

ST MARY MAGDALENE CE PRIMARY SCHOOL

Agreed Whole School Policy

Mental Health and Well-Being



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Signed Name Date

As a Church of England School, we recognise that each person is valuable, precious and **unique** before God. Our school is a community based on **trust, honesty and love**. We aim to live in **peace** with each other and to **forgive** those who have wronged us, as taught and demonstrated in the life of Jesus. We seek to foster in our members **wonder** in discovery, **thankfulness** for what we have, **compassion** for others and **hope** for the future. We therefore strive to ensure that our delivery of the curriculum meets the needs of each individual and helps foster an environment where the motivation for all to achieve and reach their full potential is at the core of our commitment.

St Mary Magdalene CE Primary School Mental Health and Wellbeing Policy

Vision Statement

Building on a foundation of Core Christian Values, we inspire and equip our children to acquire confidence, encouraging a thirst for lifelong learning.

'I can do all things through Christ who strengthens me,' Philippians 4: 13.

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)

In our school our Christian vision shapes all we do. We recognise that each person is valuable, precious and **unique** before God. Our school is a community based on **trust, honesty and love**. We aim to live in **peace** with each other and to **forgive** those who have wronged us, as taught and demonstrated in the life of Jesus. We seek to foster in our members **wonder** in discovery, **thankfulness** for what we have, **compassion** for others and **hope** for the future. We therefore strive to ensure that our delivery of the curriculum meets the needs of each individual and helps foster an environment where the motivation for all to achieve and reach their full potential is at the core of our commitment

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

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

Scope

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

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

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

Promotion of Mental Health and Wellbeing

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included across the curriculum and as part of our developmental PSHE curriculum. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all.

Approaches will be taken to ensure that:

Pupils' views are taken into account through Pupil Council, class teaching being informed by ongoing research, opportunities for pupils to show resilience, promotion of a healthy lifestyle, a positive physical environment. Additionally, aspects of promoting positive mental health amongst staff should be included such as taking staff's views into account, monitoring the meeting schedule, holding social events.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence in keeping themselves mentally well and to seek help, as needed, for themselves or others.

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

Details of the PSHE programme of work and other plans in which we teach positive mental health can be found in our PSHE Policy.

Parents and carers are valued and welcomed into the school. Measures taken to draw them into the promotion of a mentally healthy school are:

These might include parent forums, surveys, parent workshops, communicating and celebrating pupil achievements and successes.

Lead Members of Staff

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

- Mrs Jennifer Parris - Designated Child Protection / Safeguarding Officer
- Deputy Headteacher (SENCo) - Mental Health and Emotional Wellbeing Lead
- Deputy Headteacher (SENCo) - Lead First Aider
- Mrs Jennifer Parris - Pastoral Lead
- Mrs Jennifer Parris - CPD Lead
- Mrs Aisling Saleem - PSHE Leader

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Child Protection Office staff or the head teacher. If the pupil 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 Deputy Head Teacher (SENCo), Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix 5.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a 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

Teaching about Mental Health and Wellbeing

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

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

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

Signposting [Appendix 3]

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

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning Signs [Appendix 4]

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with (Deputy Head Teacher - SENCo), our Mental Health and Emotional Wellbeing Lead. Staff may also have concerns regarding staff. Observer may approach our Mental Health and Emotional Wellbeing Lead if it feels appropriate.

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 secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix 1 **[Managing Disclosures]**.

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

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, (Deputy Headteacher - SENCo) who will provide 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 we it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

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

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead (Deputy Head Teacher - SENCo), this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead [Jennifer Parris] must be informed immediately.

Working with Parents

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 pupil, other members of staff.
- What are the aims of the meeting?

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

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

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

Working with All Parents

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

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents 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 to parents

- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a pupil 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 pupil who is suffering and their parents 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

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 pupils safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

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

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

Suggestions for individual, group or whole school CPD should be discussed with Mrs Jennifer Parris, our CPD Leader who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in November 2021.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Deputy Head Teacher (SENCo) our mental health lead via phone 0207 639 1724 or email admin@stmarymagdalene.southwark.sch.uk

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

Appendix 1

Managing Disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

FOCUS ON LISTENING

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

DON’T TALK TOO MUCH

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

DON’T PRETEND TO UNDERSTAND

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

DON'T BE AFRAID TO MAKE EYE CONTACT

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

OFFER SUPPORT

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

ACKNOWLEDGE HOW HARD IT IS TO DISCUSS THESE ISSUES

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

DON'T ASSUME THAT AN APPARENTLY NEGATIVE RESPONSE IS ACTUALLY A NEGATIVE RESPONSE

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

NEVER BREAK YOUR PROMISES

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need

to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix 2 Record of Concerns Form

| | | | |
|--------------------------------------|---|--------------------|------------------|
| Name of Child: | | Class /Form Tutor: | |
| Name of person completing this form: | Role: | Date of Concern: | Time of concern: |
| Nature of concern: | <input type="checkbox"/> Emotional Wellbeing <input type="checkbox"/> Self-harm | | |

Detail of concerns: *What you saw, what you heard, in the child's words. Include brief, accurate details and who else was present. Was it 1st or 2nd hand information? Distinguish between fact and opinion.*

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| | | |
| Continued Over Leaf: | | |
| Concern shared with: | Signature of referrer: | Date of record: Time of record: |

For Completion by Designated Lead:

| Date record received: | Time record received: | |
|--|--|---------|
| Agreed actions with basis for decision | By whom | By when |
| | | |
| | | |
| | | |
| | | |
| | | |
| Signature of Designated Lead: | Date of when actions are to be reviewed: | |

Appendix 3

Useful Resources for further support

Nationally Anxiety UK work to relieve and support those living with anxiety and anxiety-based depression by providing information, support and understanding via an extensive range of services, including 1:1 therapy. They can provide support and help if a person has been diagnosed with, or suspect they may have an anxiety condition and can also help them deal with specific phobias such as fear of spiders, blushing, vomiting, being alone, public speaking, heights – in fact, any fear that stops a person from getting on with their life. www.anxietyuk.org.uk/

Catholic Mental Health Project supports the Catholic community to further develop spiritual and pastoral care for mental health www.catholicmentalhealthproject.org.uk/

Charlie Waller Memorial Trust offers free resources, including guidance and policy templates for use by schools and colleges. www.cwmt.org.uk/

Child Bereavement UK supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. Every year they train more than 8,000 professionals, helping them to better understand and meet the needs of grieving families. <https://childbereavementuk.org/>

Childline is a free, private and confidential service for children and young people available online, on the phone, anytime facilitated by trained counsellors. The website is easy to navigate and has many interactive resources, advice and sources of support for children and young people. www.childline.org.uk/

Education Support Partnership is the UK's only charity providing mental health and wellbeing support services to all education staff and organisations. www.educationsupportpartnership.org.uk/

Fixers: young people's stories Fixers are young people using their past to fix the future. They are motivated by personal experience to make positive change for themselves and those around them. Fixers have different backgrounds, interests and life experiences, and come from every corner of the UK. They are motivated by a desire to act on an issue that is important to them or a strong desire to help other people. They also have a voice that they want to be heard, whether that's on eating disorders, drugs, offending, cyberbullying or any other issue that is concerning them. Becoming a Fixer allows that to happen. Fixers are heard, understood and respected by others. Fixers choose the issue they want to fix and, using the skills of a team of creative experts, they work out how to make sure their message is heard by the right people, whether that's through a unique film, a leaflet or poster campaign, a website, an event or workshop. Then they use digital, print and broadcast media to make their voice heard as far and wide as possible. www.fixers.org.uk/home/news.php

HeadMeds: about mental health medicines HeadMeds is a website for young people about mental health medication, launched in March 2014 and is owned and managed by the national charity YoungMinds. www.headmeds.org.uk/

MeeTwo a free App that lets users post anonymously and receive support and advice about their worries from other teens. All posts, which cannot be more than 300 characters, are seen by moderators who are trained and have experience in counselling or psychotherapy, so there is no risk of bullying. MeeTwo experts can also post and direct users to help from other organisations. The founders are in discussion with Childline about ways to refer young people to them. In exceptional cases the moderator would contact the emergency services. www.meetwo.co.uk/

Mental Health Access Pack is a compact, free resource which aims to: equip you with knowledge and advice, from medical, psychological and theological perspectives; help you support those in your

community who are struggling with mental health issues; help you to discuss issues and share ideas surrounding mental health and the church. www.mentalhealthaccesspack.org/

Mental Health Matters contains information and resources for parishes, dioceses, chaplaincies and church community groups - and anyone else who's interested - to help improve our work with people experiencing mental illness. The Church is well placed to make a significant difference in the area of mental health. We can be a force to end stigma, and we can also be a place of inclusion, welcome and ministry. Mental Health Matters is working to make mental wellbeing a priority in our churches today. www.mentalhealthmatters-cofe.org/

Mentally Healthy Schools brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. Our aim is to increase staff awareness, knowledge and confidence to help you support your pupils. www.mentallyhealthyschools.org.uk/

Mind provides trusted advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness and promote understanding. www.mind.org.uk/

MindEd MindEd is a free educational resource on children and young people's mental health for all adults. www.minded.org.uk/

NHS Live Well Youth Mental Health offers resources and signposting for support from external links www.nhs.uk/Livewell/youth-mental-health/Pages/Youth-mental-health-help.aspx

PAPYRUS is the national charity for the prevention of young suicide. The website draws from the experience of many who have been touched personally by young suicide across the UK and speak on their behalf in PAPYRUS campaigns and in their endeavour to save young lives. PAPYRUS believe that with appropriate support and education, many young suicides can be prevented. They deliver awareness and prevention training, provide confidential support and suicide intervention through the HOPELineUK, campaign and influence national policy, and empower young people to lead suicide prevention activities in their own communities. www.papyrus-uk.org/

Reading Well for young people Reading Well promotes the benefits of reading for health and wellbeing. The programme has two strands: Books on Prescription and Mood-boosting Books. <http://reading-well.org.uk/books>

Rethink: living with mental illness provides expert, accredited advice and information to everyone affected by mental health problems. 'When mental illness first hits you or your family, it can be hard to know who or what to trust.' They give people clear, relevant information on everything from treatment and care to benefits and employment rights. We were the first mental health charity to gain the Information Standard for our trusted and relevant information. www.rethink.org/livingwith-mental-illness/young-people/

Samaritans work to ensure that fewer people die by suicide by working to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour. They offer 24 hours a day emotional support for people who are struggling to cope, including those who have had thoughts of suicide, as well as reaching out to high risk groups and communities to reduce the risk of suicide and working in partnership with other organisations, agencies and experts, influencing public policy and raising awareness of the challenges of reducing suicide. www.samaritans.org/

The Charlie Waller Memorial Trust provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. www.cwmt.org.uk/

The Children's Society is a national charity that works with the country's most vulnerable children and young people. We listen. We support. We act. Because no child should feel alone. They work directly with

children, develop resources and publications and lobby on behalf of children annually, surveying them as part of their Good Childhood reports. www.childrenssociety.org.uk/

The Mind and Soul Foundation aims to educate – sharing the best of Christian theology and scientific advances; equip – helping people meet with God and recover from emotional distress; encourage – engaging with the local church and mental health services. Of more use to staff and parents, they have a good selection of resources and articles, including the mental health access pack which was developed for churches, offering information on common mental health conditions and pastoral tips for working with those with mental health conditions. www.mindandsoulfoundation.org/

Winston's Wish provide specialist child bereavement support services across the UK, including indepth therapeutic help in individual, group and residential settings. www.winstonswish.org/

YoungMinds is the UK's leading charity championing the wellbeing and mental health of young people. They offer resources and bespoke training for schools and support for parents and young people. In addition they have a dedicated section on caring for the wellbeing of teachers and school staff. <https://youngminds.org.uk/>

Appendix 4

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

| | Risk Factors | Protective Factors |
|----------------------|---|---|
| In the Child | <ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND | <ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect |
| In the Family | <ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship | <ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord |
| In the School | <ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences | <ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental |

| | | |
|-------------------------|---|---|
| | <ul style="list-style-type: none"> • Peer pressure • Poor pupil to teacher relationships | <p>health</p> <ul style="list-style-type: none"> • Positive classroom management • A sense of belonging • Positive peer influences |
| In the Community | <ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events | <ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities |

Appendix 5

Referral to CAMHS

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/carers' attitudes to the referral?

Basic information

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

Reason for referral

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

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?

- a) Psychoses, e.g. schizophrenia, bipolar affective disorder
- b) Developmental disorders e.g. infantile autism, pervasive developmental disorder, specific learning disorders
- c) Emotional disorders, phobic anxiety, depression, including self-destructive behaviour and attempted suicide, obsessive compulsive disorder illness behaviour
- d) Obsessional disorders
- e) Attention Deficit Hyperactivity Disorder (ADHD)

- f) Anorexia Nervosa and other eating disorders
- g) Enuresis and Encopresis
- h) Sleeping Disorders
- i) Post Traumatic Stress Syndrome
- j) Family Relationship Problems
- k) Bereavement
- l) Consequences of abuse and sexual abuse

Behaviour problems have not been included in this list although many children with such disorders are treated by CAMHS. The treatments, however, are not usually specific to the disorder. In addition, children who are victims of abuse or are engaged in abusive behaviours, and/or the families of such children, may be helped by a variety of therapeutic approaches depending on need and circumstances

Treatment Approaches Available

This list is intended to give an idea of the range of therapeutic interventions offered. Sometimes more than one approach may be used either concurrently or serially. A vital factor in any successful treatment programme is whether the child or family are able to use the treatment and that his/her circumstances are conducive to treatment being offered. The importance of the network surrounding the child cannot be stressed enough. Therapy may result in the child exhibiting more challenging behaviour to begin with and the network should be strong enough to contain this.

The therapeutic interventions are as follows:

- a) Individual psychotherapy and counselling. Except in the case of an older child, there is usually parallel work undertaken with parents and/or carers. Theoretical models used will vary according to needs of the child and include psychotherapy, cognitive behavioural therapy, supportive counselling and behaviour therapy.
- b) Family therapy.
- c) Pharmacological treatment, especially for psychosis, hyperkinetic syndrome and attention deficit disorder (ADHD) and occasionally for depression and severe behavioural disturbance.
- d) Behaviour therapy and cognitive behavioural therapy are particularly indicated in disorders such as encopresis, obsessive compulsive disorder, depression and behaviour difficulties in a younger child.
- e) Art Therapy.
- f) Parenting Training.