

Mental wealth and wellbeing Handbook

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1 Statement of intent

1.1 CWLC promotes the mental and physical health and emotional wellbeing of all its students and staff. The school has made a decision to approach this in terms of mental 'wealth' with the aim that we teach people in our school the skills and resilience to deal with pressures and events in life and will be referred to as such throughout the rest of the policy where appropriate. The school community has identified key qualities that are fundamental to good mental health and wellbeing.

1. *Emotional resilience*
2. *Proper sleep patterns*
3. *Time for exercise*
4. *Eating healthily at regular times*
5. *Time to relax*
6. *Random acts of kindness*
7. *Fresh air*

1.2 Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through mentoring and the V and E programme, through staff training and parent discussion

1.3 This handbook aims to:

- describe the school's approach to mental health issues
- increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- alert staff to warning signs and risk factors
- provide support and guidance to all staff, including non-teaching staff and governors, dealing with students and staff who are experiencing difficulties
- provide support to students and staff who suffer from mental health issues, their peers and parents/carers

2 Child Protection Responsibilities

2.1 CWLC is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff and volunteers to share this commitment. We recognise that young people have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to promote a school environment which focuses upon self-confidence, a feeling of self-worth and the knowledge that students' concerns will be listened to and acted upon.

Please refer to our safeguarding policy

http://www.christopherwhitehead.worcs.sch.uk/mental-wealth-at-christopher-whitehead/safeguarding_policy_2015-2016/

3 Background

3.1

20% of adolescents may experience a mental health problem in any given year.

50% of mental health problems are established by age 14 and 75% by age 24.

10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem.

See the following link for further statistics:

<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

Or:

http://www.youngminds.org.uk/training_services/policy/mental_health_statistics

4 Identifiable mental health issues

These are the key identifiable mental health issues, others may present themselves and some conditions may exist in combination.

- Anxiety and Depression
- Eating disorders
- Self-Harm
- Hyperkinetic disorders (e.g. ADHD)
- Attachment disorder
- Substance misuse
- Post Traumatic shock syndrome

5 Signs and symptoms of mental or emotional concerns

Please follow the links to find descriptions of each of the conditions (also included in the appendix):

- Anxiety and Depression <http://www.headmeds.org.uk/conditions/6-anxiety>
<http://www.headmeds.org.uk/conditions/28-depression>
- Eating disorders <http://www.headmeds.org.uk/conditions/25-anorexia>
<http://www.headmeds.org.uk/conditions/27-bulimia>
- Self-Harm <http://www.headmeds.org.uk/conditions/35-selfharm>
- Hyperkinetic disorders (e.g. ADHD)
<http://www.headmeds.org.uk/conditions/26-attention-deficit-hyperactivity-disorder-adhd>
- Attachment disorder
- Substance misuse
- Post Traumatic shock syndrome <http://www.headmeds.org.uk/conditions/33-posttraumatic-stress-disorder-ptsd>

Please see the following link for further conditions:

<http://www.headmeds.org.uk/conditions/page:1>

6 Procedures

6.1 The most important role school staff play is to familiarise themselves with the risk factors warning signs as described. *Figure 1 and 2* outline the procedures that are followed if staff are concerned about a student or a colleague.

Figure 1 Procedures following a concern about a student

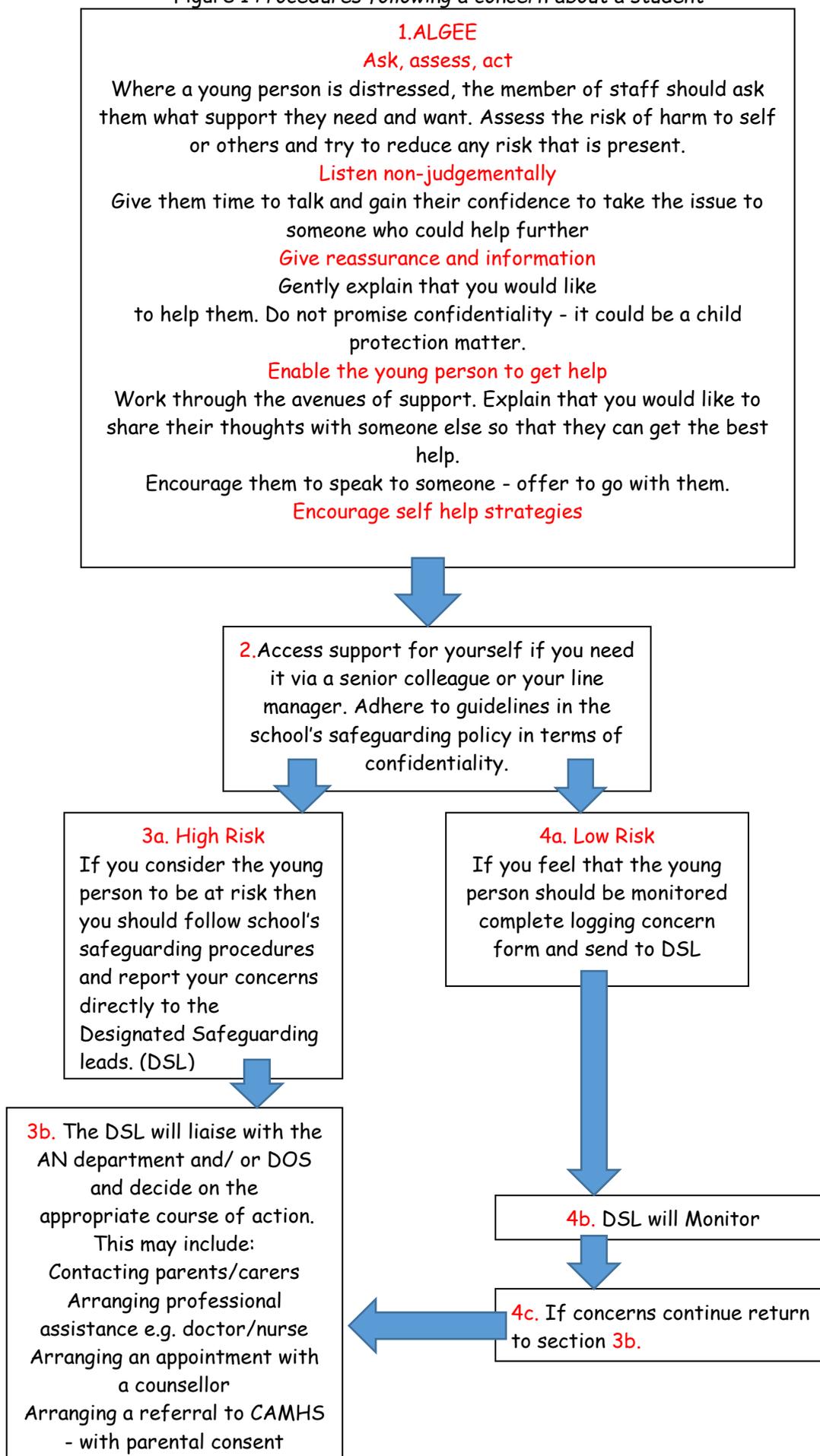
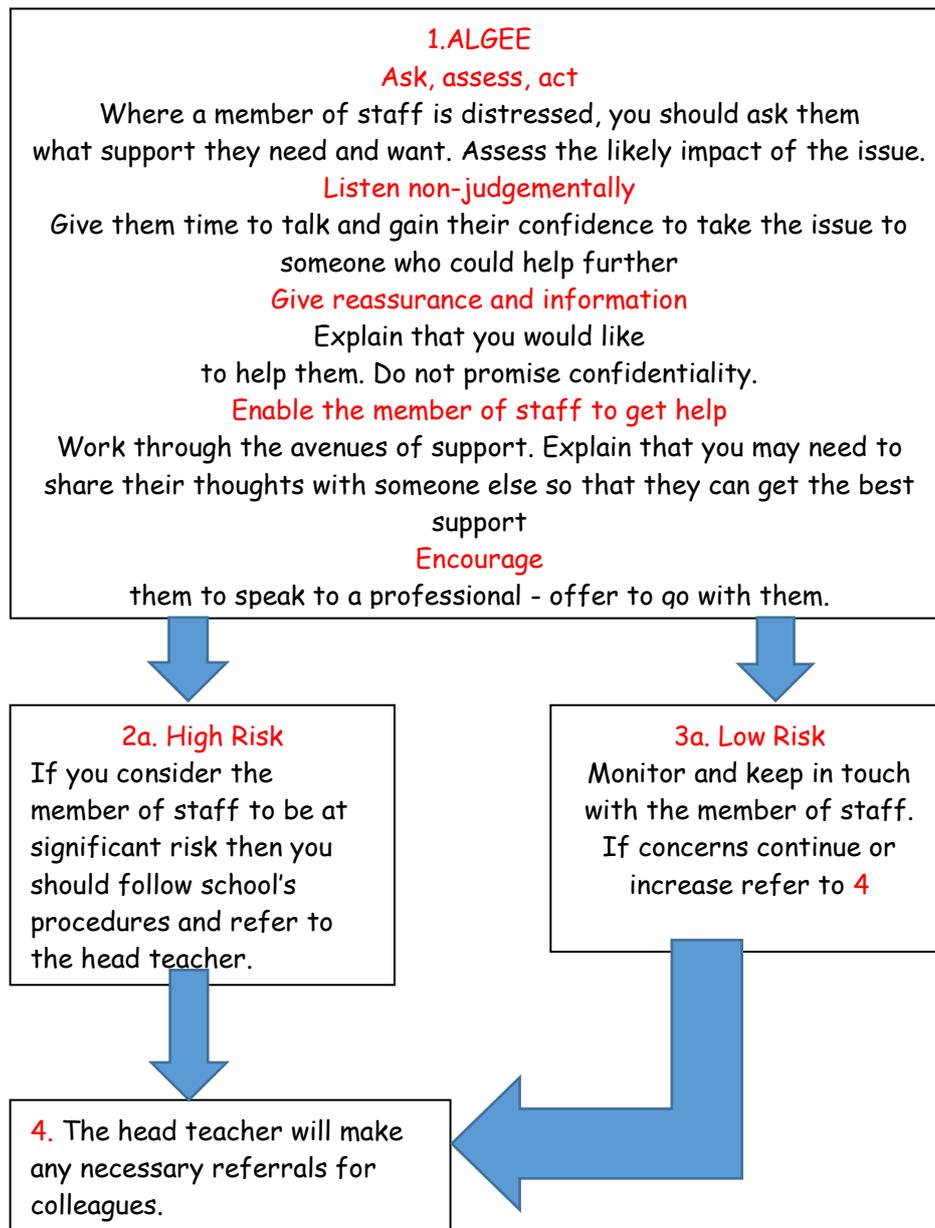


Figure 2 Procedures following a concern about a member of staff



7 Mental Wealth working group

The school has a mental wealth working group which is a team of identified staff who are available to support the mental wealth of staff and students and raise awareness of mental wealth across the school community. There are plans to work with parents and students in the near future.

8 Staff Roles/Procedures

Referrals can be made by DOS and AN staff to the school counsellors who work on a part time basis. The school also works closely with school health, CAHMS and other professionals. (Please refer to figure 1)

9 Absence from school

If a student or staff member's long term absence is related to their mental health appropriate arrangements will be made to support the student or staff member.

10 Reintegration to school

The school is fully supportive of staff and students on their return to school and will ensure relevant support is maintained.

For further information please refer to the school website:

<http://www.christopherwhitehead.worcs.sch.uk/mental-wealth-at-christopher-whitehead/>

Appendix:

Anxiety

Anxiety is that nervous, panicky feeling you experience when you are faced with something scary like an exam or a first day at college. It is the body's way of dealing with stressful situations by making you feel more alert and having more energy. For most people, that anxious feeling goes away after a short period or once the difficult situation is over, and they begin to feel calmer again.

Everyone experiences anxiety at some point, however if the feelings are too strong or are there all the time it can be a problem. For some people their levels of anxiety can get to the point where it can have an impact on that person's life, maybe preventing them from going out and socialising or they may experience depression. Some people will feel anxious all the time while other people may feel extremely anxious in certain situations.

Causes of anxiety

We're not entirely sure what causes anxiety. Everyone gets anxious at times and anyone can go on to have anxiety issues. Some things can make you more at risk of having issues such as your genes - whether someone in your family has also suffered with anxiety problems. Other risk factors include stressful events, having depression, being single, being younger and your personality - these are just a few that we know, there are probably a lot more.

Treating anxiety

One in six young people will experience anxiety at some point in their lives and so it is a fairly common mental health condition and one that can be treated with medication, psychological therapies such as talking/counselling, or relaxation techniques or a combination of these. What works for one person might not work for the next but if you visit [your GP](#) they can explain the different types of treatment that are available and what he or she thinks might be the best option for you and why.

Symptoms of anxiety

Young people with anxiety may experience a few or all of the following physical symptoms:

- Feeling panicky or nervous
- Feeling sick (nausea)
- Diarrhoea
- Heart racing or palpitations
- Dry mouth
- Shakiness or tremor
- Difficulty breathing or a tight chest

Also, you may feel psychological symptoms like:

- Feeling that something bad is going to happen
- Feeling restless
- Feeling down or depressed
- Difficulties getting to sleep due to worrying or waking up throughout the night

Different types of anxiety

Young people with anxiety are often diagnosed with *Generalised Anxiety Disorder* (or *GAD* for short) which affects 1 in 25 people in the UK. Young people who have *GAD* worry a lot of the time and the anxiety makes doing every day things difficult.

Some young people who are experiencing anxiety develop a phobia where they become scared of one particular thing and their anxiety centres on that one thing. Others may experience panic attacks which are waves of extreme anxiety that come on in certain situations and last for about 10 minutes. For other people, their anxiety comes out as

Obsessive Compulsive Disorder where the person may have obsessions or thoughts about something and then feel the need to carry out rituals to make those things better. If you would like more information about anxiety and the way it affects young people, you can visit the [YoungMinds website](#).

Related conditions

- [Depression](#)
- [OCD](#)

Medication

If your GP suggests that medication may help you, the [HeadMeds website](#) will provide you with more information about the medication they are recommending, how it works, how you should take it and how you might feel. It should also be able to answer any questions you might have about going on medication.

Depression

Most young people experience ups and downs, especially during their teenage years, and will feel upset or down about certain things going on in their lives. But if sad, lonely or anxious feelings go on for longer periods of time to the extent they affect your everyday life, this could be depression.

Nearly 80,000 children and young people suffer from severe depression. One in five people become depressed at some point in their lives.

Treating depression

One in 10 young people aged 5-16 suffer from a diagnosable mental health problem - that is 3 in every class.

Depression can be caused by a reaction to something in your life such as abuse, family breakdown or bullying. Depression can run in the family and be caused by genetic factors, or it may be you're under a lot of stress and feel you don't have enough support. Talking to someone you trust about how you feel is the best thing you can do, whether that is a parent, family member, friend or teacher. Other things you can do to help yourself include getting outside, taking regular exercise, doing things you enjoy and eating regularly.

If you think you need to see your doctor, they will assess what treatment you need depending on the severity of your depression. This could include talking therapy or medication.

Symptoms of depression

Symptoms of depression could include:

- Not wanting to do things you previously enjoyed
- Not wanting to see friends or avoiding situations
- Sleeping more or less than usual
- Eating more or less than usual
- Feeling irritable, upset, sad or lonely
- Being self-critical
- Feeling hopeless
- Maybe wanting to self-harm
- Feeling tired and lacking energy

Medication

Your doctor may prescribe you medication, such as a type of anti-depressant called a Selective Serotonin Reuptake Inhibitor (SSRI). [Fluoxetine \(Prozac\)](#) is an example of an SSRI.

Antidepressants can take a few weeks to get into your system and start working, and must be taken regularly. Antidepressants work best if you continue to take them for at least a few months after you feel better to make sure that the depression doesn't return.

If you don't feel any better, you must tell your doctor so he/she can offer you an alternative type of medication or therapy.

Anorexia

Anorexia nervosa, also known as anorexia, is a serious eating disorder where you are worried about your weight, you want to lose weight or fear gaining weight and you eat less and less food, you think about calorie intake and maybe excessive exercising too. Eating problems such as anorexia are not just about food, they are about feelings too. You may get anorexia because you want to be in control of something in your life at a stressful time or because you want to be popular or fit in and link this with being slim. You might feel that you are overweight or fat even if your weight is normal, which is common with anorexia.

Anorexia usually starts as a teenager but can affect younger children. Girls and women are 10 times more likely than boys and men to suffer from anorexia or bulimia (eating a lot, then making yourself sick) although eating disorders are becoming more common in men. It can occur in up to 1 in 50 schoolgirls.

If left untreated anorexia can have some serious complications such as not getting enough energy and vitamins. This can impact on growth and lead to osteoporosis (a weakening of the bones). In very serious cases, people can die from starving.

Causes of anorexia

Basically, anyone can get an eating disorder. Some things can make you more at risk of getting anorexia such as your genes - whether someone in your family has also suffered with anorexia. Other risk factors include being female, influences from TV, magazines and the internet, and trauma as a child - these are just a few that we know, there are probably a lot more.

Treating anorexia

If you're worried about anorexia, you're not alone and help is available. It can be very difficult to accept that you have a problem, but when you do, there are lots of people who can help.

It can be really hard to cope with an eating problem or disorder on your own and the first step should be to talk to somebody. Talking to someone might help you feel more able to cope. Try and talk to someone you like and trust, such as a close friend, family member or teacher.

There are a lot of different options to help. There is a range of self-help options available, talking therapies with a psychologist or counsellor, or medication. Talking to your GP is the best place to start getting help and they will talk with you about which option could work best for you.

Symptoms of anorexia

Young people with anorexia may have the following symptoms:

- Losing a lot of weight quickly
- Eating less and less food
- Thinking about the calorie content of food
- Feeling panicky about eating food with other people or having a big meal
- Feeling moody, irritable or depressed
- Difficulty concentrating and trouble sleeping
- Girls' periods may stop
- Becoming obsessed with everyone else's body size and comparing yourself to them
- Often feeling weak and/or cold
- Hair may become more brittle and thin out
- Constipation

If you would like more information about anorexia and the ways it affects young people, you can visit the [YoungMinds website](#).

Medication

If your GP suggests that medication may help you, the [HeadMeds website](#) will provide you with more information about the medication they are recommending, how it works, how you should take it and how you might feel. It should also be able to answer any questions you might have about going on medication.

Other eating disorders

- [Bulimia](#)

Bulimia

Bulimia is an eating disorder where you use food to cope with painful feelings or where your ability to have a normal eating pattern is affected. You may think a lot about the way you look. People who suffer with bulimia have episodes of binge eating or 'bingeing', and may make themselves sick or take laxatives to get rid of food.

Bingeing will involve eating a lot of food in one go, probably fattening foods that you would normally avoid, and then feel very guilty or depressed about it and make yourself sick or take laxatives to go to the toilet, or exercise a lot. This is all done secretly and hidden away from other people.

Bulimia often starts in the mid-teens. 4 out of every 100 women experience bulimia at some point in their lives. Boys do get bulimia, but girls are 10 times more likely to develop it.

The reasons behind bulimia may be using food to cope with stress and painful feelings, or because you feel out of control and want to have control over something, i.e what you eat. People with bulimia may also have suffered with anorexia in the past.

Treating bulimia

It can be really difficult to admit that you need help, but the sooner you do, the easier it is to recover from bulimia.

Talk to someone you trust about how you're feeling - a parent, friend or someone else, and then try to get the courage to go see [your GP](#). They will assess whether you do have bulimia, and offer you help and support in the form of a self-help evidence-based programme. If the condition is more serious, your GP may advise medication that could help or refer you on to a specialist - either a dietician who can help you get back into a healthy pattern of eating, or some form of therapy.

Symptoms of bulimia

Symptoms of bulimia include:

- Binge eating
- Vomiting or taking laxatives
- Excessive exercise
- Sore throat and swollen glands
- Constipation
- Isolating yourself and losing interest in other people
- Feeling helpless and depressed
- Sleeping badly

If you would like more information about bulimia, you can visit the [YoungMinds website](#).

Medication

Alongside therapy, young people who experience bulimia may be treated with a type of anti-depressant called a Selective Serotonin Reuptakes Inhibitor (SSRI) which can prevent the urge to binge eat. These would include [Prozac \(Fluoxetine\)](#).

Antidepressants can take a few weeks to get into your system and start working, and must be taken regularly.

Self-harm

Self-harming is choosing to inflict pain on yourself in some way, and is usually a sign that something else is wrong. You may be anxious, depressed or stressed, and feel things are building up so much you need some kind of 'release' and use self-harm as a way to cope with your problems, to try and gain control of the issues worrying you, or of punishing yourself.

Roughly 10 per cent of 15-16 year olds have self-harmed, and 25,000 children and young people are admitted to hospital each year due to the severity of their injuries, so if you are self-harming, you are not alone, and help is available.

Treating self-harm

Self-harming can be very dangerous. It is a definite sign of underlying problems, and if it got out of hand you could risk accidentally killing yourself.

Many young people self-harm in private and want to keep it a secret for fear of how people will react. If you can talk to someone it may help how you are feeling.

You could talk to a parent or other family member, friend or teacher, or go see your GP.

Your GP will talk to you about how you are feeling and what the underlying issues behind your self-harming might be. They might then offer counselling or therapy including Cognitive Behavioural Therapy (CBT), and may also refer you to the child and adolescent mental health services (CAMHS) for an assessment, or to hospital for treatment.

Symptoms of self-harm

Symptoms of self-harm could include:

- Cutting or burning yourself
- Biting your nails excessively
- Developing an eating disorder such as anorexia or bulimia
- Taking an overdose of tablets
- Taking excessive amounts of drugs or alcohol

For more information about self-harm visit the [YoungMinds website](#).

Related topics

- [Anxiety](#)
- [Depression](#)

Medication

It is most likely your GP will offer you some form of counselling or therapy.

If your GP suggests that medication may help you, the [HeadMeds website](#) will provide you with more information about the medication they are recommending, how it works, how you should take it and how you might feel. It should also be able to answer any questions you might have about going on medication.

Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder, usually shortened to ADHD, is when you have difficulty concentrating on something for a long time or get easily distracted. You may have a lot of energy and say or do things without thinking, so it's very difficult for you to control your behaviour.

ADD (Attention Deficit Disorder) is similar but without the hyperactivity so you don't have quite so much energy - the main problem for people with ADD is finding it difficult to concentrate.

ADHD is the most common behavioural disorder in children, but we're not sure what causes it - it is thought to run in families, and may be due to a chemical imbalance in the brain. As you get older you might find that the symptoms improve - about 30-50% of people continue to have symptoms as they grow up.

It can be hard to concentrate on things when you are growing up so if you have some of these symptoms, it doesn't necessarily mean you have ADHD - you should go to see your GP as only a specialist can decide if you have ADHD or not.

Treating ADHD

ADHD affects one or two children out of every 100, and is more common in boys than in girls.

There is no test for ADHD, so a specialist would need to talk to you and maybe your parents about the difficulties you are having and find the best way to help.

There are a lot of different options to help. There is a range of self-help options available, talking therapies with a psychologist or counsellor, or medication. Talking to your GP is the best place to start getting help and they will talk with you about which option would work best for you.

Symptoms of ADHD

Symptoms of ADHD may include the following:

- Feeling restless
- Talking a lot and interrupting others
- Being easily distracted
- Finding it hard to concentrate
- Getting bored quickly
- Saying or doing things without thinking
- Fidgeting or difficulty sitting still
- Being impatient or having trouble waiting for things

Related Conditions

If you would like more information about behavioural disorders and the ways they affect young people, you can visit the [YoungMinds website](#).

Medication

Medication should not be the first suggestion for young people with ADHD - only if your symptoms are quite bad and other support has not helped should medication be given.

Where medication is appropriate, recommended ones include [methylphenidate \(Ritalin\)](#) and [atomoxetine](#). These medications may help reduce hyperactivity and improve your concentration. Your doctor will assess which, if any, medication is right for you, but you should ask your doctor any questions you have about taking the medication.

Other options for treating ADHD include psychological therapy, where you talk with a professional on a one-to-one basis about your feelings, mood and behaviour, and making changes to your lifestyle including diet and exercise - young people have found that certain foods and drinks have negative effects on their behaviour.

Post-Traumatic Stress Disorder (PTSD)

If something extremely traumatic or life-threatening happens to you or you see it happen to someone else, it can affect you physically and mentally.

You might develop post-traumatic stress disorder (PTSD) if you experience something where you feel really frightened, helpless or like you might die.

Most people experience symptoms of PTSD for a few weeks after a traumatic event; some people come to terms with what happened in their own way, but around 1 in 3 people will develop PTSD.

Treating PTSD

If something traumatic happens to you and you notice a change in how you feel and behave, try and talk to someone you trust. This could be a parent, friend, teacher or your GP.

It is normal to experience PTSD symptoms for a few weeks after a traumatic event, but if you are still having symptoms after that, it is worth speaking to your GP. They should offer you some form of therapy designed to help with PTSD. This could include Cognitive Behavioural Therapy (CBT), a talking therapy focused on the memories, thoughts and feelings you connect with the traumatic event, or eye movement desensitisation and reprocessing (EMDR), a technique which uses eye movement to help the brain process flashbacks and to make sense of what happened.

Symptoms of PTSD

There are three main types of symptoms of PTSD:

- Flashbacks or nightmares - you keep remembering the traumatic event and get flashbacks, nightmares and keep reliving the event
- Avoidance and numbing - you are scared to think about the event and so you keep really busy to keep your mind occupied, and avoid anything that reminds you of the event
- Being on guard and unable to relax - you may feel anxious all the time and unable to let your guard down as you're scared the traumatic event might happen again.

Other symptoms include:

- Anxiety
- Irritability
- Problems sleeping
- Problems eating
- Anger
- Guilt (at surviving the traumatic event)
- Depression
- Drinking too much alcohol or taking drugs
- Diarrhoea

Complex PTSD

There is also complex PTSD, which can affect people who have repeatedly experienced severe neglect, abuse or violence as a child or adult. As well as the symptoms of PTSD, you may also:

- Feel shame, guilt or numbness
- Isolate yourself
- Unable to talk about your emotions
- Feel suicidal and want to kill yourself
- Feel impulsive and want to take risks

You may experience symptoms days, weeks, months or years after the traumatic event, although usually symptoms appear within 6 months.

If you would like more information about PTSD you can visit the [YoungMinds website](#).

Related Conditions

- [Anxiety](#)
- [Anger](#)
- [Depression](#)

Medication

If your GP also suggests medication, ask why they think this will help you.

The [HeadMeds website](#) will provide you with more information about the medication they are recommending, how it works, how you should take it and how you might feel. It should also be able to answer any questions you might have about going on medication.