concerns to the Designated Senior Mental Health Lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

Managing Disclosures

All members of the school community learn how to share problems or worries with identified safe adults, even if their problem feels small or awful. This concept is revisited annually as part of our Protective Behaviours PSHE unit, as well as sporadically through the year, where needed. Students will be reminded of their support network and how to

approach these individuals should they wish to share a mental health concern about either themselves or others.

If a pupil chooses to disclose concerns about either their own mental health or that of someone else, the member of staff's response will always be calm, supportive and non-judgemental. Staff will actively listen without judgement or advice. For further information, **see Appendix G.**

Confidentiality

Due to the nature of some disclosures, it may be necessary for staff to pass this information along for pupil's own safety. If it is necessary for this to happen, pupil's will be informed of the following:

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

Examples of when information must necessarily be passed on may be, but are not limited to:

- A child has self-injured or disclosed that they have considered self-injuring
- A child suggests or expresses they are having suicidal thoughts or have attempted suicide
- A child discloses disordered eating behaviours

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a Designated Safeguarding Lead must be informed immediately.

Working With Parents and Carers

Parents and carers 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 and carers, we:

- Highlight sources of information and support about common mental health issues
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health and wellbeing policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through newsletters, information evenings and webinars
- 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 student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case-by-case basis when peers may need additional support. Support can be provided in either one-to-one or group settings and is guided by need. Areas covered in sessions may be, but are not limited to:

- What it is helpful for friends to know and what they should not be told
- How friends can best support each other
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs 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 experience

Training

Staff receive training about recognising and responding to mental health issues to enable them to keep students safe according to the children's needs.

Training includes aspects such as how to manage and support wellbeing conversations, how to recognise the early warning signs that an individual needs support and how to manage disclosures.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with specific pupils.

Suggestions for individual, group or whole school CPD should be discussed with the Senior Mental Health Lead who can also highlight sources of relevant training and support for individuals as needed.

Appendices

APPENDIX A: 8 PRINCIPLES OF A WHOLE SCHOOL OR COLLEGE APPROACH TO MENTAL HEALTH AND WELLBEING.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf



Appendix B: Further Information about common mental health issues

Below, we have information and guidance about the issues most commonly seen in school-aged children. Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and for e-learning opportunities can be accessed at Minded (www.minded.org.uk).

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Depression and Low Mood

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Eating Disorders

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

Obsessions and compulsions

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

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Suicidal Ideations

Children and young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them. Suicidal feelings can affect anyone, of any age, gender or background, at any time. Struggling to cope with certain difficulties in your life can cause you to feel suicidal. These difficulties may include:

- Mental Health problems.
- Bullying, prejudice or stigma, such as relating to your race, gender, disability or sexual identity.
- Different types of abuse, including sexual or physical abuse.

- Bereavement.
- Isolation or loneliness
- Feeling inadequate or a failure.
- Other forms of trauma.
- Cultural pressure or societal expectations, for example to act in a certain way.



Are you concerned about a child's mental health?



- Anxiety
- Low mood
- Difficulties regulating emotions
- Self esteem and confidence
- Sleep difficulties
- Fears and phobias
- Separation, loss and bereavement



Scan the QR code below to refer your concern to Hove Learning Federation's Child Mental Health Lead, Bridget Rennie. Link also available on our school website.



Bridget Rennie (Mental Health Lead) will contact you via email within 2 weeks of your referral.

NB: If you have an urgent concern about a child's mental health please call 03003040061 during office hours or 03005000101 outside of office hours.

Appendix D: Mental Health Thresholds:

<https://www.bhscp.org.uk/wp-content/uploads/sites/3/2021/04/Threshold-framework.pdf>

| | LEVEL 1: HEALTHY | LEVEL 2: UNWELL | LEVEL 3: STRUGGLING | LEVEL 4: IN CRISIS |
|---|--|--|---|--|
| How a young person's mental health & wellbeing appears | The child may experience difficulties or worries from time to time but there is no current or long-term impact on mental health and wellbeing. <i>They mostly feel emotionally well and healthy.</i> | The child's difficulties occur regularly, and their health and wellbeing may have been noticeably affected. <i>They often find it difficult to cope.</i> | The child is experiencing constant difficulties that may occur every day. The impact on their mental health and wellbeing is extreme and noticeable. <i>They are experiencing daily mental health difficulties.</i> | The child is experiencing severe mental health difficulties and is unable to keep themselves safe. <i>They need urgent mental health support.</i> |
| Impact on day to day life | The child is generally secure and managing well in all areas (school, home and with peers). E.g. Occasional worries may have an impact, but this is manageable. <i>They can manage with universal support.</i> | The child is experiencing difficulties that may have an impact on daily life such as school, family or peers. E.g. Anxieties/changes in mood that may affect relationships or school life. <i>They will need some support to manage.</i> | The child is experiencing difficulties that have a constant impact on their daily life. E.g. they stay at home in bed, need periods of constant supervision. <i>They may be a risk to themselves but not in need of urgent/crisis support.</i> | The child is unable to manage daily life including their ability to keep themselves safe. E.g. they don't feel able to keep themselves safe, need constant supervision and their life may be in danger. <i>They need urgent, professional support for their mental health.</i> |
| What would support look like? | <ul style="list-style-type: none"> Information Advice Guidance Signposting information Support to access self-help materials | <ul style="list-style-type: none"> Access to a Mental Health Wellbeing Assessment. Short term 1:1 clinical treatment ranging in intensity. E.g. Counselling, Play Therapy, CBT etc. Groups and workshops offering emotional health and wellbeing support. | <ul style="list-style-type: none"> Access to a Mental Health Wellbeing Assessment and Intensive Treatment e.g. psychotherapy, EMDR, CBT. Assessment for ADHD and Autism. Medication reviews and ongoing medication monitoring. | <ul style="list-style-type: none"> Inpatient care. Urgent mental health/psychiatric assessment. Medication. |
| Who might provide support? | <ul style="list-style-type: none"> GP / Practice Nurses School Nurses School Pastoral Support | <ul style="list-style-type: none"> Brighton and Hove Wellbeing Service Schools Wellbeing Service (BHISS) | <ul style="list-style-type: none"> CAMHS / CAMHS Assertive Outreach Team CAMHS Learning Disabilities Child | <ul style="list-style-type: none"> Specialist CAMHS Primary Mental Health Liaison Team (accessed through A&E) |

| | | | | |
|--|--|--|--|---|
| | <p>Online Resources</p> <ul style="list-style-type: none"> • Self-help • Advice Drop-ins | <ul style="list-style-type: none"> • School Nurses • School Play Therapist | <p>Development Centre</p> <ul style="list-style-type: none"> • Family Eating Disorder Service (FEDS) • Early Intervention Psychosis Team (EIP) | <ul style="list-style-type: none"> • Urgent Help Service |
|--|--|--|--|---|

APPENDIX E: MENTAL HEALTH PUPIL VOICE

Primary School: Young Person's View

Sometimes we hear lots about you from the adults around you, but it would be good to hear what you think and feel. If you can answer these questions it will help us, you can write as much or as little as you want or draw pictures if it's easier. You can also ask an adult to help you if you would like to. Don't worry if you're not sure, we can talk about things when we meet.

What is the difficult situation?

What thoughts go through your mind when you think about this?

Would you like to see someone about this?

What would you like to change? Or be different?

What is difficult for you right now?

Fear
 Sadness
 Worried/anxious
 Anger
 Other.....

Appendix F: SOURCES OF SUPPORT AT SCHOOL AND IN THE COMMUNITY

Support available at Hove Learning Federation

Universal Support

- PHSCE lessons and assemblies.
- Play leaders to support isolated children in the playground.
- Just Right- programme to support self-regulation
- Attachment strategies (safe spaces, calm bags, transitional objects)
- School nurse drop-ins
- Regulation Stations

Inclusion/Learning Mentor Support

- ‘Meet and greet’ and check in time built into school day
- Interventions targeting specific emotions such as anxiety or resilience
- Thera play Strategies
- Sunshine Circles

Targeted Mental Health Support for Children

- Referrals and signposting to Brighton and Hove Wellbeing Service for targeted mental health support <https://www.brightonandhovewellbeing.org/>
- Referral to School Mental Health Service for a Parent Consultation and then possibly therapy such as art therapy, play therapy etc.
- Referral to Education Mental Health Practitioner from SMHS – one to one work such as Low Intensity CBT.
- Referral to school nurse <https://www.healthforkids.co.uk/sussex/meet-the-school-nurse-team-2/>
- Referral to BRAVE Safety Net interventions <https://www.safety-net.org.uk/schools-early-years/individual-small-group-support-2/>
- Referral to Brighton and Hove Inclusion Support Service (BHISS)- Social, Emotional and mental Health Practitioner <https://www.brighton-hove.gov.uk/directories/special-educational-needs-and-disability-support/brighton-hove-inclusion-support-8>
- Educational Psychology Referral <https://www.brighton-hove.gov.uk/directories/special-educational-needs-and-disability-support/brighton-hove-inclusion-support-4>
-

Crisis Support

- Specialist Community Mental Health service and **urgent help** service for Children and Young People <https://www.sussexpartnership.nhs.uk/brighton-and-hove-CAMHS-specialist-community-mental-health-service>
- A & E will offer assessment with a duty psychologist.

School Support for Parents and Carers

- Referral to Schools Mental Health Service for Parent Consultation, or to access one of their support groups.
- Referral to School's well-being service (formerly CAMHs) for drop-in support.
<https://www.brighton-hove.gov.uk/directories/special-educational-needs-and-disability-support/brighton-hove-inclusion-support-7>
- Parent Gym <https://parentgym.com/>
- BHISS- Family support work
- Early Help referral for targeted support with a family coach
- Referrals and signposting to Brighton and Hove Wellbeing Service for targeted mental health support <https://www.brightonandhovewellbeing.org/>
- School nurse drop-ins and appointments
- Mental Health Support Team webinars
- See signposting links below

Signposting Links- Local and National Services

General Advice

Brighton and Hove Wellbeing Service offer counselling, CBT, play therapy and drama therapy to children and adults can also self-refer for wellbeing support

<https://www.brightonandhovewellbeing.org/children-and-young-people>

Young Minds website and parent helpline

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

The Mix- The Mix is the UK's leading support service for young people. We are here to help you take on any challenge you're facing - from mental health to money, from homelessness to finding a job, from break-ups to drugs. Talk to us via our online community, on social, through our free, confidential helpline or our counselling service

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

MindEd offers safe and reliable advice about young people's mental health, created by experts and parents together

<https://mindedforfamilies.org.uk/young-people/>

Brighton and Hove Family Service Directory- search for local services under different categories.

<http://www.familyinfobrighton.org.uk/kb5/brighton/fsd/results.page?sorttype=field&sortfield=title&familychannel=5>

Brighton and Hove Family Information Service (FIS)

- Referrals to foodbanks and other agencies offering support
- Advice on benefits and debt and navigating the system - including welfare reform
- Applications to charitable grants for essential goods, for example, beds, cots, 'white goods'
- Help with Discretionary Social Fund applications
- Support and advice around housing and homelessness
- Advice about getting back to work

<https://www.brighton-hove.gov.uk/families-children-and-learning/childcare-and-family-support/family-information-service-fis>

As you are- As You Are provides affordable counselling and group work for adults with depression, stress and anxiety for people living in Brighton, Hove, Portslade, Southwick, Shoreham, Lancing and Worthing. Fees operate on a sliding scale from £8 to £35 per session. <http://asyouarecentre.co.uk/>

Mind Brighton and Hove

<https://www.mindcharity.co.uk/brighton-and-hove/advocacy>

See Mind's services below:

1. **1:1 Advice-** One of the Advice Team will contact you to initially discuss your concerns, and then, depending on your enquiry provide information or help identify options for you. This could include help researching information, making referrals or planning actions with you.
2. **Employment Advice-** Our Employment Advice service provides a range of support, advice and information to help people manage their work and learning needs. The service supports people currently working or who are off sick from work who may want help to manage their health issues in the workplace. We also support people who are interested in starting work or who want to identify opportunities for volunteering, or undertaking taking up learning or skills based activities. The service can also link people to the most relevant and helpful organisations to help them resolve their difficulties and move forward with a work and learning plan of action.
3. **Advocacy-** Free, independent, professional and confidential support.

What your advocate can do:

- Talk with you to find out what you think and what you want
- Help you to access services
- Provide relevant information to help you consider your options
- Help you to ask for changes to your care or treatment
- Support you to prepare for meetings or appointments
- Help you to tell people what you want or need

Wellbeing Hub at Preston Park- The Wellbeing Hub at Preston Park (formally known as Preston Park Recovery Centre) is provided by Southdown, a Sussex-based housing, care and support provider committed to supporting people's mental health and wellbeing.

The Wellbeing Hub is open seven days a week. The Hub provides a welcoming and supportive environment in which people with mental health support needs can learn new skills and get involved in a variety of groups and activities.

<https://www.uok.org.uk/services/wellbeing-hub-preston-park>

Anxiety

Anxiety UK- Whether you have anxiety, stress, anxiety-based depression or a phobia that's affecting your daily life, we're here to help and are here for you. We offer an extensive range of support services designed to help you to control your anxiety rather than letting it control you. Services available for **both members and non-members** include:

- o Access to a community of other like-minded people
- o Discounted one-to-one [therapy services](#) from our network of Anxiety UK Approved Therapists
- o A wide range of [helpful resources](#) to help you understand and overcome your anxiety
- o Access to [anxiety support groups](#)
- o Discounted [anxiety management courses](#) and [Calm Club](#)
<https://www.anxietyuk.org.uk/>

Obsessions and Compulsions

OCD UK: Helping you understand **Obsessive-Compulsive Disorder**

Information plays an important role in helping people understand and come to terms with Obsessive-Compulsive Disorder (OCD). We're here to educate, offer hope and support people through the difficult times, right through to recovery and everything in between.

www.ocduk.org/ocd

Self-Harm

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Calm Harm App- Calm Harm is an award-winning app developed for teenage mental health charity stem4 by Clinical Psychologist Dr. Nihara Krause, in collaboration with young people, using principles from the evidence-based Dialectical Behaviour Therapy (DBT).

The Calm Harm app provides some immediate activities and techniques to help you break the cycle of self-harm behaviour and explore underlying trigger factors; the app supports you in building a 'safety net' of helpful thoughts, behaviours, and access to supportive people, as well as providing the opportunity to journal and self-reflect. The Calm Harm app also signposts to help. The app is private, anonymous, and safe.

Depression

The Depression Project- Through our ground-breaking **Storm to Sun Framework**, you'll now finally be able to understand your depression; know exactly how to get better; and have an easy way to explain your depression to get the support you need

<https://thedepressionproject.com/>

Depression Alliance- Helping People Overcome Depression

www.depressionalliance.org/information/what-depression

Bereavement

Winston's Wish- Support grieving children and young people after the death of someone important. <https://www.winstonswish.org/>

Eating Disorders

Beat – We are the UK's eating disorder charity. Founded in 1989 as the Eating Disorders Association, our mission is to end the pain and suffering caused by eating disorders.

www.b-eat.co.uk/about-eating-disorders

Sussex Eating Disorder Service (SEDS) comprises three services, each working in their local area. They are a community eating disorder service, Multi-Disiplinary Team (MDT) comprising psychiatry, psychology, nursing, occupational therapy, healthcare assistants and GPs. In addition to providing a specialist community eating disorder service, the service manages the inpatient beds for NHS England's specialist eating disorder units and offers a range of treatment options such as psychological interventions and group treatment options.
<https://www.sussexpartnership.nhs.uk/brighton-hove-eating-disorder-service>

Women

Brighton Women's Centre- We're Brighton Women's Centre and we've been supporting self-identifying women in Sussex for over 45 years. We help women from all backgrounds, facing all kinds of issues, to live happier lives.

Women dealing with bereavement or trauma, women who have been through homelessness or the criminal justice system, survivors of abuse or discrimination – we've welcomed them all.

Brighton Women's Centre Services:

1. **Support Service-** Open three days a week to women in need of emotional support, advice and information.
2. **Women's Counselling and Psychotherapy-** Things can get better – and it starts here. We offer short-term therapy to all self-identifying women.

<https://womenscentre.org.uk/services/well-being-activities/>

Men

Mentell- provides circles for men aged 18+ to talk in a safe and confidential space, free from advice and judgement.

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

Suicide

Papyrus- charity dedicated to the prevention of suicide and the promotion of positive mental health and emotional wellbeing in adults and young people

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

Grassroots Suicide Prevention- We have lived experience of suicide. We know what it is like to be in crisis. We understand the pressure of trying to keep someone safe and the complex emotions including guilt, shock, and intense grief after a suicide.

We empower people to help save lives from suicide through connecting, educating, and campaigning nationally.

Pan Sussex Child and young people and Family Eating Disorder Service

<https://www.sussexpartnership.nhs.uk/eatingdisorder>

LGBTQ+

Allsorts Youth Project- Allsorts Youth Project listens to, connects & supports children & young people under 26 who are lesbian, gay, bisexual, trans or exploring their sexual orientation and/or gender identity (LGBT+) and their families.

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

Mermaids UK- Helping gender-diverse kids, young people and their families

<https://mermaidsuk.org.uk/>

MindOut Brighton & Hove LGBT Switchboard works in partnership with MindOut. Our Helpline operators and our counsellors are trained to support LGBT people concerned about their mental health and wellbeing. For more specialist help, you can contact [MindOut](#). MindOut is a mental health service run by and for lesbians, gay men, bisexual and transgender people. Based in Brighton and Hove, they provide local services as well as a number of national initiatives

<https://www.switchboard.org.uk/resources/mental-health/>

<https://mindout.org.uk/>

Appendix G: Talking to children when they make mental health disclosures

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

Focus on listening

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

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

Allow time to talk

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

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

Keep an open mind

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Maintain eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they

are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

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

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

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

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

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

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

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

Keep your promises

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

Above all else, a child wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.