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Pupil wellbeing and issues of mental health

Every day, school staff will encounter children struggling with issues of mental health. In this practical guide, ***Dr Pooky KnightSmith*** looks at spotting the signs, the common mental health issues we will see, how to intervene, talk and listen to young people, referring successfully to CAMHS, and eight tips for supporting our pupils



Supporting children and young people's mental health

Mental health is a hot topic at the moment and many schools are looking for information that will enable them to pick up potential mental health and wellbeing issues in their pupils and respond appropriately.

NHS figures show that 12.8 per cent – roughly one in eight – five to 19-year-olds had at least one mental health disorder when assessed in 2017 (*Headteacher Update*, 2018a).

Frequently school staff tell me that they feel out of their depth and do not know where to start. I hope that the following pages will boost your knowledge and confidence and provide you with some simple ideas that will make a difference to pupils in your care.

Warning signs

There are a whole range of mental health issues and each has a range of warning signs to look out for. However, if we go through them all we end up with a gigantic list that we can never remember and a nagging feeling that perhaps every

pupil we have ever encountered is currently at risk. To avoid that, I have kept things simple and shared some universal warning signs that we can be especially good at picking up in school.

Absence or lateness

Pupils whose attendance changes could be a cause for concern. There are many reasons why a pupil may start to arrive late or not turn up to school. Sometimes these are tied directly to mental health issues. For example, depression can make it feel impossible to get out of bed in the morning. Other times they may be linked to other issues such as having caring responsibilities at home (looking after younger siblings or parents).

Whatever the cause, if a pupil's pattern of attendance changes, it is worth being inquisitive about it as it may well be that they are in need of some support.

Try this: Ask your frontline staff to pass on concerns about pupils who are arriving at school just in time. Not late enough to trigger a late

mark, but a change from their usual pattern. These pupils can often slip under the net and working with frontline staff can help us to pick up issues early.

Physical illness

Mental health issues can often be accompanied by physical pain and illness. In particular, if you are seeing a pattern or repeated illness then it is worth exploring whether there may be a mental health element too.

Do not be too quick to dismiss pupils who always seem to be unwell at times when it means that they can avoid doing something that makes them very anxious; often the aches, pains and sickness they complain of are real and will dissipate only if we can support them to overcome their anxiety.

Withdrawal

Pupils who become increasingly isolated and withdrawn are a cause for concern. This can happen for a few reasons. Sometimes, the negative thoughts that accompany

depression or anxiety can erode their self-esteem or make them assume that no-one would want to spend time with them. Other times obsessive thoughts or compulsions can leave little mental capacity for chatting with friends.

Academic change

If a pupil's academic performance significantly changes then this should ring alarm bells. We are often pretty good at picking up a dip in grades, but sometimes we will see pupils suddenly become completely obsessed with their school work too. If we notice that academic (or sporting) success is being prioritised above everything else and is coming at the cost of things like friendships or sleep, then we should begin to question what is driving this and whether it is healthy.

Hiding their body

Some pupils will work hard to hide signs of self-harm or weight loss or gain – this may result in them wearing long sleeves even in summer, wearing layers of clothes

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For practical support, visit www.youtube.com/pookyh



Dr Pooky Knightsmith

or skipping sport or changing in the toilets rather than in front of friends.

Weight change

If a pupil's weight significantly increases or decreases over a brief period of time, this can indicate an underlying issue such as an eating disorder which may lead a child to starve or binge, or depression which can result in an increase or decrease in appetite. At school, we are in a great position to pick up on weight change as it can be especially noticeable after school holidays.

Remember just one word

If I had to summarise all of these warning signs and more, I would leave you with just one word: Change. If something about a pupil's behaviour, appearance or attitude changes, then we should stop and wonder why and consider whether or not they may need some help.

Talking to young people

It can be difficult for school staff to know how to talk so that children and young people who need your help will listen. When we are worried about a pupil, we often want to reach out to them and start a discussion about their mental or emotional wellbeing – but we can sometimes find ourselves unsure how to start.

A frequent concern is that we might make things worse or push them away in our attempt to draw them closer. To help you feel more confident when starting sensitive conversations, I have asked children and young people to reflect on what they found most helpful in these situations.

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."

It is worth remembering that often we do not need to find the right thing to say, we simply need to provide a safe space, a little time and some unjudgemental listening to enable a pupil to open up about what is on their mind.

Don't talk too much

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

This is not our story to tell. Let the pupil tell their own story, in their own words and their own time even if that feels slow or disjointed. Do not be tempted to fill the blanks – you may get them wrong and you are denying the pupil the chance to engage in a process which will help to clarify how they are thinking and feeling.

Let the pupil know they are your number one priority right now

"I knew he was taking me seriously because the first thing he did was to sit me down quietly while he called the headteacher to arrange for someone else to teach his next lesson. That sort of scared me but more than that it made me realise that he actually cared about what I was going to tell him and that he really wanted to help."

It is not always possible to rearrange our plans for a pupil in need – but we can do small things that send a message to the pupil that this conversation matters and that it is our sole focus right now. Turn off screens and spell out the fact that you are focused and listening.

Ask 'how can I support?'

"I was worried how she'd react, but she 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."

Working with a pupil to think up some practical steps that could be taken as swiftly as possible to help make their day feel more manageable can feel very positive for both of you.

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 he 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."

Remember that however difficult this conversation feels for you, it is probably 10 times harder for your pupil. This might be the first time they have opened up about their issues. That takes real bravery and also shows a great degree of trust in you – acknowledging that can help them understand that you do not underestimate the significance and challenges of this conversation.

Persevere

"I think she thought I would never open up. It was probably after she had outstretched a hand of support about eight times that I finally began to talk, falteringly. If she hadn't have kept trying and trying I'd probably still be sitting in that deep pit of depression now."

A pupil may not be ready to talk the first time you offer to listen. Telling them that you are happy to listen when they are ready is helpful, but it can be hard for pupils to take that

"It was probably after she had outstretched a hand of support about eight times that I finally began to talk, falteringly"

step and ask for your help. They are far more likely to open up to you if you proactively offer support. Alternatively, you could also ask if there is anyone else they would feel comfortable talking to and facilitate that conversation.

Developing simple child-centred action plans

If you become concerned about a child, you can begin to create a very simple action plan by answering three questions:

- 1 Why am I worried?
- 2 What is the child feeling?
- 3 Things would be better for the child if...?

Of course, these questions are not as simple as they sound and we can only really begin to work out the answers by getting to know the child and situation, but I find that these simple questions are a great starting point.

There are lots of practical ideas for things we can do to support the pupils in our care. A great starting point for this – and indeed to help us clarify our answers to questions one and two – is to walk through a typical day with a pupil.

Sit with them and ask them to talk you through a regular day – from the moment they wake up in the morning, to the moment they go to bed at night. Consider both the good bits and the bad bits and be inquisitive as to where, when and with whom different feelings occur.

Consider what we can learn and extrapolate from times or situations when the pupil feels calm or happy and what might be done to avoid or manage times or situations when the pupil feels angry, sad or anxious.

This exercise is about understanding rather than fixing, but we often find that as we begin to explore the ups and downs of each day we are able to brainstorm some practical solutions with the child.

For example, a child who arrives at school feeling incredibly anxious and tearful may not feel ready to go straight to class and instead might value five minutes in a safe space or with a trusted adult to calm down and ready themselves for learning.

It is really important that in any kind of planning exercise, we work with the child and develop ideas with them rather than simply telling them what to do.

This is in part because the only person who fully understands how the child is feeling is the child themselves and also because

when we work with a child to come up with ideas and a plan, the ideas are more likely to feel relevant and manageable to the child.

It also helps them to feel in control and helps develop self-efficacy and the skills to manage future situations without always relying entirely on the adults around them.

Common mental health issues

Here we will think briefly about the kinds of mental health issues that you are likely to come across in your pupils. While it is not your job to diagnose mental illness in your pupils, it can be helpful to have a bit of an overview of the types of issues you might be likely to see and how they might manifest themselves.

Anxiety

Some degree of anxiety is healthy and normal – and there are some times when anxiety levels of most pupils will increase, for example in the approach to exams.

However, if things get to a point where a pupil's anxiety levels are high for a period of weeks or months and it is preventing them from engaging fully with normal activities then there is cause for concern.

There are many forms of anxiety that we might see in our pupils including social anxiety, school refusal, generalised anxiety disorder, panic disorder, obsessive compulsive disorder, and post traumatic stress disorder.

I have briefly outlined each of these below:

- **Social anxiety:** The pupil will be anxious around people and may withdraw in class. They may become fearful of social interaction.
- **School refusal (emotionally based school avoidance):** When a pupil becomes so anxious about school that they are often late or absent or may stop attending altogether – this is often linked with other diagnoses.
- **Generalised anxiety disorder (GAD) or panic disorder:** This is a kind of catch-all – the pupil may experience regular panic or anxiety attacks that are not linked to a specific cause or may feel elevated levels of anxiety much of the time in response to a variety of internal or external triggers.

Obsessive compulsive disorder (OCD)

The pupil struggles with intrusive thoughts (obsessions) and carries out behaviours (compulsions) to try and mitigate these thoughts. It is not all about handwashing, but for those who do hand wash this is to do with intrusive thoughts about disease or contamination and a need to clean and sterilise to prevent contagion.

While lots of OCD behaviours will link to safety or contamination, not all obsessions and compulsions make logical sense – e.g. some pupils will talk of having to count to a certain number “or my family will die”. While it can feel overwhelming, it is worth noting that OCD is very treatable, especially if caught early.

Post traumatic stress disorder (PTSD)

PTSD can be developed by pupils who have experience any kind of trauma, abuse or neglect. It is often characterised by flashbacks and panic attacks but can take a range of forms. Therapy to help the pupil reprocess the memories of the trauma can help to relieve symptoms.

Depression

Depression or low mood are not always characterised by feeling sad but also by feelings of hopelessness, numbness or despair and a lack of motivation. It is common for appetite or sleep to be disrupted. It is important to note that there may also be better days and that pupils may work hard to mask how they are feeling – so the signs will not always be obvious or consistent.

Self-harm

Self-harm can take a wide range of forms and is often a way of coping, communicating or accessing care. The only way we can understand why a pupil is self-harming is if we listen non-judgementally to them. It can be linked to a range of underlying issues and causes and we need to look beyond the injuries to understand how best to help the pupil. A good question to ask is: “What need is the self-harm meeting and how else might this need be met?”

Eating disorders

Eating disorders are serious mental health conditions and external support should be sought if you suspect a pupil is developing an



eating disorder. Eating disorders have in common that food, weight or shape are used as a way of managing overwhelming thoughts, feelings or experiences. The three major eating disorders are:

- **Anorexia nervosa:** Anorexia is often typified by restriction of food intake and/or over exercise. This often leads to extreme weight loss which can be life-threatening. Note though that in some cases (especially in boys) this can play out as an obsession with, for example, clean eating and over exercise and weight loss may not be so apparent.
- **Bulimia nervosa:** Bulimia is a binge purge cycle – where a large amount of calories are consumed and then purged or compensated for. This is an on-going cycle that can be hard to detect as many sufferers maintain a relatively healthy weight. The shame and guilt associated with binge and purge behaviours means that sufferers are often reluctant to seek help.
- **Binge-eating disorder:** Binge eating disorder is like bulimia but without the purging. It is often associated with rapid weight gain. If a pupil appears to

be trying to eat healthily and exercise and yet their weight is increasing more rapidly than would be expected, it is possible they are bingeing in private. People who binge often do so very secretly and feel quite out of control when it happens though it can bring temporary relief to emotional distress. Not everyone fits neatly into an eating disorder diagnosis, so pupils may be diagnosed with “OSFeD” instead – “Other specified feeding and eating disorders” – which allows a diagnosis and treatment to be given when symptoms do not fit one of the specific diagnoses.

Referring to CAMHS

If you suspect that a pupil has a mental health issue that requires professional support then a referral to child and adolescent mental health services (CAMHS) may be necessary. The process for this is different across the UK, sometimes the school can refer, sometimes the referral must come via the GP, while in some places the family can refer directly.

While the route in may be different, a sad universal truth is that CAMHS is currently over-

stretched, with some estimating that a quarter of referrals are rejected (*Headteacher Update*, 2018b). The thresholds are high and the waiting lists can be significant. For these reasons, it is important to make a really good referral, so that if you have a pupil in significant need they will be prioritised for treatment.

My advice for making successful referrals is as follows:

Spend enough time on it and work with the pupil and their family

You will likely be given a standard form to complete. In my experience, people spend very little time on this – please don't! Give it the attention it deserves and, if you can, ensure that you reflect not only your own views but those of relevant other staff as well as the views and experience of the pupil and their family.

Understanding that the pupil recognises the issue and is keen to engage with treatment is a positive thing for CAMHS to hear.

Include plenty of detail

CAMHS only know what you tell them. You need to tell the whole story from the beginning; assume

that CAMHS know nothing about the pupil so fill them in on the background, in particular make sure you include details of:

- The specific difficulties that you want CAMHS to address and how long it has been a problem.
- The impact this is having on the pupil day-to-day.
- Why you are seeking help now.
- Your understanding of the problem/issues involved.
- The pupil's and parent/carer's view of the referral.
- What you have already tried and the impact this has had.
- If the child poses a risk to themselves or others.
- Any known involvement with health, social care, police etc.

“Anxiety can also lead a child to become very introverted and unresponsive to what is going on around them”

Whenever possible, share tangible evidence – especially with regards to the impact and the longevity of your concerns. You may choose to include a supplementary letter in addition to the form if you feel unable to address key points in the generic referral template.

Working with CAMHS

When we refer on to CAMHS it is because either the pupil has a significant issue that requires urgent help or that is deteriorating fast, or because we have been trying to support the child for some time but things are not improving and we are not sure how else to help.

In both these instances, we are hoping to draw on the expertise and input of CAMHS, but in both instances the pupil is still likely to spend more time with us and their family than with CAMHS. As such, it can really help to consider how we might work jointly together. You might want to consider:

- How to make it easy for CAMHS to communicate with the school. Have a named person and clear details about when and how to contact; ask for the same in return.
- How will the child be kept safe in the short term – do you need advice about this?
- How can the child be supported to attend treatment?
- Is there anything you can share with CAMHS that will help the pupil to access treatment (e.g. how you have supported any special or additional needs)?
- Is there anything the school needs to be aware of with regards to how to support the child while they are in treatment or following treatment?

More generally, it is worth considering if there are any issues which the school could manage in-house with some training from CAMHS. For example, many schools I have worked with have found that a small amount of training with regards to how to support pupils with anxiety or panic disorders has helped to reduce referrals and improve pupil outcomes.

You may be able to make a good case to CAMHS asking them to deliver such training – even better if you can invite colleagues from other schools along too.

Supporting pupils

While every pupil is unique and it is important to tailor our approach to

meet the needs of the individual, there are a few things that it is worth understanding and bearing in mind when supporting any pupil with mental health issues.

Overwhelming feelings can masquerade as anger, rudeness or inability

When supporting pupils with mental health issues, we sometimes have to look beyond the surface and be aware that what we observe and what we think we are observing may be two different things.

Children who are struggling with their mental health or emotional wellbeing can present a range of challenges in class. A frequently misunderstood group are those children whose anxiety presents as anger, rudeness or inability.

Many of us have an idea about what we think anxiety looks like, so we can be forgiven for not realising that the child who is being loud or aggressive may, in fact, be anxious.

But anxiety can indeed present as irritability or aggression – you might be used to referring to these moments as meltdowns. They occur at the point when a child becomes so overwhelmed by their feelings that it all comes tumbling out, often very loudly.

Conversely, anxiety can also lead a child to become very introverted and unresponsive to what is going on around them – you might know this as a shutdown. This can come across as a child being rude or disengaged. In fact, they too are overwhelmed by their thoughts, feelings or experiences and despite appearances they are often not being purposefully rude or insolent.

Finally, children who are overwhelmed with anxiety or other big feelings will often fail to achieve well in the current task. This is simply because their brain has gone into fight-flight-freeze mode in order to try and protect them. This makes it almost impossible for them to focus on the task in hand.

Tip: It can be very frustrating trying to engage a child who is overwhelmed in class activities and sometimes our efforts and frustrations will exacerbate things further. What a child in this state most needs is the opportunity to calm down. Only then will they be in a position to re-engage meaningfully with their learning.

Ups and downs are normal
Not every day is a good day – we ➤

all experience a range of different feelings and some days will be harder than others. Our pupils need to understand this and to recognise that there is much that they can do to respond to and work through the regular ups, downs and knock backs of day-to-day life.

Pupils need to understand that all feelings are valid, including difficult feelings like anger and sadness; though they should also be encouraged to seek the support of a trusted adult if difficult feelings are having a significant impact on their day-to-day life and are present over a period of weeks or more.

Tip: Consider how the question “how are you” is asked and answered in your school. When we begin to answer this question a little more honestly, and ask it expecting a more genuine response, we begin to create an environment where a range of feelings and experiences may be spoken about as part of the fabric of daily conversation.

This also provides an opportunity for adults to role model emotional resilience and regulation and to support children in thinking about how to manage a range of different feelings healthily. If children struggle to put how they are feeling into words, try using emojis, or a scale of one to 10.

Things that help struggling pupils help everyone

It is very unusual that any measures

that we put in place to support our more vulnerable pupils are detrimental to the rest of the class. This is true not just of mental health issues but of special needs too.

For example, if you took steps to make your learning more accessible to learners with dyslexia, this would not impede the rest of the class and may be actively helpful. Implementing universal measures can also mean we support learners whose needs have not yet been identified and also that learners with identified needs do not feel singled out.

Taking anxiety as an example, the sorts of simple things that might support pupils who are struggling but may also help everybody else include:

- Communicating calmly.
- Meeting and greeting the pupil on arrival and exit.
- Letting the pupil know what to expect and when.
- Creating a predictable environment with clear rules.
- Introducing a transition activity to enable proactive calming after busy breaks.

Physical wellbeing underpins mental wellbeing

When we consider how to support pupils with mental health issues, we often look first to identify strategies for calming, relaxation, emotional regulation and so forth.

While these strategies can be

incredibly helpful, the most important starting point for all pupils (and staff!) is their physical wellbeing.

Getting enough sleep is the single biggest thing that is most likely to have a positive impact on a pupil's ability to manage day-to-day, closely followed by good diet and regular exercise. For further reading see *SecEd's* recent Research Analysis on the importance of sleep (Dabell, 2019).

Exercise also has the added benefit of being a great way to burn off anxious energy and in many cases provides an opportunity for a sense of belonging and connection.

If you are concerned about a pupil and feel they need some intervention for their mental health, think first about their physical health and what simple steps could be taken here.

Without the basics of physical wellbeing in place, even the most brilliantly devised mental health intervention is less likely to be effective as it is hard for us to engage when we are tired or hungry.

Tip: Teach all pupils about the importance of sleep and the impact that sleep deprivation can have on the brain, reducing our ability to problem-solve and emotionally regulate. Explore simple steps we can take to improve our sleep hygiene such as:

- Establishing a regular routine of waking and sleeping.

- Restricting social media use and gaming before bed and during the night.

- Avoiding heavy exercise and homework just before bed.

- Creating a calm, dark, cool environment for sleeping.

- Avoiding sugar and caffeine before bed.

Many pupils and teachers are chronically sleep deprived. Exploring together the things that are preventing us from getting more good quality sleep and making small commitments to changes that feel manageable can be a good first step to take with your pupils.

Our actions can either reinforce or break the cycle

It is important when we are supporting pupils that we think carefully about the impact that our actions are having on the pupil in question. Sometimes, we can unwittingly reinforce the cycle of harm, especially when it comes to self-harm and anxiety.

For example, if a child who is engaging in self-harm finds that each time they harm themselves, they are listened to and cared for, this can reinforce the self-harming behaviour.

In this case, we need to think about ensuring the pupil was able to proactively seek care and listening without the need for a self-harm incident to trigger this positive response. It can also help if injuries

are treated matter of factly, or if the pupil can learn to administer their own first aid. Uncoupling the link between injury and care can feel quite unnatural but it is often important in enabling the child to move forwards.

Anxiety, too, can sometimes be inadvertently reinforced when we try to help as our gut response is often to help a child avoid a situation that results in panic or anxiety. An anxious brain will often interpret this avoidance as a lucky escape and can mean the child is even more anxious next time.

In order to break the cycle of anxiety, we sometimes have to support a child to face the things they fear safely; positive experiences where the thing the child feared does not happen can help to break the cycle of anxiety. Care must be taken though as if this exposure is not adequately scaffolded and supported then the child may have a negative experience, which will fuel their anxiety.

Tip: If you are seeing a cycle of repeating behaviour in a child such as avoidance of certain situations, or repeated self-harm or other distressing behaviours, stop and consider what might be happening to reinforce these cycles and whether you or other supporting adults might be inadvertently reinforcing the behaviour you are hoping to address. Is there anything you need to stop doing or do differently? It is often helpful to explore this honestly with the child too who may be able to work with you to change the patterns or both their behaviour and your own.

Plan for crisis in times of calm

When we are in a state of being overwhelmed, it is almost impossible for us to take on board new ideas – so the point at which a child is having a panic attack or meltdown is not the moment to start teaching them a breathing technique or relaxation strategy. Instead, plan ahead for the difficult moments at times of relative calm

“In order to break the cycle of anxiety, we sometimes have to support a child to face the things they fear”

and learn strategies and techniques that could be put into practice at moments of crisis. The more that a pupil practises these strategies, the more able they will be to implement them at difficult moments.

Tip: At a time of calm, talk to a pupil who has hard-to-manage moments about what helps them cope. Practise what they will say and do next time, and if you are likely to be supporting them practise what you will say and do too.

Are there particular words they find it helpful or unhelpful to hear? Is there a particular place they would like to go, a relaxation or grounding strategy that works for them?

Work with the pupil to write a plan for how to manage and allow them to carry this plan or a prompt to help them remember to put into action what you have agreed/practised. Reflect regularly, at times of calm, on what is working and what is not and refine the plan and prompts and practise new strategies as needed to add to their armoury.

Aim for small steps

When supporting a pupil who is struggling, it is helpful to consider how we can take little steps forwards rather than consider what would need to happen in order for everything to feel okay again. The idea of big change can feel impossible and overwhelming both for the child and for us, but considering what steps we could take to make things feel ever so slightly better feels more achievable and gives us a really solid springboard from which to support further change. Take small steps and celebrate even small successes, they soon add up.

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Tip: Ask a child to rank how they are feeling on a scale of one to 10 – where one is completely calm or happy and 10 is unbearably anxious, angry or sad. Perhaps the child will tell you they are at seven. Then think with them, what would help them to move to a six – you will often find that both you and the pupil will have plenty of ideas about how to make this incremental change. It can also help to explore with them when the last time was that they felt ever so slightly better than they do now. Who were they with? Where were they? What were they doing? Beginning to pick this apart can often give us pointers about what might help a little now.

Relapse is an important part of recovery

Pupils who have faced struggles with their mental health will need support in recognising that recovery is not a straight line. There will be ups and downs for them as there are for everyone. These downs are often viewed very negatively as a complete failure – try to reframe this for your pupils by helping them to consider what they have learned from this blip.

What warning signs could they look out for next time? What actions could they take to get back on track? By taking a pragmatic approach to these ups and downs and creating a situation where pupils can recognise and learn to manage more difficult days, they are building their resilience and making it more likely that they will be able to stay on a relatively even keel moving forwards.

Start with you

Thank you for the work you are doing to support your pupils, and remember you matter too. In order to be the adult that the children in your care need, you must first look after your own mental health. Self-care is never selfish when you work in a school – look after yourself and you will be a positive role model your pupils.

RESOURCES & REFERENCES

- ▶ Dabell: *The importance of sleep, SecEd Research Analysis*, November 2019: <http://bit.ly/2QNpym9>
- ▶ Headteacher Update: *One in eight students have a mental*

health disorder, official NHS figures confirm, November 2018a: <http://bit.ly/38pU5eO>

▶ Headteacher Update: *A quarter of CAMHS referrals are rejected*, October 2018b: <http://bit.ly/39pZWSS>

▶ The NSPCC's Childline service is available 24/7 on freephone 0800 1111 or at www.childline.org.uk

Adults worried about a child can contact the helpline 24/7 on 0808 800 5000, by texting 88858 or visiting www.nspcc.org.uk

▶ Free mental health awareness training funded by the Department for Health and Social Care is delivered by the Anna Freud Centre. For details of the national secondary schools programme, visit www.annafreud.org/mhat

▶ Time to Change is run by the charities Mind and Rethink Mental Illness and offers a range of mental health and wellbeing resources: www.time-to-change.org.uk

▶ MindEd is a free portal of online training for professionals: www.minded.org.uk

▶ A wealth of advice and good practice is available via Dr Pooky Knightsmith's YouTube channel: www.youtube.com/pookyh

▶ Mentally Healthy Schools is a free website for primary schools, offering school staff information, advice and practical resources to better understand and promote pupils' mental health and wellbeing: www.mentallyhealthyschools.org.uk

▶ YoungMinds: <https://youngminds.org.uk/resources/>

▶ MIND: www.mind.org.uk/information-support

▶ Children and Young People's Mental Health Coalition: <https://cypmhc.org.uk/>

▶ Charlie Waller Memorial Trust: www.cwmt.org.uk/resources

▶ Mental Health First Aid England: <https://mhfaengland.org/>

▶ MindAid is a tool to support the development of mental health knowledge and skills in young people and teachers: <https://mindaid.org/about>

▶ For *Headteacher Update's* archive of mental health and wellbeing guidance and best practice articles, visit <http://bit.ly/HTU-Wellbeing>

