

St. Monica's Catholic Primary School Promoting Mental Health and Wellbeing in School Policy



‘Let Trust, Respect and Love live here.’

Approved: Spring 23

Reviewed and Approved: Spring 25

Philosophy

Every child is a unique gift from God, with his or her own unique gifts.

At St. Monica's, we strive to ensure that all children are offered the opportunity to develop to their full potential in individual, educational, moral, intellectual and spiritual needs.

Our school aims to be a living community of work and prayer.

We believe in supporting all staff, teaching and non-teaching, in meeting their individual needs and developing the staff as a team.

Aim

Mental Health is a state of well-being in which every individual realises his or her fruitfully and is able to make a contribution to his or her community. (World Health Organisation).

At our school, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

Scope

This document describes the school's approach to promoting positive mental health and well-being. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents or carers

Lead members of staff

Whilst all staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit include:

- Natalie Shanahan – designated child protection/safeguarding lead
- Michael Manley – designated safeguarding governor
- Natalie Shanahan – designated mental health wellbeing lead
- School First Aiders
- Natalie Shanahan - Continuing Professional Development (CPD) lead
- PHSE Lead Teacher

Any member of staff who is concerned about the mental health or wellbeing of child or young person should speak to the designated mental health and wellbeing lead in the first instance. If there is a fear that the child or young person is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead, the headteacher or the Multi-Agency Safeguarding Hub (MASH). If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the health and wellbeing designated lead.

Individual care plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

Teaching about mental health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the Diocese approved scheme (Ten:Ten Life to the Full for Relationships, Health and Sex Education and PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms. Please see <https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and>

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning signs

There are often warning signs which indicate a child or young person is experiencing mental health or emotional well-being issues. These warning signs are taken seriously and staff observing any of them should communicate their concerns with the designated mental health wellbeing lead. While not exhaustive, the list below details possible warning signs as follows:

Primary pupils

- Unusual play (in playground)
- Unusual drawings (in class)
- Tendency to isolate themselves
- Compulsive lying

- Attention seeking
- Pulling hair out (self-harm)
- Hurting other children
- No empathy
- Anxiety
- Hiding inside clothes (making self-invisible)
- Loud and disruptive
- Hiding lunch
- Over/under eating
- Soiling

Managing disclosures

A child or young person may choose to disclose concerns about themselves or a friend/sibling to any member of staff so all staff have been briefed/trained on how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend/sibling to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and the focus should be of the child or young person's emotional and physical safety rather than of exploring 'why?'

All disclosures should be recorded in writing and held on the child or young person's confidential file. This written record should include:

- Date of disclosure
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the designated mental health wellbeing lead who will store the record appropriately and offer support and advice about next steps.

Confidentiality

Staff will be honest with regard to the issue of confidentiality. If it is necessary to pass on concerns about a child or young person, then they should discuss with the child or young person:

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

Information about a child or young person should not be shared without first telling them. Ideally their consent should be received, though there are certain situations when information must always be shared with another member of staff and/or a parent, including where pupils are under the age of 16 and in danger of harm.

It is always advisable to share disclosures with a colleague, usually the mental health and wellbeing lead. This helps to safeguard the emotional well-being of the member of staff as they are no longer solely responsible for the pupil. It also ensures continuity of care in the absence of that member of staff and provides an extra source of ideas and support. This should be explained and discussed with the pupil along with who it would be most appropriate and helpful to share this information with.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead or, in her absence, her Deputy Safeguarding Leads, must be informed immediately.

Working with parents and carers

Where it is considered appropriate to inform parents / carers of a disclosure, staff will always seek to be sensitive in approach and will consider on a case by case basis the following points

- Should the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? (parents, child or young person, other members of staff)
- What are the aims of the meeting?

The school accepts that, on learning of their child's issues, parents may be upset or surprised and may respond negatively during the first conversation. The school understands that (within reason) and will always seek to give the parent time to reflect.

As it can be difficult to 'take in' information while coming to terms with unexpected news, the school will provide parents with leaflets/information to take away in addition to highlighting sources of further support aimed specifically at parents - e.g. Parent helplines and forums.

The school will provide a contact point for parents if they have further questions and will consider booking in a follow-up meeting or phone call as parents often have many questions.

Each meeting will finish with agreed next steps and a brief record of the meeting will be kept on the child's confidential record.

Communicating with parents and carers

Parents and carers often welcome support and information from the school about supporting their children's emotional and mental health. In order to support parents and carers the school will:

- Highlight sources of information and support about common mental health issues on our school website.
- Ensure that all parents/carers are aware of who to talk to and how to arrange this if they have concerns about their own child or a friend of their child.
- Make our mental health policy easily accessible to parents.
- Share ideas about how parents/carers can support positive mental health in their children through our regular information evenings.
- Keep parents/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

Supporting peers/siblings

When a child or young person is suffering from mental health issues, it can be a difficult time for their friends/siblings.

Friends/siblings often want to support but do not know how best to do it. The school will seek to support friends/siblings and will consider what is most appropriate on a case by case basis.

Support will be provided on a one-to-one basis or in a group setting and will be informed by the views of the pupil who is suffering and their parents with whom the school will discuss:

- What is helpful for friends/siblings to know and what they should not be told.
- How friends/siblings can best support.
- Things friends/siblings should avoid doing or saying which may inadvertently cause upset.
- Warning signs that their friend/sibling may need help (e.g. signs of relapse).

Additionally, the school will highlight with peers/siblings:

- Where and how to access support for themselves.
- Safe sources of further information about their friend's/sibling's condition.
- Healthy ways of coping with the difficult emotions they may be feeling.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues to enable them to keep child or young person safe.

The MindEd learning portal (www.minded.org.uk) provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff requiring more in-depth knowledge will be considered as part of the school's performance management process and additional CPD will be supported throughout the year where it becomes appropriate due.

Where the need to do so becomes evident, the school will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Natalie Shanahan, our CPD coordinator and the designated lead for mental health and wellbeing who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every two years as a minimum. It is next due for review in Spring 2027.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to the designated lead for mental health and wellbeing on 01908 606966.

This policy will always be immediately updated to reflect personnel changes.

Appendix 1: Further information on mental health concerns.

These are taken from the following website: Mind <https://www.mind.org.uk/information-support/types-of-mental-health-problems/>

Anger

Explains what anger is, and how to deal with it in a constructive and healthy way.

Anxiety and panic attacks

Explains anxiety and panic attacks, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Bipolar disorder

Explains what bipolar disorder is, what kinds of treatment are available, and how you can help yourself cope. Also provides guidance on what friends and family can do to help.

Body dysmorphic disorder (BDD)

Explains what body dysmorphic disorder (BDD) is, possible causes and how you can access treatment and support. Includes tips for helping yourself, and advice for friends and family.

Borderline personality disorder (BPD)

Explains what BPD is and what it's like to live with this diagnosis. Also provides information about self-care, treatment and recovery, and gives guidance on how friends and family can help.

Depression

Explains depression, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Dissociation and dissociative disorders

Explains dissociative disorders, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Eating problems

Explains eating problems, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Hearing voices

Explains what it is like to hear voices, where to go for help if you need it, and what others can do to support someone who is struggling with hearing voices.

Hoarding

Explains hoarding, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Hypomania and mania

Explains hypomania and mania, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Loneliness

Explains loneliness, giving practical suggestions for what you can do and where you can go for support.

Mental health problems - introduction

Explains what mental health problems are, what may cause them, and the many different kinds of help, treatment and support that are available. Also provides guidance on where to find more information, and tips for friends and family.

Obsessive-compulsive disorder (OCD)

Explains obsessive-compulsive disorder (OCD), including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Panic attacks

Explains what panic attacks are, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Paranoia

Explains paranoia, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Personality disorders

Explains personality disorders, including possible causes and how you can access treatment and support.

Phobias

Explains phobias, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

Postnatal depression & perinatal mental health

Explains postnatal depression and other perinatal mental health issues, including possible causes, sources of treatment and support. Also gives advice for friends and family.

Post-traumatic stress disorder (PTSD)

Explains what post-traumatic stress disorder (PTSD) and complex PTSD are, and provides information on how you can access treatment and support. Includes self-care tips and guidance for friends and family.

[Premenstrual dysphoric disorder \(PMDD\)](#)

Explains what PMDD is and explores issues around getting a diagnosis. Also provides information on self care and treatment options, and how friends and family can help.

[Psychosis](#)

Explains what psychosis is, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

[Recreational drugs, alcohol and addiction](#)

Learn how recreational drugs and alcohol can affect your mental health, including if you take psychiatric medication. Find support options for drug and alcohol addiction, and ways to help someone else with their drug and alcohol use.

[Schizoaffective disorder](#)

Explains what schizoaffective disorder is, including its symptoms and causes. Gives advice on how you can help yourself and what types of treatment and support are available, as well as guidance for friends and family.

[Schizophrenia](#)

Explains schizophrenia, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

[Seasonal affective disorder \(SAD\)](#)

Explains seasonal affective disorder, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

[Self-esteem](#)

Explains how to increase your self-esteem, giving practical suggestions for what you can do and where you can go for support.

[Self-harm](#)

Explains self-harm, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

[Sleep problems](#)

Explains insomnia and other sleep problems, giving practical suggestions for what you can do and where you can go for support.

[Stress](#)

Explains what stress is, what might cause it and how it can affect you. Includes information about ways you can help yourself and how to get support.

[Suicidal feelings](#)

Explains what suicidal feelings are, including possible causes and how you can learn to cope.

[Tardive dyskinesia](#)

Explains what tardive dyskinesia is, what causes it and what you can do to manage it.

[Trauma](#)

Explains what trauma is and how it affects your mental health, including how you can help yourself, what treatments are available and how to overcome barriers to getting the right support. Also includes tips for people who want to support someone who has gone through trauma.

Appendix B: Guidance and advice documents

Supporting Mental Health in Schools and Colleges - Department for Education (2017)

Promoting children and young people's emotional health and wellbeing - Public Health England (2015)

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2016)

Counselling in schools: a blueprint for the future - departmental - advice for school staff and counsellors. Department for Education (2017)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools - and colleges. Department for Education (2016 as amended)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2017)

Healthy child programme from 5 to 19 years old - is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing- a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

Appendix C: Talking to pupils when they make mental health disclosures

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

Focus on listening

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

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

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.”

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

Don’t pretend to understand

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

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

Don’t be afraid to make eye contact

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

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

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

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

Never break your promises

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

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



Appendix D: Provision Map of support

St Monica's Mental Health Provision Map/ Signposting

'At our school, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.'
(Positive Mental Health Policy Oct 22)

Provision Map		
Quality First Teaching	Wave 2- Targeted Support	Wave 3- Personalised Support
<ul style="list-style-type: none"> • School Motto: Let Trust, Respect and Love Live Here • The Three Rights: To be Safe, To Learn and To be Respected. • Restorative Practices- Ensure all children learn from mistakes and the impact it has on other people. http://www.restorativefoundation.org.uk/ • Restorative Friends- Y5 and Y6 trained pupils resolving low level concerns on the playground. • Zones of Regulation shared at the start of everyday to ensure any children who are feeling low are identified and have the chance to share what has upset them • Circle time daily- sharing a interest e.g. favourite colour or hobby to highlight shared interests and build relationships • Behaviour policy based on restorative conversations • PHSE lessons based on the PHSE association question based curriculum. • RSE lesson based on 'Life to the Full' curriculum • School Council to represent children's ideas • Chaplaincy team to raise the profile of children within the catholic life of the school 	<ul style="list-style-type: none"> • Nurture Group led by Learning Mentor and another adult for children struggling. • Rainbows- Bereavement supporting groups • Social stories • Now and next boards • Pre-teaching • Restorative circles – led by an adult to resolve concerns e.g, friendships • Safe place e.g. learning mentor space • Sensory room for those who need a sensory diet to calm SEMH needs • Social Groups • Turn-taking groups • Time to talk groups • Lego- therapy • Individual strategies for the classroom e.g. reward chart, visuals, now and next, finished box, unfinished box, worry box, worries book • Sensory toolbox/ Calm box • Regular communication with parents (positive) • The incredible 5-point scale • Behaviour plans with triggers and calming techniques identified • Individual/ small group additional transition plans • Grounding- used for anxiety/ panic attacks 	<ul style="list-style-type: none"> • Drawing and Talking- 1:1 Support with our Learning Mentor • Protective Behaviours – 1:1 with Learning Mentor • ABCD charts completed and analysed with SLT to identify triggers • Support and signposting for parents • Referrals to school nurse • Referrals to CAHMs • Referrals to Children and Family Practices • Referrals to Mental Health Support Team • Referral to Educational Psychologist • Referral to Inclusion and Intervention • Referral to Speech and Language Therapy • Targeted work with family and pupil by Learning Mentor • Researching and resourcing suggested interventions • Individual support plans with strategies and individual provisions identified • Boxall Profile • Emotional Literacy assessment • A bag of Worries

<ul style="list-style-type: none"> • Online Safety lessons at the beginning of each unit of work and one topic dedicated to it. • Parent newsletters about keeping their children safe online. • Friday celebration assemblies- Help not Harm award, Class award, Gold Award, Handwriter of the week, RE award. • Celebrating participation in team events such as badminton, football, netball • Collective Worship • Assemblies based on reading from the Gospel- discussing their meaning and the message • School trips subsidised to ensure all children can take part • Wrap around care on site from 7:30am- 6pm • Extra-curricular activities offered to all pupils either during the school day or after school • Opportunities throughout the school year for pupil voice in different areas such as PP, subjects, SEN etc.. • Open-door policy for parents to speak to class teacher or SLT • Class or year group teaching assistants • Activate or GoNoodle lessons daily to encourage children to move • Hymn of the week across the school so all children can participate in assemblies • Learning objectives shared in every lesson with clear success criteria so all children know how to be successful in their learning • Year 6 job opportunities e.g. head boy and head girl, house captains and vice-captains, librarians, technicians • House groups- to promote team work • Class and individual dojo points • Transition preparation for all pupil 	<ul style="list-style-type: none"> • Breathing techniques- for anxiety/ panic attacks • NSPCC Pants programme 	
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Signposting families and staff		
Local Services		National Services
https://www.mind-blmk.org.uk/ https://mktalkingtherapies.nhs.uk/ https://carersmiltonkeynes.org/information-for-carers/adult-parent-carers/information-carers-children/children-families-practice/ https://www.connectionsupport.org.uk/milton-keynes/ https://www.mkact.com/ https://www.milton-keynes.gov.uk/health-and-wellbeing-hub/mental-health-and-wellbeing https://themixmk.com/ https://www.keepingwellblmk.nhs.uk/ (Staff)		https://www.childline.org.uk/ https://www.youngminds.org.uk/ https://contact.org.uk/ (for families with disabled children) https://www.familylives.org.uk/ https://www.barnardos.org.uk/ https://www.kidscape.org.uk/ https://mentallyhealthyschools.org.uk/ https://www.anxietyuk.org.uk/ https://www.ocduk.org/ocd/ https://www.papyrus-uk.org/ https://www.beateatingdisorders.org.uk/ https://www.rehab4addiction.co.uk/coronavirus/mental-health-coronavirus https://www.arthurellismhs.com/ https://www.kooth.com/ https://www.nhs.uk/every-mind-matters/ https://www.educationsupport.org.uk/ (Staff)

