South East Essex Academy Trust

SEEAT Mental Health and Wellbeing Policy 2026

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School Information Page – Key Contacts

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Information and Support

Samaritans

116 123 (freephone)
jo@samaritans.org
Freepost SAMARITANS LETTERS
samaritans.org

Samaritans are open 24/7 for anyone who needs to talk. You can visit some Samaritans branches in person.

Papyrus HOPELINEUK

0800 068 41 41
07860039967 (text)
pat@papyrus-uk.org
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Confidential support for under-35s at risk of suicide and others who are concerned about them. Open 24 hours, 7 days a week.

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Contents

1	School information and key contacts
2	Information and support
3	Policy statement – Why mental health and well-being is important
4	Definition of mental health and wellbeing
5 5.1	Purpose of the policy Policy aims
6	Statutory guidance and legal framework
7	Roles and responsibilities
8 8.1 8.2 8.3 8.4	Supporting children's and young people's positive mental health Teaching about mental health and emotional wellbeing What children learn in EYFS and Key Stage 1 What children in Key Stage 2 learn What students learn in Key Stage 3 & 4
9 9.1 9.2 9.3	Identifying, referring, and supporting pupils with mental health needs Early identification Disclosures and confidentiality

9.4 9.5 9.6 9.7	Assessment, interventions, and support Responding to a mental health crisis Working with specialist services Support for friends Support for children after inpatient treatment
10	SEND and mental health
11	Involving parents and carers
12	Supporting and training staff
13	Monitoring and evaluation
14	School attendance
Appendix A	Bereavement and loss
Appendix B	Body Dysmorphia
Appendix C	Mental Health and the LGBTQ+ community
Appendix D	Protective and risk factors Table
Appendix E	Resources – where to find information and support

3. Policy statement - Why mental health and wellbeing is important

At South East Essex Academy Trust (SEEAT), we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents, and carers), and recognise how mental health and emotional wellbeing is as important physical health.
We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through difficulties during their school career, and some face significant life events. Mental health needs can impact quality of life, relationships, and academic achievement. In some cases, it is life-limiting.

The Department for Education (DfE) recognises that: ***"in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy."***
Schools can be a place for children and young people to experience a nurturing and supportive environment that can develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community.

Our schools' role is to ensure that children can manage times of change and stress and are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and to be a school where:
• All children are valued
• Children have a sense of belonging and feel safe
• Children feel able to talk openly with trusted adults about their problems without feeling any stigma
• Positive mental health is promoted and valued
• Bullying is not tolerated

4. Definition of mental health and wellbeing

We use the World Health Organisation's definition of mental health and wellbeing: **"a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."**

5. Purpose of the policy

This policy sets out:

• How we promote positive mental health
• How we prevent mental health problems
• How we identify and support children with mental health needs
• How we train and support all staff to understand mental health issues and spot early warning signs to help prevent or address mental health problems
• Key information about some common mental health problems
• Where parents, staff and children can get further advice and support.

Mental health and wellbeing are not just the absence of mental health problems. We want all children/young people to:

• Feel confident in themselves
• Be able to express a range of emotions appropriately
• Be able to make and maintain positive relationships with others
• Cope with the stresses of everyday life
• Manage times of stress and be able to deal with change
• Learn and achieve.

5.1 Policy aims

The policy aims to promote positive mental health and wellbeing across the Trust; we will:

- Create a culture of wellbeing and inclusion
- Foster a positive atmosphere in school, where pupils feel able to discuss and reflect on their own experiences with mental health openly
- Celebrate all the ways pupils achieve at our schools, both inside and outside the classroom
- Allow pupils to participate in forming our approach to mental health by promoting pupil voice

- Give pupils the opportunity to develop their self-esteem by taking responsibility for themselves and others
- Spread awareness of the varieties of ways mental health issues can manifest
- Support staff to identify and respond to early warning signs of mental health issues
- Provide support to staff working with pupils with mental health issues
- Provide support and access to resources to pupils experiencing mental ill health alongside their peers, their families, and the staff who work with them.

6. Statutory Guidance and Legal Framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

• Children and Families Act 2014
• Health and Social Care Act 2012
• Equality Act 2010
• Education Act 2002
• Mental Capacity Act 2005
• Children Act 1989 1.2. This policy has been created with regard to the following DfE guidance: • DfE (2025) ‘Keeping children safe in education’
• DfE (2018) ‘Mental health and behaviour in schools’
• DfE (2016) ‘Counselling in schools: a blueprint for the future’
• DfE (2015) ‘Special educational needs and disabilities’ Code of Practice: 0 to 25’ 1.3.

This policy also has due regard to the school’s policies including, but not limited to, the following:

• Child Protection and Safeguarding Policy
• SEND (Special Educational Needs and Disabilities) Policy
• Behavioural Policy
• Supporting Pupils with Medical Conditions Policy
• Staff Code of Conduct
• Suspensions and Exclusion Policy

7. Roles and responsibilities, including those with specific responsibility

We believe all staff are responsible for promoting positive mental health and for understanding protective and risk factors for mental health. Some children will require additional help, and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

All staff understand about the risk factors that might make some children more likely to experience problems, such as:

- physical long-term illness
- having a parent who has a mental health problem
- death and loss, including loss of friendships, family breakdown and bullying
- Domestic abuse

They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging, and emotional literacy (see Appendix D on risk and protective factors).

The most key role that staff play is making the mental health, or designated safeguarding lead aware of any child causing concern. Following a cause for concern being logged, the DSL (Designated Safeguarding Lead) or the Mental Health Lead will decide on the appropriate course of action.

Mental Health Leads:

• Lead and work with other staff to coordinate whole school activities to promote positive mental health and wellbeing;
• Support and advise PSHE teaching about mental health
• Provide advice, support to staff, and organise training and updates
• Are the first point of contact with mental health services and make individual referrals to them.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

Sources of relevant support include:

• School Senior Leadership Teams
• Inclusion Team and Pastoral Teams

• Safeguarding/Child Protection Leads
• School Support Staff
• SENDCos who help staff understand their responsibilities to children with special educational needs and disabilities (SEND), including children whose mental health problems mean they need special educational provision
• School Nurses
• Child and Adolescent Mental Health Service (CAMHS) who can help pupils learn how to manage difficulties
• Mental Health Support Team (MHST) who can support pupil mental health and provide groups and services to schools.

8. Supporting children's & young people's positive mental health

Schools have a key role in promoting children's positive mental health and helping to prevent mental health problems. Our schools have developed a range of strategies and approaches including:

• Pupil-led activities and an enriching programme of personal development
• Campaigns and assemblies to raise awareness of mental health and other topics such as world events, bullying and consent
• Peer-to-peer support – children working together to solve problems and planned sessions where identified adults mentor a designated child
• Healthy Minds Champions
• Lunchtime and breaktime support
• Internal transition support
• Transition Programme to secondary schools
• Worry boxes, or a similar mechanism where children can anonymously share worries or concerns in class

8.1. Teaching about mental health and emotional wellbeing

Through PSHE we teach the knowledge, social, and emotional skills that will help children to be more resilient, understand mental health, and be less affected by the stigma of mental health problems.

8.2. What children in EYFS (Early Years Foundation Stage) & Key Stage 1 learn:

• To recognise, name and describe feelings including good and not so good feelings
• Simple strategies for managing feelings
• How their behaviour affects other people
• About empathy and understanding other people's feelings
• To cooperate and problem solve
• To motivate themselves and persevere
• How to calm down
• About change and loss and the associated feelings (including moving home, losing toys, pets, or friends)
• Who to go to if they are worried
• About different types of teasing and bullying, that these are wrong and unacceptable
• How to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help.

8.3. What children in Key Stage 2 learn:

• What positively and negatively affects their mental and emotional health (including the media)
• Positive and healthy coping strategies
• About good and not so good feelings
• To describe the range and intensity of their feelings to others
• To recognise and respond appropriately to a wide range of feelings in others
• To recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them
• About resilience
• How to motivate themselves and bounce back if they fail at something or find it hard
• How to empathise and be supportive of others
• About change, including transitions (between Key Stages and schools), loss, separation, divorce, and bereavement
• About the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), as well as how to respond and ask for help if they are victims of this themselves
• About the importance of talking to someone and how to get help.

8.4. What students in Key Stages 3 and 4 learn

The secondary curriculum and personal development offer continue to build on the lessons learned in the early year's foundation stage and key stage 2, but is tailored to the developmental needs of older children, and includes topics, such as:

- Consent
- Relationships
- On-line stress and fear of missing out (FOMO)
- Sleep
- Drug and alcohol awareness
- Physical and Mental well-being
- Exam stress
- Body image in a digital world
- Social media
- Worry and unhelpful thoughts

Teaching at key stages 3 and 4 also supports pupils to recognise and respond to harmful peer behaviours, including sexual harassment, online misogyny and coercive behaviour, and understands their impact on mental health and wellbeing.

The curriculum should be responsive to context and address the concerns within the school community.

The opportunities across all our schools are rich, and messages about well-being and mental health are embedded in school life. Pupils learn how to seek help for themselves and others, how to keep themselves safe, and to understand the complexities of relationships.

9. Identifying, referring, and supporting children with mental health needs

Our approach:

• Provide a safe environment to enable children to express themselves and be listened to
• Ensure the welfare and safety of children are paramount
• Identify appropriate support for children based on their needs
• Involve parents and carers when their child needs support
• Involve children in the care and support they have
• Monitor, review, and evaluate the support with children and keep parents and carers updated

9.1. Early Identification

Our identification involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent further deterioration and ensure support is available at the earliest opportunity. Schools do this in a variety of ways which may include:

- SDQ (Social Difficulty Questionnaires)
- Analysing behavior and exclusions
- Monitoring visits to the medical room/school nurse
- Changes to attendance and punctuality
- Using Leuven scales to identify children in EYFS who need support
- Staff report concerns about individual children to the relevant lead persons
- Worry boxes (younger pupils) for children to raise concerns which are checked by Teachers and Mental Health Lead
- Pupil Progress Review meetings
- Regular meetings or supervision for staff to raise concerns
- Gathering information from a previous school at transfer
- Parental meetings and other communications
- Enabling children to raise concerns to any member of staff
- Enabling parents and carers to raise concerns to any member of staff

All staff in our schools are alert to protective factors, risk factors (see Appendix D), and specific mental health conditions and indicators that might mean a pupil is experiencing a mental health problem. Any member of staff concerned about a pupil will take this seriously and talk to the Mental Health Lead or the SENDCO (Special Educational Needs and Disability Co Ordinator). Signs might include:

• Isolation from friends and family and becoming socially withdrawn
• Changes in activity or mood or eating/sleeping habits
• Falling academic achievement
• Talking or joking about self-harm or suicide
• Expressing feelings of failure, uselessness, or loss of hope
• Secretive behaviour
• An increase in lateness or absenteeism
• Not wanting to do PE or get changed for PE
• Wearing long sleeves in hot weather
• Drugs or alcohol misuse

• Physical signs of harm that are repeated or appear non-accidental
• Repeated physical pain or nausea with no evident cause.

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive, or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships, and development. If there is a concern that a pupil is in danger of immediate harm, then the school's child protection procedures are followed. If there is a medical emergency, then the school's procedures for medical emergencies are followed.

9.2. Disclosures and confidentiality

It is important that staff are calm, supportive, and non-judgmental when children disclose a concern about themselves or a friend. The emotional and physical safety of our pupils is paramount, and staff listen rather than advise. Staff make it clear to children that the concern will be logged and shared with the Mental Health Lead or the Safeguarding Lead, to provide appropriate support to the pupil. All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

9.3. Assessment, interventions, and support

All concerns are reported to the Mental Health/Child Protection Lead and recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within the academy or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems from escalating.

Only medical professionals can make a formal diagnosis of a mental health condition, staff within schools are well placed to observe children day-to-day and identify behaviour which suggests that the child may be suffering from a mental health problem or be at risk of developing one.

9.4. Responding to a mental health crisis

It is essential to recognise the possibility of a mental health crisis and where possible recognise the triggers or factors which contribute to deterioration, but sometimes mental ill-health can escalate to a crisis.

In a crisis a pupil's usual way of behaving and coping may no longer be effective, and their emotional or psychological response may escalate. In this situation the child or young person may become disorientated, unable to function, or even attempt harm.

If a pupil is in a serious mental health crisis, we may see or hear the following:

- Suicidal statements or suicide attempts
- Written or verbal threats, or attempted homicide or assault
- Destruction of property or other criminal acts
- Extreme anxiety resulting in panic reactions
- Inability to communicate (e.g., garbled, or slurred speech, disjointed thoughts)
- Loss of contact with reality (e.g., seeing or hearing things that are not there, expressing beliefs or actions at odds with reality)
- Highly disruptive behavior (e.g., hostility, aggression, violence).

In a mental health emergency, the school will, in the first instance, seek the support of the emergency services if a pupil is at risk of harm to themselves, or someone else. The school will also contact parents or guardians, or the next of kin for pupils over 18 and seek the support of their local mental health team.

9.5. Working with specialist services to get swift access to the right specialist support and treatment

In some case a pupil’s mental health needs may require support from a specialist service. These might include anxiety, depression, self-harm, and eating disorders. We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the children’s Individual Care Plan. School referrals to a specialist service will be made by the Pastoral Lead or the SENDCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil’s specific needs.

9.6. Support for friends

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure about the best thing to do; they too can be emotionally affected. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case-by-case basis what support might be appropriate including one to one and group support.

In partnership with the affected student and their parents, we will consider what is helpful for friends to know and understand. This might include:

- How they can be supportive
- Knowing who they should go to for support and advice
- Identifying things, they should avoid doing or saying
- The warning signs of a crisis and indicators they need to seek help for their friend

When students worry and feel responsible for a friend who is mentally unwell, it can be overwhelming and affect their mental health too. We will also make sure they have healthy ways of coping with the difficult emotions they may be feeling and ensure they know how to access information and support for themselves.

9.7. Support for children after inpatient treatment

We recognise that some children will need ongoing support. They will receive regular, tailored support from the school's pastoral team, or mental health lead. We are careful not to "label" children with diagnoses without prior and sensitive consultation with family/carers and other relevant professionals. We have a duty of care to support children and will seek advice from medical staff and mental health professionals on the best way to support children. We will carry out a risk assessment and produce an Individual Care Plan to support children to re-integrate successfully back to school. When a child leaves an inpatient provision and is transitioning back to school, we discuss what needs to happen so the transition will be smooth and positive.

10. SEND and mental health

Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases, the child may benefit from being identified as having a special educational need (SEN).

11. Involving parents and carers

In promoting mental health, we recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting children who do have mental health needs.

We ask parents to inform us of any mental health needs their child has and any issues they think might impact their child's mental health and well-being. It is extremely helpful if parents and carers can share information with the school so that the school can support their child from the outset. All information will be treated with confidence.

Parents and carers are signposted to information and support about mental health services, wellbeing, and parenting support programmes. Information about the PSHE curriculum and the approach to teaching pupils about mental health is accessible on the school website.

Schools work in partnership with the local authority and external partners to provide early help support, which may include referral to specific services or a meeting to plan support for the family.

Parents and carers react in different ways to the knowledge their child is struggling with mental ill-health. Schools will be sensitive and supportive and reassure students and their parents that mental health struggles are common, and that help, and advice is available.

When a concern has been raised, the school will:

• Contact parents and carers and meet with them. In most cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified, or a student over the age of 18 years old does not wish for their parent to be involved. Older students are always encouraged to involve their parents and seek support for themselves this way.

• Offer information to take away and places to seek further information
• Be available for follow-up calls
• Make a record of the meetings and other communications
• Agree to a mental health Individual Care Plan including clear next steps
• Discuss how the parents and carers can support their child
• Keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

Parents and carers will always be informed if their child is at risk of danger, and children may choose to tell their parents and carers themselves. We give children and young people the option of informing their parents and carers about their mental health needs by themselves or by supporting them to do so.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, and if parents and carers are not accessing services, we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

12. Supporting and training staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help. Our Mental Health Lead, or the Designated Safeguarding Lead, is experienced and knowledgeable about mental health and wellbeing. Schools regularly undertake training to develop further knowledge of supporting pupils' mental health and wellbeing.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school, and we promote opportunities to maintain a healthy work life balance and wellbeing. The SEEAT wellbeing charter prioritises the good mental health of all staff and makes available the tools and resources for staff to support their own wellbeing.

13. Monitoring and Evaluation

The mental health and wellbeing policy is on academy websites, and hard copies are available to parents and carers from the academy office.

The policy is monitored at an annual review meeting led by the SEEAT Pastoral Care and Inclusion Manager and involves staff with a responsibility for mental health, including specialist services supporting the academy and trustees.

14. School Attendance

Every school is committed to working with pupils and their families where attendance is, or likely to be impacted by mental health, social or emotional difficulties whether a need has been diagnosed or not. Early intervention is key. Our schools will make reasonable adjustments, where appropriate, to relieve anxiety associated with attending school. Any anxiety about attending school will be mitigated as far as is possible. School staff ensure

the school is a calm, safe, and supportive environment where all pupils want to be and are keen and ready to learn, which is the foundation of securing good attendance.

Any adjustments must be reviewed regularly by all parties, including parents. There should be a clear aim to improve school attendance, whilst supporting the underlying mental health difficulty. Support may include referral to external agencies, pastoral support, or school nursing, for example.

Where pupils have complex and long-term health conditions that are impacting attendance, the school will consider the most appropriate way to support the pupils on-going education, social and emotional needs and continue to undertake their safeguarding duties.

School registers will be recorded in the usual way and coded in line with the reasons for absence, and contact with parents should continue, even in the event of a prolonged absence.

DfE When Mental Health is Affecting School Attendance

Appendix A - Bereavement and Loss

At SEEAT we understand that bereavement is an experience which is likely to be faced by all members of our school community at some point. We appreciate that there will be significant challenges when the loss is of a member of our school community, a child, or staff member. Pupils will need to be supported when they experience family bereavement and other significant losses during their lives.

The Trust is committed to the emotional health and well-being of its staff and pupils. We are dedicated to the continual development of a 'healthy school.' This includes preparing pupils for coping with separation or loss of a loved one, either through death, divorce, or separation.

Following a Bereavement:

We believe that children and adults alike have the right to:

- be given space and time to grieve
- be given or signposted to support from whichever source is deemed the most appropriate – if possible, of their own choice.
- encounter a caring environment in which they feel safe to demonstrate grief without fear of judgement.

We recognise that:

- Grief may not always be apparent to the onlooker, but its invisibility makes it no less real.
- differing religions/culture's view death and bereavement from different perspectives and all viewpoints should be taken into consideration and given equal value in the school environment.
- the death of a child has huge repercussions beyond the immediate family, school staff and friends. Every effort will be made to inform and deal sensitively with members of the wider community affected by a loss.

The following information is taken from Winston's Wish website. Regardless of the circumstances around a death, the suggestions below are a recommended response following a bereavement:

- Use simple, direct language appropriate to their level of understanding
- Use the terms 'died,' 'dead,' and 'death' – euphemisms such as 'we've lost Grandpa' or 'Grandma has gone to another place' are confusing. Children are helped to understand by hearing the language that fits this new experience
- Keep children informed about what has happened and what will happen (e.g., about the funeral)
- Check how much they have understood
- Answer questions openly. If you do not know an answer, say you will find out and come back to them. If you feel the answer is too difficult for them to hear, explain that honestly
- Repeat explanations more than once
- Reassure them that they are not to blame
- Allow and encourage the safe sharing of feelings and thoughts
- Listen to their feelings, worries, memories

The Winston's Wish Helpline is available for guidance, support, and information. Call 08088 020 021. The website also provides valuable online resources for parents, carers, professionals, schools and children, and young people. Winston's Wish

Appendix B - Body Dysmorphia

Body dysmorphia is a mental health condition that affects both girls and boys. While it is more common among teenagers, younger children can still be affected.

Children with this condition will excessively focus on, and worry about, a particular aspect of their appearance that they are not happy with.

They will often act out repetitive behaviours like seeking reassurance, looking in mirrors or avoiding mirrors, going to a lot of effort to cover up “flaws,” and comparing themselves to others.

It can often cause huge distress, as well as affect their ability to thrive at home, in school or in other aspects of their lives. They may also talk about wanting to “correct” their “flaw” through cosmetic surgery.

Children and young people with this condition are more at risk of self-harming, suicidal thoughts, and developing depression and social anxiety.

Body dysmorphia is different from gender dysphoria, which may occur in children and young people who are questioning their gender identity. Find out more about gender identity.

Having body dysmorphia does not mean you are vain or self-obsessed. It can be very upsetting and have a significant impact on your life.

Symptoms of body dysmorphic disorder (BDD)

You might have body dysmorphic disorder (BDD) if you:

- worry a lot about a specific area of your body (particularly your face)
- spend a lot of time comparing your looks with other people's
- look at yourself in mirrors a lot or avoid mirrors altogether
- go to a lot of effort to conceal flaws – for example, by spending a long time combing your hair, applying make-up, or choosing clothes
- pick at your skin to make it "smooth"

Appendix C - Mental Health and the LGBTQ+ Community

Some children and young people identify as LGBTQIA+. This means they may be lesbian, gay, bisexual, transgender, queer, questioning, intersex, or asexual. Or we may define our gender and sexuality in other ways. Stonewall's glossary lists many more terms.

Anyone can experience a mental health problem. But those of us who identify as LGBTQIA+ are more likely to develop problems like:

- low self-esteem
- depression
- anxiety, including social anxiety
- eating problems
- misusing drugs and alcohol
- self-harm
- suicidal feelings
- other mental health problems

Being LGBTQIA+ does not cause a child or young person to have mental health problems. The reasons why children and young people with LGBTQIA+ identities are more likely to have difficulty are complicated. But it is most likely to do with facing things like:

- homophobia, biphobia, and transphobia
- stigma and discrimination
- difficult experiences of coming out
- social isolation, exclusion, and rejection

A child or young person who can embrace their LGBTQIA+ identity may experience a positive impact on their wellbeing. They may experience:

- increased confidence
- improved relationships with your friends and family
- a sense of community and belonging
- the freedom of self-expression and self-acceptance
- increased resilience.

Appendix D - Protective and Risk Factors Table

(adapted from Mental Health and Behaviour DfE March 2016)

Who	Risk Factors	Protective Factors
The Child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
The Family	Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness Parental criminality, alcoholism, or	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord

	personality disorder • Death and loss – including loss of friendship	
In the School	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • A sense of belonging • Positive classroom management • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to, and can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the Community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war, or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes, and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

	extremism leading to radicalisation • Other significant life events	

Mental Health Needs Mental Health and Behaviour in School, DfE March 2016
https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

An NHS list of medical conditions, including those related to mental health can be found at A to Z of Health - conditions relating to mental health. The A to Z includes definitions, signs and symptoms and suggested interventions, for specific conditions including:

- Anxiety (including panic attacks, phobias, and Obsessive-Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse Self Harm

Annex 3.
Where to find information and support

For support on specific mental health needs:

• Anxiety UK www.anxietyuk.org.uk
• OCD UK www.ocduk.org
• Depression Alliance www.depressoinalliance.org
• Eating Disorders www.b-eat.co.uk and www.inourhands.com
• National Self-Harm Network www.nshn.co.uk www.selfharm.co.uk

Suicidal thoughts:

• Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

For general information and support:

• www.youngminds.org.uk champions young people's mental health and wellbeing
• www.mind.org.uk advice and support on mental health problems
• www.minded.org.uk (e-learning)
• www.time-to-change.org.uk tackles the stigma of mental health
• www.rethink.org challenges attitudes towards mental health

Mental Health & Emotional Support	Every Mind Matters KOOTH Reach 4 Wellbeing Sleep Stress Low mood Mind Anxiety UK Health for Teens Insomnia Mindful Meditation for Kids
Chat Support	Young Minds KOOTH Chat Health Samaritans
Exercise and Relaxation	Meditation The Body Coach Yoga home workout
Nutrition	Eat well guide 5 a day Digestion

Resilience	Resilience Hard work
Social media	Mobile phone usage Gaming
Music	Calm radio YouTube