Positive Mental Health Policy

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 contribute to her or his community. (World Health Organization)

At Richard Challoner school, we aim to promote positive mental health for every member of our staff and student body. Our Mission Statement states that:

In our Catholic school, the teachings of Christ permeate all aspects of school life. We seek to offer a high standard of education for all, care to the individual and good relations between staff, students and parents. Each person is recognised as a child of God, an individual who is encouraged to develop his/her God-given talents, a sense of his/her own worth and to reach his/her full potential.

We promote positive health through a whole range of interventions including our PSHE and RE programme as well as specialised assemblies. We have our staff wellbeing group called PAUSE and provide counselling service specifically for staff. For children we have an inhouse counselling programme and our own Clinical Psychologist specifically for our student body. Most importantly in our Catholic school it is about developing relationships with students and staff so at moments of individual crisis we are able to offer care and support. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

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

Scope

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

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 young people with mental health issues
- Provide support to students 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 students, staff with a specific, relevant remit include:

- Mr Sean Maher Headteacher
- Mrs Ailish Southall Wellbeing Lead
- Mr N Henderson Deputy Head – behaviour KS3
- Mr I O'Brien Deputy Head behaviour KS4
- Mr Mark Cox Head of Behaviour KS3/KS4
- Mrs Catherine Verdin Head of KS5
- Mrs Joanna Morello Lead First Aider
- Miss A Drinkwater Pastoral Support Officer

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Year Leader, Head of Key Stage or the wellbeing lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead Ailish Southall, the head teacher Sean Maher or the designated governor Francis Corrigan. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff in the school office and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Ailish Southall, the wellbeing 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 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

  This information will be held on the schools secure site.

Teaching about Mental Health

The skills, knowledge and understanding needed by our students 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 students 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

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

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

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

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the Year Leader, Head of Key stage and Ailish Southall, our wellbeing lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

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

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

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

All disclosures should be recorded in writing and held on the student'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 Year Leader, Head of Key Stage and the wellbeing lead, who will store the record appropriately and offer support and advice about next steps. See appendix E for guidance about making a referral to CAMHS.

Confidentiality

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

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

We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. In these cases, it should be explained to the child that if an adult knows of any student that could be in danger of harm then the information will be shared for their and others protection.

It is always important to share disclosures with a colleague, usually the Year Leader and the safeguarding lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if a child has made a disclosure but students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents, unless the child could be in immediate danger.
We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead 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 student, other members of staff.
- What are the aims of the meeting?

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

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

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

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 go 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 student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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 to enable them to keep students 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[1] provides free online training suitable for staff wishing to know more about a specific issue.

[1] www.minded.org.uk

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 students.

Where the need to do so becomes evident, we 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 Matthew Webber, our CPD Coordinator, 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 September 2023.

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 Ailish Southall our mental health lead via email mrssouthall@richardchalloner.com

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

Policy Review Date: September 2023
Review Cycle: Every three years

Appendix A: Mental Health Triage process for Richard Challoner School

The following staff are Mental Health First Aiders and are available to talk to any student who would like support or advice on mental health.

Name	Role
Miss B Morkane	Second in English Department.
Mr B O'Neill	Head of Year 13
Mr K McKenna	Head of year 10
Mr M Cox	Head of Behaviour
Mr N Mander	Head of Year 8
Mr R Hrabi	LSA
Mr S Gregory	Head of Year 9
Mr T Woodcock	Head of Year 12
Mrs J Manning	School Counsellor
Mrs J Morello	Office Manager
Mrs J Newton	LSA
Mrs A Southall	Designated Safeguarding Lead
Mrs C Verdin	Head of Key stage 5
Mrs K Dukes	Senior LSA
Mrs K McAleenan	Sixth Form Office manager
Ms J Allum	Manager of Newman Centre
Ms S Root	SEND (Key Stage 3 age phase coordinator)

The below are trained to support Bereavement

Mr N D'Aguiar
Mrs A D Silva
Miss B Morkane
Mrs A Southall

Roles and Responsibilities

- Be available to support a student who approaches you to talk about their wellbeing
- Apply ALT

A	Approach, Assess, Assist
L	Listen and communicate non judgementally
T	Triage

Triage procedure

Level	Symptoms such as:	Refer to:	Procedures:
Level 1/ low-level concern	Anxiety, panic attack that is easily managed	Discuss with YL, KS leader or DSL.	
Level 2 / mid-level concern	More distressing anxiety, panic attacks, body image, low mood, poor attendance, low level neglect	YL, KS Leader, DSL, School Counsellor, School Nurse, GP. Parent will need to be informed.	Discuss strategies for managing concern with student. Have them agree to the techniques they will try (see suggested techniques below). Follow up with student within a week as to how they are managing. Record the impact on CPOMS. If required YL, KSLeader, DSL makes CAMHS/MASH referral. Parent will need to be informed.
Level 3 / high level concern	This includes any self-harm, suicidal thoughts, suicide attempt, low mood, neglect.	Refer to KS leader, safeguarding team or SLT **in person asap**. Record on CPOMS.	Parents need to be informed. CAMHS referral and risk assessments to be completed by YL/KSL/Safeguarding team. If necessary, student is collected by parent and advised to attend GP/A&E – A member of the SLT must be informed. Well-being checks on student by a nominated YL/KSL/Safeguarding team regularly.

Strategies for managing well-being

Stress can be healthy or unhealthy. Some stress can help people grow and develop i.e. being worried about an exam is healthy as it can motivate one to study.

Unhealthy stress is often when the sense of being worried/anxious is constant (or most of the time), there is no reason for it or it is disproportionate to what is actually happening.

Stress and anxiety can become harmful when it is prolonged or sustained.

A student will need to try different strategies to find the ones that work best for them.

Discuss what the triggers may be. Can they identify any early signs?

- Have the student pick 1 or 2 strategies to try.
- Remind them to come back and see you if they are still struggling.
- Plan when you are going to check up on your student.

Practical strategies:

1. **Lifestyle. Discuss and set targets for:**
   a. engaging in regular physical activity (30-60 min 3 to 4 times a week)
   b. eating well
   c. sleep routines
   d. spending time with family and friends
   e. having fun and laughter
   f. doing the activities they enjoy
   g. listening to and playing music
   h. reading
   i. art/crafts
   j. going out into nature

Talk to them about the app on their iPad for top 10 **tips for positive well-being**. What are they doing from the list? What are they NOT doing that they could try?

2. **Relaxation –** practice daily relaxation methods to reduce physical symptoms of tension. (There are YouTube clips that can guide with this).

   Progressive muscle relaxation. Find a quiet location. Close your eyes and slowly tense and then relax each of your muscle groups from your toes to your head. Hold the tension for three seconds and then release quickly. This can help reduce the feelings of muscle tension that often comes with anxiety.
3. Help them to imagine their favourite **calm, peaceful place.**
4. **Stay in the present moment**. Try to bring them back to the present moment. Have they tried mindfulness? What is going on in the here and now?
5. **Slow breathing**. Inhale slowly for a count of three, hold that breath for a count of three, exhale slowly for another count of three, and then pause for a final count of three before repeating the cycle a few more times. Practice this for 30 seconds or a minute with an adult.
6. **Encourage** the young person i.e. I know you are upset but I think you can do this (if we minimise the distress the person is experiencing the young person will not feel heard and may increase in their worries in order to be heard).
7. Encourage them to focus on **solutions and problem solving.** Break a problem down into chunks to solve it. What are they worried most about i.e. will fail my exam and have no future (A Levels, university etc) - help her think through even if one did fail what could happen - retake an exam? Or, if it is a good student what is the likelihood they will fail? (Play a game of worst-case scenario. This allows them to think through the possible solutions to their problems and also explore the likelihood of their fear coming true (as often catastrophic thinking is present with anxiety).

What could they do to make the problem a bit easier? Who can you ask for help if you do need help?

8. **Take small acts of bravery**. Encourage the young person to try things out, even if they are worried. Avoiding what they find worrying or stressful will not allow them the chance to learn and grow (and possibly find out things are different than they thought)
9. **Have a growth mindset** - I can't do this.....I can't do this YET. See table below.*
10. What can they do to **be kind to themselves**? If this was a friend of yours what would you tell them?
11. Plan worry time. Put aside 10 minutes to write down worries, it can help stop worries from taking over. Have a place to put the worries - remember the 'stress container' from Mental Health First Aid Training (refer to booklet).
12. **Keep a diary** – note what is going well as well as worries. Encourage a 'I can do this attitude'.
13. Identify an adult the young person can **talk** to about what is making them anxious. Who in school could go they to for help? Is there an adult in your life in whom you can confide? If they cannot open up to someone close remind them that there is Off the Record counselling service (only for Merton, Croydon, Sutton) and the Samaritans run helplines.
14. **Enough sleep!** When we get enough sleep we can cope with most things. A lack of sleep leads us to be frazzled and brittle and is linked to anxiety.
15. **Reduce/avoid caffeine intake - what has caffeine in it? Energy drinks, cola, chocolate milk**
16. Help them to recognise that self-help is hard work but can be very successful. If still having difficulty talk to adult or a MHFA or a member of the Safeguarding team.

*** Growth Mindset: Fixed vs Growth Mindset Statements.**

It is not necessarily helpful to be prescriptive about the statements as that can come across as superficial. However, the idea that one can change, learn, grow, develop and challenge yourself is helpful and also to help students think about other times things were challenging and what they did to overcome those challenges (which builds on their own skills and abilities which they already have).

Instead of…	**Try saying…**
I'm not good at this.	I can't do this yet!
I give up.	I'll use some of the strategies that I have been taught.
This is good enough.	Is this my best ever work?
I made a mistake, there's no point now.	This was the first attempt - I will get there eventually. Mistakes help me learn!
This is too hard.	If something is difficult, it means I am learning.
I'm really good at this subject.	I understand this because I have been practising.
I will never be as clever as them.	I will find out how to do it.
I can't do this.	This will take time to master - practising will help!
I can't make this any better.	Improvements can ALWAYS be made.

Top 10 tips for positive well-being.

- Engage with the world around you – be involved in clubs, socialise with friends, do things with your family
- Talk about your feelings and worries with someone you trust
- Ask for help
- Do something that you enjoy
- Keep active
- Eat well
- Take a time out and relax
- Limit your time on social media
- Remember your good points
- Get enough sleep

Key:

SPA- Single Point of Access (Kingston) 0208 547 5008
SPA referral form

MASH- Multi-Agency Safeguarding Hub (Merton) 020 8545 4226 or
020 8545 4227 or
020 8770 5000 (out of hours)

Email: mash@merton.gov.uk

Appendix B: Sources of support about common mental health issues

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

Support on all these issues can be accessed via:
Young Minds
Mind
Anna Freud-on-my-mind
NHS -stress, anxiety, depression-improve mental wellbeing

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
Childline
Samaritans

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
One the edge: ChildlLine spotlight report on suicide.

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Selfharm 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 disorder charity

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 C: Sources of support at school and in the local community

School Based Support

This is the full range of support available to students in school.

- Your Form Tutor
- Year Leader
- Head of Key Stage
- Any Senior Teacher or member of the Senior Leadership Team
- School counsellors
- Clinical Psychologists
- Youth health Link workers
- Learning Support Assistants
- Chaplaincy Team
- Mental Health Ambassadors

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

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

Focus on listening

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

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

Don't talk too much

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

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

Don't pretend to understand

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

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

Don't be afraid to make eye contact

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

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

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

Don't assume that an apparently negative response is actually a negative response

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

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

Never break your promises

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

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

or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix E: What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phoning the Single point of assess on 02085475008 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 the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or carer pupil's attitudes to the referral?

Basic information

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

Reason for referral

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

Further helpful information

- Who else is living at home and details of separated parents if appropriate

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

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

For further support and advice:

Ailish Southall: mrssouthall@challoner.kingston.sch.uk
Catherine Verdin: mrsverdin@challoner.kingston.sch.uk
Mark Cox: mrcox@challoner.kingston.sch.uk
Ian O Brien: mrobrien@challoner.kingston.sch.uk
Neil Henderson: mrhenderson@challoner.kingston.sch.uk

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

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

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

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

MENTAL HEALTH SYMPTOMS		
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)

	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

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

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

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

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

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

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

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

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

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

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