

Mental Health and Wellbeing Policy

At Hornchurch High School, we aim to promote positive mental health and wellbeing for our whole school community; students, 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 through their school career/life and some face significant life events. About 1 in 10 children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement. In many cases it is life-limiting.

The Department for Education (DfE) recognises that: "in order to help their students 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 students wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that students 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 be a school where

- All students are valued
- Students have a sense of belonging and feel safe
- Students 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.

1. 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 students with mental health needs
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse and support students

- Key information about some common mental health problems
- Where parents, staff and students can get advice and support

2. 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”.

Mental health and wellbeing is 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

3. How the policy was developed

In developing this policy we have taken account of

- Children and Young People's mental health: state of the nation 2016
- Education, Education, Education, Mental health 2016 (secondary)
- Promoting children and young people's emotional health and wellbeing Public Health England 2015
- Preparing to teach about mental health PSHE Association 2015
- Mental Health and Behaviour in schools DfE 2014
- Supporting students with medical conditions DfE 2014

4. Links to other policies

This policy links to our policies on safeguarding, supporting students with medical conditions and anti-bullying, It also links to our SEN Information Report. Links with the 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.

5. A whole school approach to promoting positive mental health

We take a whole school approach to promoting positive mental health that aims to help students become more resilient, be happy and successful and prevent problems before they arise.

This encompasses 7 aspects

1. Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands

2. Helping students to develop social relationships, support each other and seek help when they need to
3. Helping students to be resilient learners
4. Teaching students social and emotional skills and an awareness of mental health
5. Early identification of students 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 resilience

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

6. **Staff-their roles and responsibilities, including those with specific responsibility**

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 students with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems; such a 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 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*).

Lead Members of Staff

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

Sharon Ballard - designated child protection / safeguarding officer
 Zoe Clarke- mental health lead
 Kelly O'Brien - lead first aider
 Walter Mahony - pastoral lead
 James Lynn - CPD lead
 Dave Norris - Head of PSHE

The Mental Health Lead:

- Lead on and works with other staff to coordinate whole school activities to promote positive mental health
- Provide advice and support to staff and organise training and updates
- Keep staff up to date with information about what support is available
- Liaise with the PSHE Coordinator on teaching about mental health
- Liaise with the school nurse
- Is the first point of contact and communicate with mental health services
- Lead on and make referrals to services

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 child protection officer, the head teacher or the designated governor. 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.

Where a referral to CAMHS is appropriate, this will be led and managed by Zoe Clarke, mental health lead.

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 students with mental health needs and their families. Support includes:

- Heads of Year
- Inclusion Lead
- Safeguarding/Child Protection Lead
- Support staff to manage mental health needs of students
- SENDCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including students whose mental health problems mean they need special educational provision.
- Our family support/home school link worker/parent support advisor supports families and leads mindfulness sessions for students
- School nurse who runs a health drop in once a month
- School counsellor who provides 1:1 therapy for students who are referred and offers parent sessions
- CAMHS who provide 1:1 therapy and group work to students who are referred and support staff to manage mental health needs of students-support can be offered in school or at an external agency

7. Supporting students' positive mental health

We believe we have a key role in promoting students positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

Student-led activities

- Campaigns and assemblies to raise awareness of mental health
- Peer mediation and Peer mentoring

Class activities

- Praise boxes
- Worry boxes
- Mindfulness sessions for students
- Mental health teaching programmes eg based on cognitive behavioural therapy
- Lego therapy

Whole school

- Wellbeing week
- Our form tutors are key to supporting the wellbeing of students, particularly in Year 7, and they stay with the same form group all the way up the school providing a consistent support to them

- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school

Small group activities

- Nurture groups

We also take opportunities to investigate new evidence-based approaches e.g Silent Secret

Teaching about mental health and emotional wellbeing

Through PSHE we teach the knowledge and social and emotional skills that will help students to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

Key Stage 3

- To manage transition to secondary school
- To recognise their personal strengths and how this affects their self-confidence and self-esteem
- To recognise that the way in which personal qualities, attitudes, skills and achievements are evaluated by others, affects confidence and self-esteem
- To accept helpful feedback or reject unhelpful criticism
- To understand that self-esteem can change with personal circumstances, such as those associated with family and friendships, achievements and employment
- What mental health is and types of mental health problems
- Strategies for promoting and managing mental health positively
- Healthy and unhealthy coping strategies
- To be resilient and manage failure positively
- How to deal with a breakdown in a relationship and the effects of change, including loss, separation, divorce and bereavement
- About the emotional aspects of relationships
- To recognise bullying and abuse in all its forms (including prejudice-based bullying both in person and online/via text, exploitation and trafficking) and to have the skills and strategies to manage being targeted or witnessing others being targeted
- To reduce and prevent the stigma of mental health

Key Stage 4

- To manage transition to KS4
- Healthy and unhealthy coping strategies
- Strategies for promoting positive mental health and preventing mental health problems
- The cause and symptoms of stress and managing stress, anxiety and depression
- Strategies for managing strong emotions and feelings
- Evaluate the extent to which their self-confidence and self-esteem are affected by the judgments of others
- The impact of separation, divorce and bereavement on individuals and families
- Where to get help and support

8. Identifying, referring and supporting students with mental health needs

Our approach is to:

- Provide a safe environment to enable students to express themselves and be listened to
- Ensure the welfare and safety of students as paramount

- Identify appropriate support for students based on their needs
- Involve parents and carers when their child needs support
- Involve students in the care and support they have
- Monitor, review and evaluate the support with students 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:

- Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions
- Staff report concerns about individual students to the Mental Health lead
- A parental information and health questionnaire on entry
- Gathering information from a previous school at transfer or transition
- Enabling students to raise concerns or self refer-through school nurse, form tutor, class teacher, Head of Year, directly to the Mental Health lead or to any member of staff
- Enabling parents and carers to raise concerns through the school nurse, form tutor, class teacher, Head of Year or directly to the Mental Health lead

All staff 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 student is experiencing mental health problems. Any member of staff concerned about a student will take this seriously and talk to the Mental Health Lead.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn
- Changes in activity or mood or eating/sleeping habits
- Lowering academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, 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 student 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 students and confidentiality

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

All disclosures are recorded and held on the student's confidential file, including date, name of student and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support

All concerns are reported to the Mental Health Lead and recorded. We then implement our assessment system which is based on levels of need to ensure that students 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.

| Need | Evidence-based Intervention and Support -the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and students | Monitoring |
|--|--|--|
| <p>The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff</p> <p>Highest need</p> | <p><i>For example</i></p> <p>CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies</p> <p>School counsellor-1:1 support</p> <p>External agency support that provides 1:1 support and group work</p> <p>Other interventions eg art therapy</p> <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 SEN School Information Report.</p> | <p>All students needing targeted individualised support will have an Individual Care Plan drawn up setting out</p> <ul style="list-style-type: none"> • The needs of the students • How the student will be supported • Actions to provide that support • Any special requirements <p>Students and parents/carers will be involved in the plan.</p> <p>The plan and interventions are monitored, reviewed and evaluated to assess the impact eg through a pre and post SDQ and if needed a different kind of</p> |

| | | |
|-----------|--|---|
| Some need | Access to in school nurture group, family support worker, school nurse, art therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends | support can be provided. The Care Plan is overseen by the Mental Health Lead |
| Low need | General support Eg school nurse drop in, class teacher/TA, form tutor | |

Students are informed that the mental health Lead is available when a student is dissatisfied with the level of care and support.

Support for friends

We recognise that when a student 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 student who is suffering and their parents 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 students after inpatient treatment

We recognise that some students will need ongoing support and the Mental Health Lead will meet with students on a regular basis. We are careful not to “label” students.

We have a duty of care to support students and will seek advice from medical staff and mental health professionals on the best way to support students. We will carry out a risk assessment and produce a care plan to support students to re-integrate successfully back to school.

When a child leaves an inpatient provision and is transitioning back to school we discuss what needs to happen so the transition is smooth and positive

9. Working with specialist services to get swift access to the right specialist support and treatment

In some case a student’s mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders.

We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the students' Individual Care Plan.

School referrals to a specialist service will be made by the Mental Health Lead following the assessment process and in consultation with the student and his/her parents and carers. Referrals will only go ahead with the consent of the student and parent/carer and when it is the most appropriate support for the student's specific needs.

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

SEND and mental health

Persistent mental health problems may lead to students 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)

10. Involving parents and carers

Promoting mental health

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

On first entry to the school, our parent's meeting includes a discussion on the importance of positive mental health for learning. We ask parents 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.

To support parents and carers:

- We organise a range of activities such as workshops on protective and risk factors, mindfulness, yoga and our school counsellor offer parents sessions
- 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 include the mental health topics that are taught in the PSHE curriculum, on the school website

Supporting parents and carers with children with mental health needs

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 help 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 most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.

Children over the age of 16 are entitled to consent to their own treatment.

- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of the meeting
- Agree an individual mental health care plan together with 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

Parents and carers will always be informed if their child is at risk of danger and students may choose to tell their parents and carers themselves. We give students the option of informing their parents and carers about their mental health need for themselves or go along with them.

We make every effort to support parents and carers to access services where appropriate. Our primary concern are students, 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.

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (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, 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 steps and always keep a brief record of the meeting on the child's confidential record.

11. Involving students

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

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

12. 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 students and know what to do and where to get help (see Appendix 3).

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals

13. 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.

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

- 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

- 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

In the School

- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Negative peer influences
- Peer pressure
- Poor student to teacher relationships

- Clear policies on behaviour and bullying
- 'Open door' policy for children to raise problems
- A whole-school approach to promoting good mental health
- 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

In the Community

- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events

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

The DfE guide does not include specific information on suicidal thought

Suicidal Thoughts

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3 Where to get information and support

For support on specific mental health needs

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](http://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

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 these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (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](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): 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](http://www.depressionalliance.org/information/what-depression): 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: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/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

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

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

Appendix 4: 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 5 : 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 6: 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 to themselves they have a problem, 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 7 : What makes a good CAMHS referral?¹

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) or carer(s) and the referred child or children?
- Has the referral to CMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or 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?

¹ Adapted from Surrey and Border NHS Trust

- Is the problem situation-specific or more generalised?
- Your understanding of the problem or 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 guide you as to whether or not a CAMHS referral is appropriate.

| MENTAL HEALTH SYMPTOMS | | |
|------------------------|--|--------------------------|
| INVOLVEMENT WITH CAMHS | PREVALENCE | DURATION OF DIFFICULTIES |
| | | |
| 1 | Current CAMHS involvement – END OF SCREEN* Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elevation) | 1-2 weeks |
| | Previous history of CAMHS involvement | Less than a month |
| 2 | Depressive symptoms (e.g. fearful, irritable, sad) Previous history of medication for mental health issues | 1-3 months |
| 1 | Sleep disturbance (difficulty getting to sleep or staying asleep) | |
| 1 | Any current medication for mental health issues Eating issues (change in weight / eating habits, negative body image, purging or binging) | More than 3 months |
| 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) | |

| | |
|--|---|
| | Developmental issues e.g. ADHD, ASD, LD |
|--|---|

| | |
|--|--------------------|
| | 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.

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 |

| | | | |
|--------------------------|---------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Problems in family relationships | <input type="checkbox"/> | Living in care |
| <input type="checkbox"/> | Problems with peer relationships | <input type="checkbox"/> | Involved in criminal activity |
| <input type="checkbox"/> | Not attending/functioning in school | <input type="checkbox"/> | History of social services involvement |
| <input type="checkbox"/> | Excluded from school (FTE, permanent) | <input type="checkbox"/> | 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 ***