



Parkside Middle School

Mental Health and Wellbeing Policy

Mental health leads:

- Mrs Jenkin, Deputy Head teacher and DSL
- Mrs Varley, Welfare Manager and Deputy DSL

Named Governors with lead on mental health:

Mrs C Blincoe (Staff/Pupil Wellbeing) Mr J Askew (Safeguarding)

Why mental health and wellbeing are important

At Parkside Middle School, we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as 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 ups and downs during their school career and some face significant life events. In 2017, about 1 in 10 children aged 5 to 16 had a diagnosable mental health need and these can have an enormous impact on quality of life, relationships and academic achievement. Like physical health, mental health is constantly changing. It's fluid and influenced by a range of factors. In many 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 has the potential to 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 role at Parkside Middle School is to ensure that children are able to manage times of change and stress, and that they 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.

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

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.

Definition of mental health and wellbeing

We use the World Health Organisation's definition of mental health and wellbeing:

“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”.

Another definition provided by Mental Health First Aid explains it as:

“Mental Health influences how we think and feel about ourselves and others and how we interpret events. It effects our capacity to learn, to communicate, and to form, sustain and end relationships. It also influences our ability to cope with change, transition and life events.

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.

A whole school approach

At Parkside Middle School we take a whole school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise.

This encompasses seven aspects:

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.
2. Helping children to develop social relationships, support each other and seek help when they need it.
3. Helping children to be resilient learners.
4. Teaching children social and emotional skills and an awareness of mental health.
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers.
7. Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

Staff roles and responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about 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.

It is important that all staff understand about possible 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. 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 1 on risk and protective factors).

Our named Mental Health First Aid leads, Mrs Jenkin and Mrs Varley, along with our SENDCO, Mrs Moffatt, work with other staff to coordinate whole school activities to promote positive mental health and wellbeing.

- Lead on teaching about mental health.
- Provides advice and support to staff and organise training and updates.
- They are the first point of contact with mental health services and makes 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.

Supporting children's positive mental health

We believe the School has a key role in promoting children positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including:

- Campaigns and assemblies to raise awareness of mental health.
- Peer mediation where children work together to solve problems supported by our 12 Well-being Champions.
- Well-being and mental health pupil support desk.
- Daily meet/greet opportunities.
- Break and lunchtime support for vulnerable pupils.
- Transition Programmes with our feeder schools to support a smooth transition.
- Worry boxes - a similar mechanism where children can anonymously share worries or concerns in class.
- Mental health teaching programmes e.g. based on cognitive behavioural therapy.
- Circle time.
- Interventions to help children learn personal, social and emotional, communication and problem-solving skills.
- Wellbeing Day – whole school focus on doing things which make us feel good.
- Annual Social Awareness Day – whole school focus on enhancing our self-awareness.
- Displays and information around the School about positive mental health and where to go for help and support.
- Staff mental health board.
- Talkabout – a small group intervention to improve children's communication skills around turn taking, dealing with issues, resolving conflict.
- Thrive Approach – a social and emotional programme embedded throughout our whole school.
- Through PHSE we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.
- Lego therapy.
- Anger management programme.

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 is 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.

Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- SDQ (Social Difficulty Questionnaires)
- Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions.
- Staff report concerns about individual children to the relevant lead person/people.
- Worry boxes in each class for children to raise concerns which are checked by the Class Teachers and Mental Health Lead (these are anonymous but give an indication of needs in a class regularly).
- Half termly Pupil Progress Review meetings.
- Weekly staff meetings to raise concerns.
- Inclusion team meetings.
- Thrive online screenings.
- A parental information and health questionnaire on entry to the school.
- Transition Records and meetings to share information with feeder schools.
- Parental meetings.
- Children are encouraged to raise concerns to any member of staff.
- Parents and carers are actively encouraged to raise concerns to members of staff.

All staff at Parkside Middle School have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the Mental Health Lead or the SENDCO.

These 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, self-belief, 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 or 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.

Disclosures by children and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount, and staff listen rather than advise. Staff make it clear to children that the concern will be shared with the Mental Health First Aid Lead and the Safeguarding Lead and recorded, in order to provide appropriate support to the pupil.

All concerns are reported to the Mental Health First Aid Leads and DSL. All concerns are 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 School or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Assessment, Interventions and Support

<p>Need The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children</p>	<p>Evidence-based Intervention and Support-the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children</p>	<p>Monitoring</p>
<p>High need</p>	<ul style="list-style-type: none"> • Referral to GP • Referral to CAMHS • Referral to targeted family support (level 3) and possibly Children’s Services (level 4) where there are safeguarding concerns • consultation with school staff and other agencies • Other External agency support <p>If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEND School Information Report</p>	<p>All children needing targeted individualised support will have an Individual Support Plan drawn up setting out</p> <ul style="list-style-type: none"> • The needs of the children • How the pupil will be supported • Actions to provide that support • Any special requirements <p>The plan and interventions are monitored, reviewed and evaluated to assess the impact.</p>
<p>Some need</p>	<ul style="list-style-type: none"> • Referral to a family support worker, school nurse, therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends 	
<p>Low need</p>	<ul style="list-style-type: none"> • General support • E.g. School Nurse drop in, class teacher/LSA support • Access to Welfare Manager within school 	

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 the best thing to do and can also 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.

We will involve the pupil who is suffering and their parents/carers and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help.

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

Support for children

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. This is shared with all relevant staff.

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.

Absence from school

If a pupil is absent from school for any length of time, then appropriate arrangements will be made to send work home if this is appropriate. This may be in discussion with any medical professionals who may be treating a pupil.

If the school considers that the presence of a pupil in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school, parents/carers may be advised to withdraw their child temporarily until appropriate reassurances have been met.

Working with specialist services to access the right specialist support and treatment

Main Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Educational Psychologist	Accessed through the Mental Health Lead or SENDCO

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).

Involving parents and carers

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

We ask parents/carers to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see appendix 1). It is very helpful if parents and carers can share information with the school so that we can better support their child from the outset. All information will be treated in confidence.

To support parents and carers:

- We organise a range of activities such as workshops on protective and risk factors.
- We provide information and websites on mental health issues and local wellbeing and parenting programmes and have produced leaflets for parents on mental health and resilience, which can be accessed on the School website. The information includes who parents can talk to if they have concerns about their own child or a friend of their child and where parents can access support for themselves.
- We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also aim to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help, and advice are available.

When a concern has been raised, the school will:

- Contact parents and carers and meet with them (In almost all 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).
- Offer information and signpost available support.
- Be available for follow up calls.
- Make a record of the meeting.
- Agree 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 the option of informing their parents and carers about their mental health needs for themselves or of accompanying and 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 in the rare event that 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.

Involving children in promoting positive health

Every year we train up a group of 12 children as our Wellbeing Champions who lead on whole school campaigns on health and wellbeing. The roles and responsibilities of a Wellbeing Champion are to:

- Promote and champion mental health and wellbeing in school and raise awareness.
- Promote activities and opportunities within school that support wellbeing.
- Provide opportunities to talk and share with their peers.
- Signpost peers to adults that they can talk to.
- Be friendly and approachable.

We seek pupil's views about our approach, curriculum and in promoting whole school mental health activities.

We always seek feedback from children who have had support to help improve that support and the services they received.

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 Leads are qualified 'mental health first aider' and a number of our staff have completed some training on mental health first aid.

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.

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe.

The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

These useful link will take you to this recommended website:

www.minded.org.uk

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Monitoring and Evaluation

The mental health and wellbeing policy is on the school website and hard copies are available to parents and carers from the school office. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work.

The policy is monitored at an annual review meeting led by the Mental Health Lead/DSL.

Links to other policies

This policy links to our policies on Safeguarding and Child protection, Medical Needs, Anti-Bullying, SEND and Equalities.

Links with the School's Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

Date: April 2019

Review Date: April 2021

Headteacher

Chair of Governors.....

Appendices

Appendix 1 Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • 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
In the Family	<ul style="list-style-type: none"> • 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 personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • 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

<p>In the School</p>	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health
<p>In the Community</p>	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Positive classroom management • A sense of belonging • Positive peer influences • 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

Appendix 2 Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of 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>

Annex C includes definitions, signs and symptoms and suggested interventions for

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

Appendix 3 Where to get information and support

For support on specific mental health needs

Education Support Partnership www.educationsupportpartnership.org.uk

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

Appendix 4 Further sources of support about common mental health issues

Support on all of these issues can be accessed via:

- Young Minds

www.youngminds.org.uk

- Mind

www.mind.org.uk

- Minded

www.minded.org.uk

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.

Online support

SelfHarm.co.uk: www.selfharm.co.uk National Self-Harm Network: www.nshn.co.uk

Books

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

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.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

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.

Online support

OCD UK: www.ocduk.org/ocd

Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

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.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org On the edge: Child Line spotlight report on suicide: www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

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.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Books

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders? A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook. Teachers' Pocketbooks*