

# Linlithgow Academy



## Mental Health & Wellbeing Strategy

Review December 2025



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## Mental Health & Wellbeing Strategy

### Rationale

In an average classroom, one in six children will be suffering from a diagnosable mental health condition. It is now widely acknowledged that mental health and wellbeing are as essential as physical health to the positive life chances of children and young people. Protecting mental health at an early age is vitally important to ensure future mental wellbeing and resilience, even more so since the pandemic.

The current picture within Linlithgow Academy tells us that 9.9% of our school roll (November 2025) report low mental health, compared with 5% in West Lothian and 3% in Scotland. With this in mind, a whole school approach that is nurturing, trauma-informed, preventative, universal, and includes targeted interventions should ensure that all members of a school community can flourish and sustain a state of being mentally healthy. School alone cannot meet all the wellbeing needs of children and young people and this strategy recognises that parents, carers, families and a range of partners and the wider community play a role in meeting those needs.

### Strategy Statement

*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity ... Mental health is defined as a state of well-being 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. (World Health Organization)*

*Ensure every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. (UNCRC Article 12)*

*A clear focus on ensuring **wellbeing entitlements and protected characteristics** supports all learners to maximise their success and achievements. (HMIE QI 3.1 Ensuring wellbeing, equality and inclusion)*

*Considering our school mission statement “Together We Thrive”, we aim to promote positive mental health for staff and young people, ensuring all are able to flourish and sustain a state of being mentally healthy.*

We use a range of approaches; universal, specialised and targeted and we also highlight and promote key national and world-wide health events as part of our school calendar to raise awareness. Through nurturing and trauma informed approaches, we aim to be as proactive as possible, rather than reactive. As a result of ever decreasing resources and increasing demands on these, it is important to reflect on the support that can be offered in school, by staff, links with outside agencies and the promotion of these to young people, their parents/carers and staff, as well as proactive approaches that can be accessed initially.

## **The Strategy Aims to**

- Promote positive mental health for all staff and pupils through nurturing and trauma informed approaches
- Increase understanding and awareness of common mental health issues, reducing stigma and discrimination
- Ensure every pupil has the right to freely express their views on matters affecting them (UNCRC Article 12)
- Give young people a voice through opportunities to report/self-refer and have these taken seriously
- Support Pupil Voice within decision-making in mental health and wellbeing through our school Pupil Parliament
- Deliver inclusive support that removes barriers and meets the diverse needs of individuals across all protected characteristics.
- Highlight and promote key national and world-wide events
- Alert staff to early warning signs of mental ill health in both young people and their colleagues
- Provide support and training to staff working with young people with mental health issues
- Provide support to pupils and staff suffering mental ill health and their peers and parents/carers
- Work with parents, carers, families and a range of partners and the wider community to support the wellbeing needs of our young people and staff

## **Key areas of concern prevalent to Mental Health and Emotional Wellbeing**

- The current picture within Linlithgow Academy tells us that 9.9% of our school roll report low mental health, compared with 5% in West Lothian and 3% in Scotland.
- There is a strong link between education and mental health. Compared to those unlikely to have a mental health condition, children and young people with a diagnosable mental health condition are: 45% less likely to feel they can be themselves at school, 27% less likely to enjoy their learning, 20% less likely to have at least one friend at school.
- 9,527 children and young people were referred to CAMHS (Child and Adolescent Mental Health Services) in Scotland for quarter ending December 2023. This is a 16.1% (1,323) increase compared to the previous quarter. (Public Health Scotland, December 2023).
- In May 2021, the Foundation's 'Mental Health in the Pandemic' study found that 60% of parents of children under the age of 18 across the UK were concerned about how the mental health of their children was being affected by the pandemic.
- Areas of concern such as ACES (Adverse Childhood Experiences), Poverty, Body Image, Sleep, Technology and Academic Pressure and Identity, are key concerns for our young people.
- ACEs have been found to account for 29.8% of all mental disorders.
- One review has estimated that children from disadvantaged families were two to three times more likely to have mental health problems than their peers.
- An increasing number of young people are feeling stress, shame, and unhappiness about their body image.
- 43% of teenagers agreed that sleeping badly has a negative effect on their mental health.
- Social media has both a positive and negative impact on the mental wellbeing of children and young people. It allows young people to make new and maintain social connections, however, also acts as a platform where bullying and discrimination can take place.
- A key challenge reported by many young people is managing academic stress and pressures at school.
- Key aspects of identity (gender, social class, sexual orientation, race, ethnicity, age, disability) can all influence mental health and wellbeing.

Main source: Mental Health Foundation

<https://www.mentalhealth.org.uk/sites/default/files/2022-06/Children-and-Young-People-Consultation-Scotland-Report.pdf>

## **Talking 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 personal and social education (PSE) programme. Through PSE, 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 follow the Curriculum for Excellence Health & Wellbeing guidelines to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. By the end of S4, all pupils should achieve SCQF Level 5 Mental Health and Wellbeing which focuses on mental health, triggers and strategies to support this. Pupil voice within our Pupil Parliament, our HWB Champs Committee, and through regular online self-reporting opportunities using the SHANNARI headings, are monitored by Pupil Support Staff and targeting of these issues will take place with one-to-one check-ins and reviews. The online reports will also assist in reviewing the PSE programme where key themes will be based on those areas identified as requiring support and this takes place with an annual review.

## **What did our young people at Linlithgow Academy tell us?**

Each term we ask our young people to complete a Mental Health questionnaire, with a key focus on the GIRFEC SHANARRI indicators, developed by West Lothian Council, which inform the basis of our strategy. Young people are asked to complete this questionnaire in their PSE class, with a link/QR code on class Teams pages directing them to this. Approximately 900 young people respond to this. Unsurprisingly, our young people told us that they find it difficult to talk about mental health and those experiencing mental health concerns increase as their stage in school increases, from S3-5, peaking in S4. The students did go on to tell us their main concerns, what would help them to talk and how they would like to be supported.

The main concerns raised included:

1. Stress
2. Anxiety
3. Depression/Low mood
4. Self-esteem
5. Bullying
6. Friendship Issues
7. Loneliness
8. Cyberbullying

The students then explained the ways we could support them with these issues:

- A safe quiet space
- Learning more about mental health
- Reducing stigma and increasing understanding
- A place to drop in and chat
- Counsellor
- Information on services to support mental health

The HWB Committee also link in with the Anti-Bullying Committee, Equality and Diversity Committee and Mentors in Violence Prevention through our Pupil Parliament, to ensure diversity, difference, equity and equality are welcomed and celebrated by the school community, with a clear link being made between and the promotion of mental health. While it is important not to stereotype particular groups, it is important to recognise the challenges that some groups of children and young people may face.

## Our Response to Young People

From gathering this information we were able to form our plans for supporting our young people:

- We promote positive mental health for all staff and pupils through **Nurturing and Trauma Informed approaches**
- **Wellbeing Hub** accessible by pupils via Pupil Support Staff
- **School Mental Health Support Team (MHST)** will be recognisable by their purple lanyards. There is a list of the MHST on the HWB noticeboard located in the school reception. The MHST also have a visual reminder of this on their classroom doors.
- **Pupil Support staff** are always available and can be accessed by all pupils attending the Pupil Well-Being Office in the first instance or by talking to any member of staff who then signpost.
- **Health and Well Being (HWB) Champs** understand the importance of and promote good mental health. They help to provide a safe, supportive environment, provide advice and support to peers and signpost to appropriate wellbeing services through lunchtime clubs/drop-ins.
- **School counsellors (SMILE)** is based in the school three days a week and pupils can request an initial drop-in session which will identify next steps. Pupil Support Staff can also refer through the fortnightly GIRFEC Intervention Forum (GIF) for more targeted support.
- **Wellbeing baskets** in all classrooms/offices which include fidget toys, mindfulness colouring sheets/activities, notebooks, time out cards, affirmation cards, ‘what if?’ cards, grounding cards and counselling request slips. These are refreshed as needed.
- Our **CARE & SHARE QR code** (Appendices 1 & 2) is prominently placed around the school for pupils to self-report wellbeing, pastoral or bullying concerns, promoting our school “Speak up and Report” approach.
- Opportunities for **pupils to report their HWB** concerns through regular school and authority Wellbeing indicator survey points which are followed up on by Pupil Support Staff.
- **Parents/Carers can make contact with the school Pupil Support Team.** In the first instance, this would be the Pastoral Support Worker or Head of House. This can be by phone or online via the following link: <https://linlithgowacademy.westlothian.org.uk/article/34162/Contact-your-child-s-Support-Team>
- **YouthSpace** are also available in the school on a regular basis and pupils can also access their services in the local community
- Our **Mental Health & Wellbeing Pledge** is displayed in all classrooms, the school website and HWB noticeboard. All staff will be aware of this.
- **HWB noticeboard** displayed in the reception area of the school with a range of support and details also available on the school website.
- **Key HWB dates** are promoted and celebrated throughout the school session by HWB Champs, with a focus in assemblies, PSE lessons, events and daily bulletin items.
- **Annual Parent/carers engagement evening** offering support, advice and strategies on mental health via the HWB co-ordinator
- **Family Champs** attend termly West Lothian meetings to share parent/carers voice.

Supporting mental health and wellbeing requires both warmth and support alongside clear expectations and structures to allow children and young people to thrive. A nurturing ethos emphasises modelling positive behaviour which promotes mental health and wellbeing, such as kindness (one of our core values), compassion, and giving, where children and young people are communicating emotional distress through their behaviours and interactions and ensures that they are given the right support, at the right time.

## Signposting

We ensure that staff, pupils and parents/carers are aware of sources of support within the school community. We display relevant sources of support on our HWB noticeboard in our reception area, Pupil Support department, in PSE classes, the school website and large reception screen, in addition to highlighting sources of support throughout the school session through the HWB calendar of events and school curriculum. Our HWB pledge is displayed in all classrooms as a reminder to staff and pupils. We encourage pupils to let Pupil Support Staff know about a wellbeing, pastoral or bullying concerns immediately. If they don't want to tell someone in person, a CARE and SHARE Form can be completed by scanning one of the QR codes around the school. This can be used to report a personal concern or for another person - we should look after each other too. (Appendices 1 & 2). Parents/Carers can also report concerns as detailed on the previous page and the Pupil Support Team can signpost support.

Highlighting sources of support, will increase the chance of pupils seeking help by ensuring pupils understand:

- The variety of support available to pupils and staff in Linlithgow Academy
- How and where pupils, staff and parents/carers can access support – within Linlithgow Academy, the local community, online etc.
- The importance of accessing support early on
- How staff in Linlithgow Academy can support pupils and colleagues struggling with their mental health

## Managing Disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure. If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be **calm, supportive and non-judgemental**. Staff should **listen**, rather than offer advice and our first thoughts should be of the pupil's **emotional and physical safety** rather than of exploring 'Why?' A number of members of staff have been trained in Mental Health First Aid and are trained to support mental health disclosures. Additionally, all staff in Linlithgow Academy have practical advice within their classrooms detailing how to deal with any disclosure. All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- *Date*
- *The name of the member of staff to whom the disclosure is made, the name of the pupil making the disclosure and/or the name of the pupil the disclosure relates to if made by a peer*
- *Recorded facts from the conversation – inferences should be made*
- *Agreed next steps*

This information should be shared with the Pupil Support staff who will store the record appropriately and offer support and advice about next steps.



## Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns to Pupil Support through a SEEMIS pastoral referral where Pupil Support Teachers will follow up and will be aware of any further concerns raised. Pupil Support will also advise staff of any concerns raised for staff to monitor. Possible warning signs include:

- *Evident changes in behaviour*
- *Physical signs of harm that are repeated or appear non-accidental*
- *Changes in eating /sleeping habits and personal appearance/hygiene*
- *Increased isolation from friends or family, becoming socially withdrawn*
- *Changes in activity and mood*
- *Reduced concentration*
- *Lowering of academic achievement*
- *Non completion of homework*
- *Talking, joking or researching about self-harm or suicide*
- *Abusing drugs or alcohol*
- *Expressing feelings of failure, uselessness or loss of hope*
- *Changes in clothing – e.g. long sleeves in warm weather*
- *Secretive behaviour*
- *Skipping PE or getting changed secretly*
- *An increase in lateness to or absence from school*
- *Repeated physical pain or nausea with no evident cause*
- *Spending more time at the bathroom*
- *Discontinued hobbies or interests*

## Confidentiality

We should be honest in regards to confidentiality. If it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- *Who we are going to talk to*
- *What we are going to tell them*
- *Why we need to tell them*

We should never share information about a pupil without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/ or a parent, e.g. where a young person up to the age of 16 is at risk. Colleagues should share disclosures Pupil Support staff, as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of support. We should explain this to the pupil and discuss with them who is most appropriate to share this information with and why. Parents/carers should be informed and pupils may choose to tell their parents/carers themselves, however, this depends on the severity of the concerns. If a child gives us reason to believe that there may be underlying child protection issues the Child Protection Officer, **must be informed immediately** who will then seek advice to take further action.

## **Members of Staff**

Whilst all staff have a responsibility to promote the positive mental health of pupils, key staff members are trained with a child protection remit. Within Linlithgow Academy there are designated child protection officers and the Head Teacher will always be notified of any Child Protection concern.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to Pupil Support staff in the first instance. If there is a fear that the pupil is in danger of immediate harm, child protection procedures should be followed with an immediate referral to the designated Child Protection Officer or Head Teacher. This should be passed on immediately and not left until the end of the day when staff members have more time. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff, contacting parents/carers as a matter of urgency and advising parents/carers to access urgent medical support via GP or A & E. Where a referral to CAMHS is appropriate, this will be led and managed by the relevant Head of House.

## **Training**

Mandatory Child Protection procedures and updates are delivered by a designated child protection officer at the start of every school session through a whole staff in-service session with a register taken. Mental Health Support is offered as a CLPL at regular points throughout the school session. Pupil Support Staff have been trained as matter of priority, many other staff (teaching and non-teaching) are trained and one member of the Faculty is a recognised Trainer. These members of staff form the Mental Health Support Team (MHST) whose role it is to be available to listen, support and signpost pupils. They are identifiable through purple staff lanyards, their names and photographs are visible on the HWB noticeboard, school website and classroom/office doors.

## **Working with Parents/Carers**

Parents/carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents/carers Pupil Support staff will:

- *Share mental concerns raised as matter of priority*
- *Share our HWB Pledge with parents/carers, pupils and staff*
- *Highlight sources of information/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 go about this*
- *Share ideas and consult with parents about how we can all support positive mental health*
- *Annual engagement evening offering support, advice and strategies on mental health via the HWB co-ordinator*
- *Parents are invited via the School Parent Council, to be included as a Family HWB Champ within the authority through termly meetings*

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents Pupil Support staff will consider the following (on a case by case basis):

- *Meeting face to face to share concerns. Always preferable.*
- *A safe place to meet – best to be quiet with no interruptions given the nature of the discussions.*
- *Ensuring only appropriate people are present, the pupil may not wish to be there initially. Bear in mind this could be a very emotional meeting.*
- *The aims of the meeting – must consider support options both in and out with school with next steps agreed as part of an action plan.*

Such conversations will be sensitive and emotional. Staff will be trained in trauma informed practice. Parents/carers will need time to reflect on what they are being told. Pupil Support staff should highlight further sources of information and signpost support e.g. parent/carer helplines, support groups, websites and forums. Finish each meeting with agreed next step, further check-ins agreed (over phone, email or meeting) and always keep a brief record of the meeting on the child's confidential record. Opening an Assessment of Well-Being/Child Planning paperwork may also be considered and the concerns will also be recognised within the school "risk matrix".



## Linlithgow Academy



### Mental Health & Wellbeing Pledge

Obsessions  
&  
Compulsions

Need  
someone  
to talk to

Anxiety, panic  
attacks,  
phobias

Feeling low,  
worried, or  
depressed

Bereavement

Self-harm,  
Suicidal  
Feelings

Problems  
Eating

#### Help available in School ....

Teachers

Support staff

Mental Health Support Team

School Counsellor

Wellbeing Champs

Wellbeing Hub

Wellbeing Baskets

#### Help outside School .....





## Linlithgow Academy School SMILE Counsellor



The School SMILE Counsellor offers support through appointments.  
Complete a drop in slip and place in box at front of school or see Pupil Support for more details.



## HWB Calendar

Reviewed and updated annually by HWB Champs Committee:

<b>Month/Date</b>	<b>Activity</b>
<b>August</b>	HWB Check-in (all pupils via PSE)
<b>September</b>	HWB Check-in – Interventions (PSWs/HoH*) S1 Settling In Meetings HWB Committee Meeting 1 HWB Conference - Champs
<b>October</b>	World Mental Health Day HWB Committee Meeting 2
<b>November</b>	Anti-Bullying Week
<b>December</b>	World Aids Day
<b>January</b>	HWB Check-in HWB Committee Meeting 3
<b>February</b>	HWB Check-in – Interventions Children’s Mental Health Week
<b>March</b>	HWB Committee Meeting 4
<b>April</b>	HWB Check-in World Health day
<b>May</b>	HWB Check-in – Interventions Mental Health Awareness Week
<b>June</b>	HWB Committee Meeting 5 – review and planning

\*PSWs – Pastoral Support Workers

\*HoH – Head of House

## **Talking to pupil's 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**

*“Whilst talking to the teacher she was really understanding and gave me her full attention to what I was saying. This made me feel as if I could trust and rely on her. Before I felt like I couldn't talk to anyone as they might have judged me however this teacher made me feel more comfortable talking about my mental health”.*

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**

*“For a long period of time I kept everything to myself and one day I finally opened up because it all got too much. I always found it hard to speak to someone about how I felt and if I opened up to my friends I felt judged and unwanted”.*

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**

*“When speaking to teachers and they say “I understand” makes me feel agitated as no one really knows how each individual person is really feeling inside. This has happened once or twice but after words I wasn't as annoyed because I knew that they somehow knew a percentage of what I was feeling”.*

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**

*"If I am talking to her and eye contact is made then I feel more uncomfortable and awkward than before. This isn't because I don't feel supported or I can't talk to her, it's because it makes me feel more anxious and judged".*

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**

*"When speaking to the teacher about self-harm I felt like a weight was taken off my shoulders but it was a hard topic to discuss. This meant I was able to continue to ask for help or to ask to speak to someone".*

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 what was going on at first was so hard for me to do as I thought no one cared and no one would listen to me. As I talked to her she acknowledged how hard it must be for me, when she has said that to me it made me feel supported and cared about.*

It can take a young person weeks or even months to admit they have a problem to themselves, 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**

*"When trying to speak up about how I was feeling I found it extremely hard to build up the courage to do so. There was always a voice telling me that I shouldn't speak to anyone however, I built up the courage to finally talk to someone".*

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**

*“Whilst speaking to a teacher I was able to trust them as well as open up about how I was feeling. This meant that I knew in the future I could trust them and also start to open up a bit more to them”.*

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 strategy 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.

## **Common mental health issues in young people**

### **Anxiety, panic attacks and phobias**

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

### **Depression**

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Young Minds: <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/depression-and-low-mood/>

### **Eating problems**

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Beat – the eating disorders charity: <https://www.beateatingdisorders.org.uk/>

Young Minds Support for parents: <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/eating-disorders/>

### **Obsessions and compulsions**

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

## **Self-harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)

## **Suicidal feelings**

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

On the edge: ChildLine spotlight report on suicide:

<https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?searchTerm0=C5246>

## Support for Young People

<i>Organisation</i>	<i>Contact Details</i>	<i>Service Offered</i>
<b>Samaritans</b>	Call free on 116 123 (UK) Email: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a>	Confidential support service and are open 24 hours a day, 7 days a week.
<b>ChildLine</b>	0800 1111: <a href="http://www.childline.org.uk">www.childline.org.uk</a>	Get help and advice about a wide range of issues, talk to a counsellor online
<b>Breathing Space</b>	Call for free on 0800 83 85 87 <a href="http://www.breathingspace.scot">www.breathingspace.scot</a>	Advice and support if you need someone to talk to. Their phone line is open 6pm-2am on Monday to Thursday and 6pm-6am on Friday to Monday.
<b>Beat</b>	The Beat Youthline is open to anyone under 25. Youthline: 0345 634 7650 <a href="http://www.b-eat.co.uk/">www.b-eat.co.uk/</a>	UK's leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape.
<b>Aye Mind</b>	<a href="http://www.ayemind.com/">www.ayemind.com/</a>	Making a digital toolkit for all who work with young people too, to boost their ability to promote youth wellbeing
<b>Young Scot</b>	Call 0808 801 0338 <a href="http://www.youngscot.org/">www.youngscot.org/</a>	It has information on a range of topics including mental health
<b>7 Cups of Tea</b>	<a href="http://www.7cupsoftea.com">www.7cupsoftea.com</a>	An online emotional health and wellbeing service
<b>LGBT Youth Scotland</b>	Call us: 0131 555 3940 Text us: 07786 202 370 <a href="https://www.lgbtyouth.org.uk/">https://www.lgbtyouth.org.uk/</a> Email us: <a href="mailto:info@lgbtyouth.org.uk">info@lgbtyouth.org.uk</a>	Here to help support lesbian, gay, bisexual and transgender young people
<b>SAMH</b>	<a href="http://www.samh.org.uk/">www.samh.org.uk/</a>	SAMH is the Scottish Association for Mental Health. <b>SAMH</b> believe there is no health without mental health. We're here to provide help, information and support.
<b>See Me</b>	<a href="https://www.seemescotland.org/">https://www.seemescotland.org/</a>	See Me is Scotland's programme to tackle mental health stigma and discrimination
<b>TESS: Text and Email Support Services</b>	<b>Text: 0780 047 2908</b> <a href="http://www.selfinjurysupport.org.uk">www.selfinjurysupport.org.uk</a> <b>follow links to email</b>	<b>For girls and young women affected by self-injury</b>

## Support for Parents & Carers

<i>Organisation</i>	<i>Contact Details</i>	<i>Service Offered</i>
<b>The Samaritans</b>	Call free on 116 123 (UK) Email: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a>	Confidential support service and are open 24 hours a day, 7 days a week.
<b>Young Minds</b>	Parent helpline: 0808 802 5544 <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>	Free, confidential online and telephone support providing information and support
<b>Children First Support Line</b>	Call: 08000 28 22 33 <a href="https://www.childrenfirst.org.uk/get-support/support-line/">https://www.childrenfirst.org.uk/get-support/support-line/</a>	Scotland's free helpline, email and web-chat service, for anyone caring for or concerned about a child - open 9am- 9pm Mon to Fri.
<b>GP</b>	Contact your GP at your local Surgery	Speak to your GP if you are worried about your child's mental health
<b>West Space West Lothian</b>	<a href="https://westspace.org.uk/">https://westspace.org.uk/</a>	Self-help materials, guides and resources and a directory of services based in West Lothian.

## Sources

*World Health Organization*

[www.youngminds.org.uk](http://www.youngminds.org.uk)

[www.mind.org.uk](http://www.mind.org.uk)

[www.minded.org.uk](http://www.minded.org.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.samh.org.uk](http://www.samh.org.uk)

[www.selfinjurysupport.org.uk](http://www.selfinjurysupport.org.uk)

[www.youngscot.org](http://www.youngscot.org)

*Curriculum for Excellence H&WB experiences and outcomes*

*Curriculum for Excellence SHANARRI Indicators*

## Strategy Review

This strategy is updated every three years.

Appendix 1 – Linlithgow Academy CARE & SHARE Form (Completed by pupils who wish to report any health and wellbeing, pastoral or bullying concern about themselves or others). These are large poster boards around in various areas around the school building.



**WE ARE KIND  
WE SPEAK UP  
WE REACH OUT**


Your wellbeing is important to us.

Scan the QR code below to report any health and wellbeing, pastoral or bullying concerns about yourself or others.



**Together We Thrive**


**Appendix 2 – Linlithgow Academy CARE & SHARE Form (Completed by pupils who wish to report any health and wellbeing, pastoral or bullying concern about themselves or others).**



Linlithgow Academy

TOGETHER WE THRIVE


Linlithgow Academy




## C.A.R.E & Share Form

**WE ARE KIND - WE SPEAK UP - WE REACH OUT**  
Your wellbeing is important to us. This form is a safe space where you can report any health and wellbeing, pastoral or bullying concerns about yourself or others. All information shared here will be treated with respect. A member of Pupil Support will make contact with you as soon as possible.

\* Required

1. What is your name and class? \* 


Enter your answer

2. What House are you in? \* 

☐ Bell

☐ Kelvin


☐ Watt

3. What is your concern about? \* 

☐ Pastoral/Health & Wellbeing


☐ Bullying

☐ Other


4. Is the concern about you or another young person? \* 

☐ Myself

☐ Someone else

5. What is the name of the young person you are concerned about? \* 


Enter your answer

6. What House is the person you are concerned about in? \* 

☐ Bell

☐ Kelvin

☐ Watt

7. Please give brief details about your concern. \* 

Enter your answer

Submit