Broomwood Primary School

Mental Health and Wellbeing Policy

September 2018

Review date September 2020

Policy Statement

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

Aim of Policy

The department of Education (DfE) recognises that:

'in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy'.

At Broomwood, we aim to promote positive mental health for our whole school community which includes children, staff, parents and carers. We recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health and recognise that children's mental health is a crucial factor in their overall wellbeing, affecting their learning and achievement.

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 crucial in promoting children's wellbeing and can help engender a sense of belonging and community.

Our aim at Broomwood, is to help develop the protective factors which build resilience to mental health problems and be a school where:

- All children are valued
- Children feel safe and have a sense of belonging
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued

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

(For further information see Appendix A)

Scope of the Policy

This document describes Broomwood's approach to promoting positive mental health and wellbeing using the eight principles outlined by Public Health England (Appendix B) as the foundation. This policy is intended as guidance for all staff including non-teaching staff and governors.

Links to Other Polices

This policy should be read in conjunction with our Medical Policy in cases where a child's mental health overlaps with or is linked to a medical issue and the SEND Policy where a child has an identified special educational need. It also links to our Safeguarding and Equalities policy where child protection procedures are followed. Links with the School's Behaviour Policy are especially important because behaviour, whether it is disruptive, anxious, withdrawn, depressed or otherwise, may be related to any unmet mental health need. We consider the wellbeing and mental health of staff to be a priority and will use the Health and Wellbeing Staff Policy and Stress Policy to ensure that it is addressed.

The Policy Aims to:

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

Lead Members of Staff

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

- Louise Hossen – Designated Child Protection / Safeguarding Officer
- Allison McCarthy – Deputy Designated Child Protection
- Corinne Flint - Mental Health Lead
- Corinne Flint - Lead First Aider
- Corinne Flint - Pastoral Lead
- Louise Hossen - CPD lead
- Sally Bolchover - PSHE Coordinator
- Jessica Cunliffe – Senco
- Donna Vipond - Safeguarding Officer
- Krys Rabin – Deputy Safeguarding Officer

- Mental Health Sub Team – Rachel Lamb
  Carl Bridge
  Sam Walker
  Sally Bolchover
  Jessica Cunliffe
- Mental Health Sub Team links to Governors Health and Safety committee

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the Mental Health Lead or Senco in the first instance. If there is a fear that the child 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 or the Head Teacher. If the child 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 Jessica Cunliffe, Senco lead. Guidance about referring to CAMHS is provided in Appendix C.

Individual Care Plans

Pupils causing concern or who receive a diagnosis pertaining to their mental health will have an Individual Care Plan. This will be drawn up involving the pupil, the parents and relevant health professionals and include:

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

A Whole School Approach to Promoting Positive Mental Health

Broomwood's whole school approach to promoting positive mental health aims to help children become more resilient, happy and successful and to prevent problems before they arise.

We try to achieve this by:

- Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands
- Helping children to develop social relationships, support each other and seek help when they need it
- Helping children to be resilient learners

- Teaching children social and emotional skills and an awareness of mental health
- Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services
- Effectively working with parents and carers
- Supporting and training staff to develop their skills and their own resilience

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

Staff Roles and Responsibilities

We believe 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 early warning signs of mental health problems and ensure that children with a mental health need get early intervention and support.

The Designated Lead for Mental Health:

- Leads the Wellbeing and Mental Health Sub Team and works with other staff to coordinate whole school activities to promote positive mental health and wellbeing
- Supports the PSHE Coordinator on teaching about mental health
- Provides advice and support to staff including training
- Is the first point of contact for mental health issues.

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. There is a range of mental health professionals and organisations that provide support to children with mental health needs and their families that work in our school.

Sources of relevant support include:

- Wellbeing and Mental Health Team
- Senior Leadership Team
- Safe Guarding and Child Protection Team
- Key Stage Leaders
- School support staff employed to manage mental health needs of particular children
- Senco
- School Nurse
- Social Worker

- Psychotherapist 1:1 therapy or group work to children who have been identified and referred
- Behaviour Specialist 1:1 therapy or group work to children who have been identified and referred

We have a named governor for Mental Health and Wellbeing and a sub- committee which meets to implement and monitor the procedures for supporting emotional wellbeing within our school.

Supporting Children's Positive Mental Health

We believe the school has a key role in promoting children's positive mental health and helping to prevent mental health problems.

Our approach is to:

- Provide a safe environment to enable children to express themselves and be listened to
- Ensure the safety of children is paramount
- Identify appropriate support for children based on their needs
- Involve parents and carers when their child needs support
- Involve children in the care they have
- Monitor, review and evaluate the support with children and keep parents and carers informed

Broomwood has developed a range of strategies and approaches including:

Specific Pupil-led activities

- Campaigns and assemblies to raise awareness of mental health
- Peer mediation and mentoring where children work together to solve problems
- Therapeutic activities including; Sand, Art and Play Therapy, Lego, Relaxation Techniques and Mindfulness.
- Friendship support groups where older children support younger children in the playground- Playground Leaders

Transition programmes

- Transition programmes when children move to a new classroom- 'Meet The Teacher'
- Transition from Year 6 to High School

Class activities

- Reward systems- marble treats
- Golden Child activities
- Managing feelings resources such as worry boxes
- Circle times
- Marble treats

Whole School

- Drop in session with Designated Mental Health Lead
- Secret Stars
- Wellbeing week or selected day
- Displays and information available about positive mental health and where to go for help and support

(Appendix D)

Teaching about Mental Health

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

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

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

At Broomwood we follow the PSHCE 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.

(Further information can be found in Appendix E)

Early identification and Tracking

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 a variety of ways including:

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

- SDQ (Social Difficulty Questionnaires)
- Boxall scales
- Analysing behaviour
- Using Leuven Scales
- Staff report concerns about individual children to the relevant lead person
- Worry boxes in each classroom for children to raise concerns which are checked by the class teacher and mental health lead
- Pupil progress review meetings
- A parental information and health questionnaire on entry to the school
- Gathering information from a previous school
- Parental meetings
- Enabling children to raise concerns to any member of staff
- Enabling parents and carers to raise concerns to any member of staff
- Southampton Emotional Literacy Scales
- Goal Progress Charts

Warning Signs

All staff will have training on types of mental health needs and signs that might mean a child is experiencing mental health problems.

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 communicate their concerns with the mental health and emotional wellbeing lead or SENCO.

- 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

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 child 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.

Managing Disclosures

(Appendix F)

A child 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 child 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 child's emotional and physical safety rather than of exploring 'Why?'

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

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps
- Vulnerable children are also recorded on CPOMS

Staff should make it clear to the child that the concern will be shared with the Mental Health Lead or the Safeguarding Lead and recorded, in order to provide appropriate support who will store the record appropriately and offer support and advice about next steps.

Confidentiality

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

- 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 child 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/carer. This would always include children who are in danger of harm.

If acting to safeguard a child against harm or look out for their welfare, it is imperative to share any information with a colleague to safeguard our own emotional wellbeing and ensure continuity of care in our absence.

In many cases the parent/carers should be informed and children may choose to tell them themselves. If this is the case, the child should be given 24 hours to share this information before the school contacts parents/carers. We should always give children the option of us informing parents/carers for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents/carers should not be informed, but the child protection officer must be notified immediately.

In Broomwood we work within the GDPR guidelines. Before a child works with the DMHL consent is given from parents and any documentation from the meeting is kept in a locked cupboard which two members of staff have access to. Any notes are destroyed when the child leaves the school unless it is linked to safeguarding.

Working with 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 children who do have mental health needs.

On first entry to school, our parent/carer's meeting includes a discussion on the importance of a positive mental health for learning and ask them to inform us of any mental health needs their child has and any issues that they think may impact on their child's wellbeing.

Involving parents and carers

- Welcome meetings in September
- Parent evenings in Autumn and Spring
- Parental questionnaires to help build on what we do best and identify areas of improvement
- Opportunities for parents/carers to come into school and be involved in their child's learning
- Involvement in pupil profile plans and reviews for children with special educational needs

To support parents and carers

- We organise a range of activities for parents and carers including English as a second language classes and parenting programmes and workshops.
- We provide information on mental health and wellbeing which can be accessed on the school website.
- Share ideas about how parents and carers can support positive mental health in their children through information meetings
- Keep parents and carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

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

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

Working with Parents and Carers- Dealing with Concerns

When a concern has been raised, the school will:

- Contact parents and carers. (In almost all cases, parents and carers will be involved in their child's interventions, although there may be circumstances when this may not happen such as where child protection issues are identified)
- Offer information to take away and places to seek further information.
- Be available for follow up calls
- Make a record of the meeting
- Agree a mental health care plan including next steps
- Discuss how parents and carers can support their child

- Keep parents and carers up to date and fully informed about the support and interventions provided.

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/carers, the child, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/carers 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/carer time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible. 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/carers can also be helpful too e.g. 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/carers 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 child's confidential record.

We make every effort to support parents and carers to access services where appropriate. Although our primary concern is the children, we provide a drop in facility where we can signpost parents and carers to access support for their own mental health needs.

Supporting Peers

When a child 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. Support will be provided either in one to one or group settings and will be guided by conversations by the child who is suffering and their parents/carers with whom we will 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

Involving children

- Each year we train a group of children to be Health Champions who lead on whole school campaigns on health and well being
- We seek children's views about our approach, curriculum and in promoting whole school mental health activities through the pupil voice and school council

Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help. *Our Mental Health Lead is a qualified 'Mental Health First Aider' and a number of our staff have completed appropriate training.*

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

For staff who wish to learn more about mental health. The MindEd learning portal[2] provides free online training suitable for staff wishing to know more about a specific issue.

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

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

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school. We promote opportunities to maintain a healthy work life balance and wellbeing and provide yoga classes after school for staff. Staff are also offered support where appropriate such as counselling and time with the Designated Mental Health Lead, (refer to Staff Health and Wellbeing Policy). Annually, there is a twilight where all staff engage in a social activity.

[2] www.minded.org.uk

Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in September 2020

Effectiveness of the policy will be assessed through:

- Feedback from staff, pupils and parents/carers
- Review of the policy by SLT and governors to determine if objectives have been met and to identify barriers and enablers to ongoing policy implementation.

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

Prevalence of Mental Health and Emotional Wellbeing Issues[3]

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self- harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.

[3] Source: Young Minds

- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

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/carers 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.

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/

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 B:

Eight Principles to Promote Emotional Health and Wellbeing in Schools and Colleges

Public Health England

Promoting children and young people's emotional health and wellbeing.

Appendix C: What makes a good CAMHS referral?[4]

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?

[4] Adapted from Surrey and Border NHS Trust

- 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?

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

School Based Support

1. In school the Mental Health Lead/ Pastoral Teacher is based in the Nurture Room which supports the pastoral needs of all children at Broomwood Primary School and provides:
   - Pastoral support to all children in a nurturing and homely environment in which they can explore their emotional needs in a confidential, calm, secure, and supportive situation using a wide range of resources
   - Someone to talk to and be listened to in a place where children are helped to communicate effectively
   - Immediate support in unpredicted circumstances

   The children attend session1:1, in pairs and small groups depending on their needs. Such therapies as Art, Sand and Play Therapy are provided which bring benfits in terms of raised self esteem , social skills, turn taking and communicatin.

2. All concerns are reported to the Mental Health Lead, Senco and Senior leadership team and recorded. An assessment procedure is nthen implemented which is based on levels of need to ensure the children get the support they need, either from within school or from an external specialist. Our aim is to put in place interventions as early as possible to prevent problems escalating. This may involve working with the :
   - Educational Psychologist
   - Child and Adolescent Mental Health Service (CAMHS)
   - Psychotherapist
   - Speech and Language Therapist
   - Behaviour Outreach worker
   - SCIP Social Worker
   - School Nursing Team

Local Support

Provide a drop in session for parents led by the Mental Health Lead where they can be signposted to outside agencies to provide the relevant support.

Appendix E: 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 F: Talking to children 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.