GEORGE SALTER ACADEMY

Mental Health and Well Being Policy

Policy Prepared by: Mrs C Lawrence (Mental Health Lead)

Responsible for policy: Mrs C Lawrence (Mental Health Lead)

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Introduction

In an average classroom, five children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly by mental ill health.

As a school, we have an important role to play, acting as a source of support and information for both students and parents.

This policy is designed to empower staff to spot and support students in need of help and to follow appropriate referral pathways and procedures.

One of the key things that all staff can do is to keep an eye out for warning signs that might indicate a student is suffering with a mental health issue. Highlighting some key warning signs within the context of the school can be very helpful to staff and ensure that alarm bells ring at the right time.

As well as ensuring that all staff are aware of the most common warning signs of mental ill health, we need to ensure that our policy tells all staff what they should do with such concerns. All concerns, however minor, should be followed up in line with school policies and procedures.

There is likely to be some overlap, but never assume that colleagues know who to turn to with their queries and concerns unless it has been clearly outlined we must keep the policy up to date with any staff changes and clearly communicate these changes to all staff.

Policy Statement

> *Mental health is a state of well-being in which every individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (World Health Organization)*

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

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, five 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 students affected both directly, and indirectly by mental ill health.

Scope

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

This policy should be read in conjunction with the SEND updates where a student has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all staff and students by supporting staff through CPD
- Increase understanding and awareness of common mental health issues by sending key staff to Mental Health Training
- Alert staff to early warning signs of mental ill health via sign posting / CPD
- Provide support to staff working with young people with mental health issues through regular debrief sessions / Line Management Meetings
- Provide support to students suffering mental ill health and their peers and parents/carers via open door policy and multi-agency work within the Inclusion department
- Deliver mental health coping strategies through whole school PSHE, assemblies and tutor time programme and character education
- Input key points within curriculum maps for departments to explicitly teach mental health education
- Teachers to adopt a trauma-informed approach and build resilience within classroom practice
- Embed a stress-aware approach to assessment and examination procedures
- Provide parent/carer advice, supporting and signposting in supporting children and young people's mental health

Expectations of students with mental health and wellbeing concerns

Mental health issues can be ongoing for a long time. They can be highly impactful on a student's ability to access school.

We need to ensure that all members of staff are realistic in their expectations of affected students in order to ensure those students are not placed under undue stress which may exacerbate their mental health issues.

Our expectations should always be led by what is appropriate for a specific student at a specific point in their recovery journey rather than by what has worked well for others, so we always need some degree of flexibility.

Expectations we might want to consider addressing include:

- Academic achievement
- Absence and lateness
- Access to extra curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

Give clear guidance about confidentiality

No doubt should be left about when disclosures should and should not be kept confidential.

Confidentiality

- A student's views will be considered by the Designated Lead for Safeguarding or Mental Health Lead in deciding whether to inform the student's family, particularly where the student is sufficiently mature to make informed judgements about the issues, and about consenting to that.
- The personal information about all students' families is regarded by those who work in this school as confidential. All staff and volunteers need to be aware of the confidential nature of personal information and will aim to maintain this confidentiality.
- Staff understand that they need know only enough to prepare them to act with sensitivity to a student and to refer concerns appropriately. The designated leads and Head Teacher will disclose information about a student to other members of staff on a 'need to know' basis only. It is inappropriate to provide all staff with detailed information about the student, the incident, the family and the consequent actions.
- Staff must be aware that:
  - They cannot promise a student complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the student, or other students, safe.
  - Where there are concerns about a student's welfare, relevant agencies need to be involved at an early stage. If a member of staff or a volunteer has concerns about a student's welfare, of if a student discloses that s/he is suffering abuse or reveals information that gives grounds for concern, the member of staff should speak to their designated person with a view to passing on the information.

Lead Members of Staff

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

- Mrs C Lawrence, Inclusion Manager and Mental Health Lead
- Ms N Payton, Designated Safeguarding Lead
- Mr M Cadwalader, Assistant Principal (Pastoral)
- Mr W Elgar, PSHE Lead
- Mrs S Ralh, SENDCo
- Resident Mental Health First Aiders

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Mental Health Lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead or the head teacher. If the student 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. Medical officer, Mental Health Lead or DSL should follow up in school on students return.

Where a referral to CAMHS is appropriate, this will be led and managed by Mrs C Lawrence, Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix F.

Individual Mental Health Care Plans
It is helpful to draw up an individual care plan for students who have received 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 student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- Pastoral and academic support
- Relevant referrals and/or interventions to support the child's mental health and emotional wellbeing

For students without a diagnosis, however their mental health is impacting their attendance, attainment and/or behaviour, a Student Support Plan (SSP) will be drawn. This can include:

- Factors impacting the child's attendance, attainment and/or behaviour
- A chronology of existing strategies implemented
- An action plan of strategies to support the child in improving or maintaining their attendance and/or attainment
- Relevant referrals and/or interventions to support the child's mental health and emotional wellbeing

If a Mental Health Care Plan or Student Support Plan is devised, the plan should be shared with relevant staff and reviewed with the Mental Health Co-ordinator and relevant members of the pastoral team every 2-4 weeks.

The child and parent must consent to their diagnosis being shared with staff.

Teaching about Mental Health
The skills, knowledge and understanding needed by our students to keep themselves and others mentally healthy and safe are included as part of our PSHE curriculum, assemblies, tutor time programme, character education and key points within department curriculum maps.

The specific content of PSHE lessons will be determined by the specific needs of the cohort and will be identified through student voice surveys and analysed by the PSHE Leah and the Progress Leader of each year group. There will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others and develop resilience.

We will follow the PSHE Association Guidance[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

[1] Teacher Guidance: Preparing to teach about mental health and emotional wellbeing

Signposting
We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix G.

We will display relevant sources of support in communal areas such as the foyer, canteen and pastoral offices, highlighting sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students 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
School staff may become aware of warning signs which indicate a student 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 be logged on CPOMs, alerting Mrs C Lawrence, Mental Health Lead and Ms N Payton, our Designated Safeguarding Lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking 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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A student 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 student 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 advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded on CPOMs. This written record should include the main points of the conversation and should be alerted to Mrs C Lawrence, Mental Health Lead who will carry out the appropriate next steps and record these as actions via CPOMs. See appendix F for guidance about making a referral to CAMHS.

Reporting Concerns to the Designated Leads

- Any concern should be discussed in the first instance with **one of the designated leads** as soon as possible. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anyone can make a referral.

Immediate Response to the Student

- It is vital that our actions do not abuse the student further or prejudice further enquiries. The following advice should be adhered to:
  - Listen to the student, if you are shocked by what is being said, try not to show it
  - It is acceptable to observe injuries; such as cuts, burns or bruises, but not to ask a student to remove their clothing to observe them
  - If a disclosure is made:
    - accept what the student says
    - stay calm, the pace should be dictated by the student without them being pressed for detail by asking leading questions such as "what did s/he do next?" **It is our role to listen - not to investigate.**
    - Use open questions such as "is there anything else you want to tell me?" or "yes?" or "and?"
    - Be careful not to burden the student with guilt by asking questions like "why didn't you tell me before?"
    - Acknowledge how hard it was for the student to tell you
    - Do not criticise the perpetrator, the student might have a relationship with them
    - **Do not promise confidentiality,** reassure the student that they have done the right thing, explain whom you will have to tell, a designated lead and why; and, depending on the student's age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as "I'll stay with you all the time" or "it will be all right now".

Recording Information

- Make some brief notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts not assumption or interpretation and then log onto CPOMs.
- If it is observation of bruising or an injury record the areas on the body map on CPOMs. **Do not take photographs**.
- Note the non-verbal behaviour and the key words in the language used by the student (try not to translate into "proper terms").
- It is important that the original notes are passed on to Ms N Payton, Designated Safeguarding Lead or Mrs C Lawrence, Mental Health Lead.

Confidentiality
We should be honest with regards to the issue of confidentiality. If we see it is necessary for us to pass our concerns about a student on then we should discuss with the student:

- 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 student 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.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead, Mrs C Lawrence, Ms N Payton, Designated Safeguarding Lead, members of the Deputy Designated Safeguarding Lead team or other Mental Health First Aiders. This helps to safeguard our own emotional wellbeing as we are not being solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. This should explained to the student and discuss with them who would be the most appropriate and helpful to share this information with.

Parents must always be informed. Students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

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 Ms N Payton must be informed immediately.

Working with Parents
Parents 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 we will:

- Highlight sources of information and support about common mental health issues on GSA academy website.
- Ensure that all parents are aware of who to talk to, and how to access support, if they have concerns about their own child or a friend of their child.
- Ensure the Mental Health policy is easily accessible to parents and is in line with other policies.
- Share ideas about how parents can support positive mental health in their children through our regular Parents In Partnership / Parents Information Evenings.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Where it is deemed appropriate to inform parents/carers, we need to be sensitive in our approach. Before disclosing to parents we should consider the following on a case by case basis:

- Can 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? Consider parents, the student, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the student's confidential record.

Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. In addition to this, in the case of whereby peers may have witnessed or confided in of self-harm or attempted suicide, support will be provided either in one to one or group setting. There will be guided conversations to support the student of whom is suffering to discuss:

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

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend'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 as part of their regular safeguarding and child protection training in order to enable them to keep students safe through the Wednesday briefing rota.

We will allocate dedicated time via pastoral meetings for staff who wish to learn more about mental health. The National College learning portal[2] provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD may be supported throughout the year where it becomes appropriate due developing situations with one or more students.

[2] www.minded.org.uk

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.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in February 2026.

Additionally, this policy will be reviewed and updated according to OAT guidelines. If you have a question or suggestion about improving this policy, this should be addressed to Mrs C Lawrence our Mental Health Lead via phone extension number 5223 or email c.lawrence@georgesalter.com

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

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues[3]

- 1 in 6 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around five children in every class
- Around 18% of young people aged 12-17 report self-harming at some point of their life.
- 17,778 children and young people were admitted to hospital for self-harm in England and Wales in 2015/15, a 14% rise from 2013/14
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time
- In 2017, 2.7% of 11-16 year olds and 4.8% of 17-19 year olds met the clinical criteria for depression
- 7.2% of 5-19 year olds experience an anxiety condition
- In 2017, 682 people aged 10-29 died by suicide in England and Wales
- 0.5% of 5-19 year olds experience symptoms of an eating disorder

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) 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.

[3] Source: Young Minds

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 Conners (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: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Literature
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

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Literature
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

Appendix B: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

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 (2014)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

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)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

Health behaviour of school age children is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

Appendix D: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students 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 student 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 student 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 student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student 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 student 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 student 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 student.

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 student 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 they have a problem to themselves, let alone share that with anyone else. If a student 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 student.

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 student 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 student.

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 student 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 student'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 F: What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps.

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance. You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate.

For further support and advice, our primary contacts are:
Early Help – 0121 569 7293
CAMHs – 0121 612 6620
Single Point of Access – 0121 569 2611

INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement – **END OF SCREEN***
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

*** Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care**

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS		
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3

HARMING BEHAVIOURS		
	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

*** If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies**

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)			
	Family mental health issues		Physical health issues
	History of bereavement/loss/trauma		Identified drug / alcohol use
	Problems in family relationships		Living in care
	Problems with peer relationships		Involved in criminal activity
	Not attending/functioning in school		History of social services involvement
	Excluded from school (FTE, permanent)		Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3

Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

***** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice *****

Appendix G: Sources or support at school and in the local community

School Based Support

- STEPs (Support Towards Educational Progress) daily drop in mentoring during lunch times, and self-referral system
- School Nurse drop-in during Friday lunch times
- Student Welfare Manager open door policy

Talk to your tutor, your teacher, your Progress Leader, Learning support assistants, parents, friends, prefects, assistant head teachers and head teacher.

Mental Health First Aiders

Staff member	Designated roles
Mrs C Lawrence	Role of the Mental Health Coordinator Mental Health First Aid
Miss T Dale	Role of the DDSL in education Mental Health First Aid
Miss J Woodhouse	Role of the DDSL in education Mental Health First Aid
Miss S Philora	Role of the LAC Coordinator Mental Health First Aid
Mrs G Highfield	Role of Student Welfare Manager Mental Health First Aid
Mrs K Penrice	Role of the DDSL in education Senior Student Welfare Manager - Safeguarding Mental Health First Aid
Mr R Higgins	HTLA Mental Health First Aid
Mr T Drury	Student Welfare Manager Mental Health First Aid
Mrs A Rukar	Teacher of Psychology Mental Health First Aid
Mrs A Parmar	Attendance Officer Mental Health First Aid
Mr D Saxon	Learning Support Assistant Mental Health First Aid
Mr D Aston	Learning Support Assistant Mental Health First Aid
Mrs C Atherton	SEMH Learning Mentor Mental Health First Aid

STEPs Programmes

Intervention Training	Programme Description	Impact / Outcomes	Staff
Anger Management	6-8 week one to one or small group support dealing with emotions/stress/triggers and strategies	Students to understand triggers of anger, defuse and manage more effectively	CME
Positive Thinking	6-8 week one to one or small group support reviewing the theory of positive thinking and mindset	Students to understand how to apply positive thinking spirals in stressful situations	CME CAN
My Emotions	6-8 week one to one or small group support reviewing emotions, triggers and strategies (in particular self-care)	Students to understand how to apply coping strategies during stressful situations and manage their emotional wellbeing on a day to day basis	CME CAN
Craft-Esteem	6 – 12 week one to one or small group supporting students with low self-esteem through craft based activities	Raise self-awareness and confidence	CAN
Craft-Esteem - Bereavement	6 – 12 week one to one course supporting students through their personal bereavements	Raise awareness and confidence in supporting students following grief	CAN
Beauty Within	8 week one to one or small group support dealing with issues around body-image and self-esteem	Raise awareness of body confidence, self-esteem and self-care	CME
My Emotions – coping with Self-Harm and/or suicidal ideations	Course to support and recognise self-harm	Staff / students to understand triggers and employ strategies to support self-harm	CME
Growth Mindset	Course to support anxiety and stress in students	Students to understand anxiety and manage more effectively	CME
Stress Management	Course to support anxiety and stress in students	Students to understand anxiety and manage their 'work load' effectively and developing their self-care	CME