Children's Positive Mental Health and Wellbeing Policy

Approved by:	Priory Rise Governing Board	**Date:** October 2023
Last reviewed on:	October 2020	
Reviewed again on:	October 2026	

Priory Rise School

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 his or her community (World Health Organisation).

At Priory Rise school, 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 pupils in need.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

This document describes the school's approach to promoting positive mental health and well-being. 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 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 in all staff and pupils
- 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 young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents or carers

Lead members of staff

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

- Ruth Seagar – designated child protection/safeguarding lead
- Cath Dobson – deputy designated child protection/safeguarding lead/mental health and wellbeing lead
- Corinne Benham-Smith, Kate Truan, Julia Strong – assistant designated child protection/safeguarding lead
- Emma Pocock and Lucy Ashby - assistant designated child protection/safeguarding lead and Learning Mentors
- Mark Gibbs – assistant designated child protection/safeguarding lead overseeing Early Birds and Night Owls provision
- Maria Minnett – designated safeguarding governor
- Kristy Coogan - mental health and wellbeing governor

- Cath Dobson – designated mental health wellbeing lead
- Vickie Snell - SENCO
- Julia Carter – Lead First Aider
- Corinne Benham-Smith/Cath Dobson – Continuous Professional Development (CPD) lead
- Cath Dobson – Head of PSHE
- Corina Pargeter and Sharon Wallace – Lead LTS supervisors
- Tracy Hanson – Lead Wellbeing Lead for support staff

Any member of staff who is concerned about the mental health or wellbeing of a child or young person should speak to the designated safeguarding lead or SENCO in the first instance. If there is a fear that the child or young person is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the Multi-Agency Safeguarding Hub (MASH). 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 (see Medical Policy).

Where a referral to CAMHS is appropriate, this will be led and managed by SENCO supported by learning mentors, mental health and wellbeing designated lead. Guidance about referring to CAMHS is provided in Appendix E.

Individual care plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This would look similar to the one-page profile. 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
- Triggers and anxieties known

Teaching about mental health

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 (Jigsaw).

The specific content of lessons will be determined by the specific needs of the cohort being taught 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 Jigsaw curriculum (PSHE curriculum) to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms.

Signposting

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 Appendix D.

We will display relevant sources of support in communal areas such as in the staffroom, front office and staff 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 pupils seeking help by ensuring pupils understand:

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

Warning signs

There are often warning signs which indicate a child or young person is experiencing mental health or emotional wellbeing issues. These warning signs are taken seriously and staff observing any of them should communicate their concerns with a DSL/SENCO, mental health and wellbeing designated lead. While not exhaustive, the list below details possible warning signs as follows:

- Unusual play
- Unusual drawings
- Tendency to isolate themselves from their peers/family and becoming socially withdrawn
- Compulsive lying
- Falling academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- Increase in absence or lateness
- Not wanting to do PE or get changed for PE
- Wearing long sleeves in hot weather
- Physical signs of harm that are repeated or appear non-accidental
- Repeated physical pain or nausea with no evident cause
- Attention seeking
- Pulling hair out (a form of self-harm)
- Hurting other children
- No empathy

- Anxiety
- Hiding inside clothes (making self invisible)
- Loud and disruptive
- Hiding lunch
- Over/under eating
- Change in activity or mood and sleeping habits
- Soiling

Where a child is displaying different changes in behaviour, this may be cause for concern. Teachers will ensure that they communicate closely with the child's previous class teacher and parents if there is a concern. Teachers will recognise changes in behaviour and will put suitable strategies in place to support the child (see Appendix A. Also located in the behaviour policy September 2020).

Use of PSHE lessons to support positive mental health and wellbeing at Priory Rise School

Priory Rise School will ensure whole-staff agreement on PSHE education's role in supporting pupils' return and an understanding of its distinction from targeted interventions and pastoral care. Wherever possible, all children from the class will take part in PSHE sessions.
Staff will prepare for a potential increase in disclosures from those who have experienced or witnessed trauma or other difficulties during the lockdown, following PSHE lessons. Learning mentors will be available to discuss concerns that children may have. DSLs will remain on site wherever possible to also offer support.
PSHE lessons will be used as part of the strategy to reconnect pupils and establish their place within their new class as required. Re-establishing golden rules, class charter and caring hands with be an important practice in the first week back at school in September. All children should be involved in these lessons.
Spend time re-establishing PSHE ground rules and ensuring the classroom is a safe place. Pupils need to feel bonded again as a class, trust their new teacher and teaching assistant and feel safe in exploring difficult issues.
Teaching staff will endeavour to talk about the experiences pupils have had in a distanced way, through scenarios and fictional characters rather than open discussion about individual pupil experiences during PSHE lessons.
PSHE sessions can be used to support pastoral care processes; lesson time might be used to survey pupils about what they need and their main worries and feelings about returning to school (this can inform both immediate teaching and also develop future PSHE planning for a year group or a class group).
At the start of the academic year, the focus will immediately be on areas such as relationships, mental health and emotional well-being, but also pupils will be consulted on what they need or want to cover beyond this.

Year groups can consider covering these topics soon after schools return:

- **Transition** including learning routines and skills to help settle back into school life.

○ **Friendship** such as establishing friendships, making new friends (if relevant to the year group – classes split) and managing friendship issues.
○ **Promoting well-being** including managing anxiety, promoting positive well-being, coping strategies and dealing with change.
○ **Media consumption** such as how to manage topical news coverage and differentiate between facts, rumours and speculation.
○ **Staying safe** physically and emotionally, including online (Online safety is covered annually at the start of each academic year as part of Computing sessions from Year 1 to Year 6).
○ **Bereavement, change and loss** including supporting pupils to manage grief. Also, consider the possibility that someone in the class may have lost someone close or have parents who may have lost their job or suffered other instances of loss and change.

When considering longer-term planning for PSHE education and how it can support pupils' mental health and well-being, teachers will:

- Bear in mind the potential ongoing impact of covid-19 when addressing topics in the future, and how to manage these issues sensitively. For example, with the economic shock of covid-19, young people may be anxious about family finances, as well as how they secure their own financial well-being in the future.
- Take into account the increased risk of pupil vulnerabilities that have come out of the covid-19 situation, for example, an increase in children and young people's anxiety.
- Consider how online technologies are currently discussed in lessons and ensure examples and scenarios used in activities reflect pupils' current usage of online media. Schools should try to teach about these forms of communication sooner than they might otherwise have done (eg with younger year groups) and build them into lessons relating to relationships, online communication and media literacy.

Managing disclosures

A child or young person may choose to disclose concerns about themselves or a friend/sibling to any member of staff so all staff have been briefed/trained on how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend/sibling 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 the focus should be of the child or young person's emotional and physical safety rather than of exploring 'why?'

See Appendix D for more information about how to handle mental health disclosures sensitively.

All disclosures should be recorded on CPOMS. This written record should include:

- Date of disclosure
- The name of the member of staff to whom the disclosure was made

- Main points from the conversation – verbatim where possible
- Agreed next steps

This information should be reported to the mental health and wellbeing designated lead who will share with SENCO, learning mentors, class teacher and other key adults as appropriate, who will offer support and advice about next steps. See Appendix E for guidance about making a referral to CAMHS.

Confidentiality

Staff are all made aware of confidentiality around issues of wellbeing and mental health. Information is shared in accordance with our safeguarding policy.

Information about a child or young person will be shared with a parent/carer (where appropriate) and the child will, where possible, be informed of this. Ideally their consent should be received, though there are certain situations when information must always be shared with another member of staff and/or a parent. This will be pupils up to the age of 16 who are in danger of harm.

Disclosures will be shared with a mental health and wellbeing designated lead (Cath Dobson) and where appropriate, with other supporting members of staff (e.g learning mentor, DSL, class teacher). This helps to safeguard the emotional wellbeing of the member of staff as they are no longer solely responsible for the pupil. It also ensures continuity of care in the absence of that member of staff and provides an extra source of ideas and support.

Parents will always be informed by a member of staff although children or young people may also choose to inform their parents themselves. Children or young people will be given the option for staff to inform a parent for them or with them.

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

Working with parents and carers

When informing parents/carers of a disclosure, staff will always seek to be to be sensitive in their approach and will consider on a case by case basis the following points:

- Should the meeting happen face to face? This is always preferable.
- Where should the meeting should happen?
- Who should be present? (parents, child or young person, other members of staff)
- What the aims of the meeting are.

The school accepts that, on learning of their child's issues, parents may be upset or surprised and may respond negatively during the first conversation. The school understands that (within reason) and will always seek to give the parent time to reflect.

As it can be difficult to 'take in' information while coming to terms with unexpected news, where possible, the school will provide parents with leaflets/information to take away in addition to highlighting sources of further support aimed specifically at parents - e.g. Parent helplines and forums.

The school will provide a contact point for parents if they have further questions and will consider booking in a follow-up meeting or phone call as parents may have further questions.

Each meeting will finish with agreed next steps and a brief record of the meeting will be kept on CPOMS.

Communicating with parents and carers

Parents and carers often welcome support and information from the school about supporting their children's emotional and mental health. In order to support parents and carers the school will where possible:

- 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 arrange 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/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.

Supporting peers/siblings

When a child or young person is suffering from mental health issues, it can be a difficult time for their friends/siblings.

Friends/siblings often want to support but do not know how best to do it. The school will seek to support friends/siblings and will consider what is most appropriate on a case by case basis.

Support will be provided on a one-to-one basis or in a group setting and will be informed by the views of the pupil who is suffering and their parents with whom the school will discuss:

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

Additionally, the school will highlight with peers/siblings:

- Where and how to access support for themselves.
- Safe sources of further information about their friend's/sibling'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 to enable them to keep a child or young person safe.

The school will access additional support from within the 5 Dimensions Trust and training where possible or necessary from external agencies such as SEMH etc.
The MindEd learning portal (www.minded.org.uk) provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff requiring more in-depth knowledge will be considered as part of the school's performance management process and additional CPD will be supported throughout the year where it becomes appropriate due.

Where the need to do so becomes evident, the school will host 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 Ruth Seagar/Cath Dobson, our CPD coordinator/ designated lead for mental health and wellbeing who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every three years as a minimum. It is next due for review in October 2026 or sooner if government guidance becomes available.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

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

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

Prevalence of Mental Health and Emotional Wellbeing Issues[1]

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.
- 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.
- 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 but they are listed here as they are useful for school staff too.

Support on all 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) Place2Be (www.place2be.org.uk) and the leadership and governance pages on the MKC Website https://www.milton-keynes.gov.uk/schools-and-lifelong-learning/leadership-and-governance/training-and-development-for-school-leaders-and-governors/mental-health-and-wellbeing-in-schools

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

[1] Source: Young Minds

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 pre-school 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: Guidance and advice documents

Supporting Mental Health in Schools and Colleges - Department for Education (2018)

Promoting children and young people's emotional health and wellbeing - Public Health England (2015)

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2018)

Counselling in schools: a blueprint for the future - departmental - ad vice for school staff and counsellors. Department for Education (2017)

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 (2019)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2017)

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)

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

School Based Support

- Staff- this includes Wrap Around Care staff, Lunchtime supervisors, cleaners and caretakers, as well as teaching, support staff and learning mentors.
- Milton Keynes Council Leadership and Governance website for signposts to agencies and resources
- Jackie Hearty at 5 Dimensions Trust
- Charlie Waller Memorial Trust website: www.cwmt.org.uk
- Young Minds website- www.youngminds.org.uk

Local Support

- GP services
- Private Counsellors
- Bereavement UK in Central Milton Keynes
- Harry's Rainbow- charity for families that may have lost a child: http://harrysrainbow.co.uk/
- School Nursing Team
- Self-referral through CAHMS, by contacting the emergency telephone number(see below)
- Mentally Healthy Schools- website: https://www.mentallyhealthyschools.org.uk

CAHMS:

Message to all doctors, children's social workers and teachers/schools, paediatricians and children's wards

From Tuesday, 3 April 2018 there will be a Single Point of Access (SPA) for all referrals to Milton Keynes Specialist Child and Adolescent Mental Health Service (CAMHS)
Referrals to the Milton Keynes Specialist CAMHS Single Point of Access (SPA) can be made by professionals and young people can self-refer providing they live in the catchment area.
The SPA will offer a dedicated referral phone service. A CAMHS Mental Health Practitioner will be available to discuss and complete referrals, review risk and provide information, including signposting where needed. The service will be available **Monday to Friday** between **9am and 5pm.**

The SPA Team will be staffed by experienced Mental Health Practitioners with a range of professional backgrounds who will provide assessment and guide children and families through to the next stage of care. This care may be:

- Shorter term care based on the Cognitive Behavioural Therapy (CBT) model
- Specialist care pathways such as eating disorder
- Signposted to another organisation
- Signposted to self-help tools and on line resources

The SPA is not an emergency service. If a child or young person is experiencing a crisis that requires an emergency response, the current pathway for accessing CAMHS has not changed. The CAMHS Liaison and Intensive Support Team (LIST) operate out of the Milton Keynes University Hospital 24/7 365 days a year and can be accessed via the A&E department.
Please use the attached referral form for all referrals.
Please note the dedicated phone number and email address for the Milton Keynes Specialist CAMHS SPA are now **01908 724228** and **cnw-tr.mkspcamhsspa@nhs.net.**

<table>
<tr><th>Need
The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children</th><th>Evidence-based Intervention and Support
Intervention and support provided will be decided in consultation with key members of staff, parents and children</th><th>Monitoring</th></tr>
<tr><td>Highest need</td><td>CAMHS – assessment
1:1 or family support or treatment
Consultation with school staff and other agencies
Other external agency support
Other interventions

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</td><td rowspan="2">All children needing targeted individualised support with have an Individual Care Plan drawn up setting out:
• The needs of the children
• How the children will be supported
• Actions to provide that support
• Any special requirements.

Children and parents/carers will be involved in the plan.
The plan and interventions are monitored, reviewed and evaluated to assess the impact.

The care plan is overseen by SENCO and learning mentors.</td></tr>
<tr><td>Some need</td><td>Access to learning mentor support within school
School nurse
1:1 intervention
Small group intervention
Skills for life/wellbeing programmes</td></tr>
<tr><td>Low need</td><td colspan="2">General support
e.g. school nurse drop in, class teacher, TA</td></tr>
</table>

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

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

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 pupil 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, let alone share that with anyone else. If a pupil 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 pupil.

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 pupil 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 pupil.

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 pupil wants to know they can trust you. That means if they want you to keep their issues confidential you must explain to them why this will not be possible. 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 pupil'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 E: What makes a good referral to Specialist CAMHS?[2]

https://www.cnwl.nhs.uk/services/mental-health-services/child-and-adolescent-mental-health-services/milton-keynes-camhs

A CAMHS referral may be instigated by the child's parents or the child's teacher (or other relevant adults who work with them in school).
The possible referral processes are as follows:

Parent instigated referral:

- Parents discuss concerns with learning mentor.
- If the needs outlined by the parents fall into the 'high need' category (as outlined in Appendix C), a referral will be completed immediately by the SENCo and learning mentor team.
- If the needs outlined by the parents fall into the 'some / low need' category (as outlined in Appendix C) a referral may not be deemed necessary at this time. The SENCo and learning mentor team will discuss the parents concerns and put a plan in place to support the child in school through learning mentor sessions, check ins etc. This will be carefully monitored and a CAMHS referral may be made if this is deemed necessary following some intervention.

School instigated referral:

- Teacher or member of school staff, raises concerns with learning mentor.
- Learning mentor / SENCo will discuss concerns with parents.
- Parents give permission to refer to CAMHS.
- Learning mentor / SENCo will call CAMHS to request an advisor consultation (over the phone).
- Advisor consultation phone call takes place and concerns are discussed.
- Advisor will point school in the direction of support or will ask for a full referral (depending on level of need / concern).
- With parental consent, a full referral would be submitted. This is completed by the SENCo and learning mentor team.
- At this point, the learning mentor team will usually be working with the child in school to provide support on a case by case basis.
- Once CAMHS sessions begin they usually get in touch with school and provide an outline of what they will be offering / working on with the child. At this point, school are often asked to stop learning mentor interventions and asked to offer a simple 'check in' as opposed to a directed intervention. This is to ensure that CAMHS are leading the support and there is no overlap or contradictions in the child's sessions.
- CAMHS will keep school informed of progress and discharges, as appropriate.
- In some (more severe cases), CAMHS will come and meet school as part of a TAF meeting to discuss the child's needs and how best to support them and their family.

[2] Adapted from Surrey and Border NHS Trust

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 CAMHS been discussed with a parent or carer and the referred pupil?
- Has a parent or carer given consent for the referral?
- What are the parent or carer's attitudes to the referral?

Basic information

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

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem 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
- If there has been any previous contact with specialist CAMHS
- If there has 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
- If there have been any recent changes in the pupil's or family's life
- If there are any known risks, to self, to others or to professionals
- If there is a history of developmental delay e.g. speech and language delay
- If there are any symptoms of ADHD/ASD and if so has an educational psychologist been involved?

For further support and advice:

MK Specialist CAMHS advice line for professionals only: 01908 724544 and ask for the Duty worker

MK Specialist Referral Line: 01908 725372 All referrals from professionals and self-referrals from children and young people. This is not a referral line for parents or carers.