



# **MENTAL HEALTH AND ANXIETY**


## Reintegreat School Toolkit

### Supporting Mental Health in Schools

#### 1. Introduction

Mental health is central to children's wellbeing, learning, and development. It refers to **how we think, feel, and behave**, and includes resilience, the ability to enjoy life, and to cope with challenges.

In schools, we see the impact of poor mental health in many ways: through pupils' emotions, behaviour, learning, and relationships. As staff, we play a vital role in **early identification, support, and referral** where needed.

 *Remember: Schools cannot diagnose mental health conditions, but we are often the first to notice when something isn't right.*

#### 2. Recognising Signs of Mental Health Difficulties

Children may display difficulties through:

##### Emotional State:

- Fearful, withdrawn, anxious
- Low self-esteem
- Mood swings

##### Behaviour:

- Aggression, oppositional behaviour
- Habitual body rocking or self-soothing
- Self-harm (see section 9)

##### Interpersonal Behaviours:

- Over-friendliness or excessive clinginess
- Indiscriminate affection-seeking
- "People-pleasing" or excessively 'good' behaviour
- Difficulty recognising emotions in others
- Controlling or coercive behaviours

#### 3. Risk Factors & Adverse Childhood Experiences (ACEs)

Events that may affect children's mental health include:

- **Loss or separation:** bereavement, divorce, long hospital stays, care placement.

- **Life changes:** moving house, school transitions, new sibling.
- **Trauma/abuse:** neglect, domestic violence, bullying.
- **Traumatic incidents:** accidents, disasters, terrorism.

#### 4. Common Mental Health Conditions in Children

##### Anxiety Disorders

- **Panic disorder:** sudden terror, sense of danger.
- **Phobias:** intense, disproportionate fear of objects or situations.
- **Social anxiety & selective mutism:** fear of judgement, inability to speak in some contexts.
- **PTSD:** flashbacks and distress after trauma.
- **OCD:** intrusive thoughts and compulsive behaviours.
- **Separation anxiety:** distress when apart from attachment figures.

##### Mood Disorders

- **Depression:** persistent sadness, loss of interest.
- **Bipolar disorder:** alternating mania and depression.
- **SAD (Seasonal Affective Disorder):** depression linked to reduced daylight.


##### Eating Disorders

- **Anorexia Nervosa:** restrictive eating, fear of weight gain, distorted body image.
- **Bulimia Nervosa:** binge eating followed by purging.
- **Binge Eating Disorder:** recurrent episodes of excessive eating.

#### 5. Early Warning Signs of Mental Health Problems

Look out for:

- Withdrawal from friends or activities
- Sleep changes (insomnia or bed-wetting)
- Appetite changes (over/under eating)
- Decline in school performance or focus
- Consistently low energy
- Extreme emotions (hate, despair, rage)
- Low self-esteem
- Refusal to participate (PE, group work)
- Risk-taking or damaging property
- Statements that “nothing matters”

 *Not one sign alone indicates a disorder – but clusters of behaviours should trigger concern and monitoring.*

## 6. Self-Harm Awareness

Self-harm can include:

- Cutting or scratching
- Banging head or body against objects
- Refusing food or inducing vomiting
- Overheating/undercooling deliberately
- Substance misuse
- Sexualised or risk-taking behaviours


**Key strategies for staff:**

- Build **trusted relationships** – disclosure is more likely when a pupil feels safe.
- Be **observant** of unexplained injuries, long sleeves, withdrawal.
- Respond **calmly and non-judgmentally** – avoid panic or shock.
- Record concerns accurately and share with safeguarding leads.
- Always follow school safeguarding procedures.

## 7. Supporting Pupils in School

**Practical classroom strategies:**

- Allocate a **key adult** who the child trusts.
- Provide **safe spaces** or calming areas.
- Use a **neutral tone and calm body language**.
- Allow **thinking time** – don't pressure responses.
- Encourage regular **exercise and hydration**.
- Promote **healthy eating** and routines.
- Use **stress relievers**: fiddle toys, daily mile, mindfulness, music.
- Offer **peer support opportunities** in structured ways.
- Share information consistently with all key staff.
- Involve **parents/carers** to provide joined-up support.

 *Reduce expectations temporarily if the child is struggling. Empathy and flexibility are more effective than punitive approaches.*

## 8. Responding to Dysregulation

When a child is in high anxiety or distress:

- Give **space** and avoid confrontation.
- Use simple, calm language (don't overload with words).
- Offer reassurance: *"You are safe, I'm here."*
- Ignore minor behaviours if they stem from anxiety.
- Support with grounding techniques: deep breaths, sensory breaks.


## 9. Recording & Monitoring

- Use behaviour/incident logs to track patterns.
- Consider tools such as:
  - **ABCC forms** (Antecedent, Behaviour, Consequence, Communication).
  - **FAB forms** (Functional Analysis of Behaviour).
- Monitor triggers and effectiveness of strategies – review regularly.

## 10. Referral & Specialist Support

Schools should provide **early help** but not diagnose. When concerns are significant:

- **CAMHS (Child & Adolescent Mental Health Services)**: assessment and intervention for moderate-severe needs.
- **CEDS (Community Eating Disorder Service)**: for children aged 8–17.
- **CAST Teams (Consultation, Advice, Supervision, Training)**: support for professionals.
- **Reach4Wellbeing Programme**: 7-week group programmes for anxiety (ages 5–12).

 *Always escalate to safeguarding if a child is at risk of harm, including suicidal ideation or severe self-harm.*

## 11. Whole-School Approach

Reintegrated schools commit to:

- Embedding **mental health into policies and daily practice**.
- Training staff in mental health awareness.
- Reducing stigma through open discussion.
- Promoting **wellbeing activities** across the curriculum.
- Working closely with families and external professionals.

## 12. Staff Key Reminders

- ✓ You are not expected to diagnose – but you are expected to notice and act.
- ✓ Always follow **safeguarding procedures** if concerned.
- ✓ Early intervention prevents escalation.
- ✓ Relationships are the foundation of support.
- ✓ Consistency and communication across staff is essential.

## 13. Useful Resources & Guidance

- **DfE: Mental Health and Behaviour in Schools**
- **NHS Every Mind Matters** – resources for children and families
- **MindEd** – e-learning on child mental health: [www.minded.org.uk](http://www.minded.org.uk)
- **Mental Health Foundation**: [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

- Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)
- Young Minds: [www.youngminds.org.uk](http://www.youngminds.org.uk)

### Suggested reading:



My Strong Mind – Niels Van Hove

How Big Are Your Worries Little Bear – Jayneen Sanders

Don't Feed the Worry Bug – Andi Green

Bag of Worries – Virginia Ironside