Mental Health and Wellbeing Policy

Beam County Primary School

Approved by:		Date:
Last reviewed on:		
Next review due by:		

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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)

At our school, we aim to promote positive mental health for every member of our staff and student body. 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.

1. Scope

This document describes the school's approach to promoting positive mental health and wellbeing.

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

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/carers

2. Lead Members of Staff

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

• Mrs Melanie Kryeziu – Mental Health Lead
• Mr Gary Anderson - designated child protection / safeguarding officer
• Mrs Chrissie Steven - lead first aider
• Mrs Sue Roomes and Miss Louise O'Leary – currently hold the full Paediatric First Aid certificate
• Mrs Diana Huskie a - Parent Support Advisor
• Mrs Georgette Smalldridge - CPD lead
• Mrs Deon McKenzie - Head of PSHE
• Mrs Ashley Golampour – Deputy SENDCO currently covering maternity leave for:
• Miss Kelly Mooney (SENDCO)
• Mrs Ashley Golampour – Medical Needs coordinator

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

3. 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

4. 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.

5. 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 D: Sources or support at school and in the local community*.

We will display relevant sources of support in communal areas such as staff 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

6.   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 Mrs Melanie Kryeziu our Emotional wellbeing and mental health lead

Possible warning signs include:

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

7.   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 E: Talking to students when they make mental health disclosures*.

All disclosures should be reported in accordance with our Safeguarding Policy.

8.   Confidentiality

In accordance with our Safeguarding Policy be clear that the disclosure will not be kept secret. Be clear who you will talk to next and why.

Always share disclosures with the mental health lead, or CPLead 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.

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

9.   Working with Parents

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 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 and Mrs Diana Huskie, PSA

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.

10. 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

11. 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 by 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 / 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

12. 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 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 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 students.

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 Kryeziu who can also highlight sources of relevant training and support for individuals as needed.

13. Policy Review

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

Additionally, this policy will be reviewed and updated as appropriate. If you have a question or suggestion about improving this policy, this should be addressed to Mrs Kryeziu our Emotional well-being and mental health lead.

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

14. Staff Wellbeing

The SLT of Beam County Primary School recognise that the staff are our most important resource and are to be valued, supported and encouraged to develop personally and professionally. The relationship between positive staff, pupil achievement and school improvement is evident and highly valued.

This policy aims to:

- To develop a healthy, motivated workforce who are able to deliver a high-standard of education to pupils.
- To help ensure that our school promotes the health and wellbeing of all staff members, recognising the impact work can have on employees' stress levels, mental and physical health.

- To recognise that excessive hours of work can be detrimental to staff health and effectiveness and to agree on flexible working practices where possible without damaging opportunities for pupils to succeed.
- To communicate the importance of a work-life balance to all staff, and to ensure that all policy updates are communicated regularly.
- To respond sensitively to external pressures which affect the lives of staff members.
- To provide staff with training to deal positively with stressful incidents, and provide them with a sense of confidence to deal with emergencies via training.
- To improve staff development, co-operation and teamwork by creating effective leaders.
- To make staff members aware of the channels which can be used to manage and deal with stress or work related health and wellbeing issues.

15. Roles

The governing body:

- Will take overall responsibility for implementing this policy and ensuring that staff enjoy a reasonable work-life balance.
- Will adopt the appropriate policies in respect of 'family friendly' employment, including consideration of part-time working, flexible working patterns etc., where this can be implemented without detriment to the operational requirements of the school.
- Will ensure that clear procedures are in place that will minimise the levels of stress caused to staff when following formal procedures such as the Capability or Disciplinary Policy.
- Will provide a range of strategies for involving staff in the school decision making processes.
- Will review the demands on staff, and seek practical solutions wherever possible.
- Will provide personal and professional development such as stress management, team building, etc.

16. Staff members

- Will assist in the development of good practice and ensure that they do not, through their actions or omissions, create unnecessary work for themselves or their colleagues.
- Will ask their Line Manager for help or support if required. This includes understanding that a good relationship requires communication from both parties and so it's important that issues are raised at the earliest possible moment so that effective strategies can be put in place to manage workloads.
- Will identify opportunities for development and take advantage of those offered by the school.
- Adhere to the requirements of the LBBD sickness policy and will make requests for leave of absence to the Head teacher.
- Will share their views, ideas and feelings about all issues concerning the school professionally at formal meetings or with line managers.

Examples of good practice

- Limits will be placed on staff time in school – the Senior Leadership Team will set the example for others to follow.
- One Inset day is given each year to admin and planning.
- One Parents Consultation event held within school hours.
- An assessment of the impact upon staff work load before any new initiative is introduced.
- Staff attend one staff meeting per week and no more than one other – a maximum of two per week. Staff are given time in staff meetings to undertake action plans, catch up on reading etc.
- Time is provided for subject leaders to complete major tasks.
- Time is provided for staff with additional responsibilities to complete major tasks.
- Time is set aside for such tasks as work sampling and planning and report writing.
- Please also see Beam County Work Life Balance Policy.

17. When problems arise

- Please refer to LBBD Sickness and Absence Policy.
- Please refer to LBBD Capability Policy
- The school will provide support and discuss options as appropriate to the circumstances. In some cases this may include external support such as the teacher helpline, support from the Local Authority e.g. counselling. Occupational Health may be used. The school will continue to support even when external services are involved.
- The outcome of stressful or violent incidents from pupils will be considered in the school's response.
- During this time the school will seek at all times to maintain the confidentiality, rights and dignity of the staff involved.
- Managing Absence due to Ill Health – The school follows the Local Authorities procedure for managing absence due to ill health (see LBBD Sickness and Policy). The school will implement the use of risk assessments regarding health needs, when required. The Health and Safety policy also outlines all the support the school offers in terms of staff wellbeing during and following absence. Examples include; welfare meetings, return to work support, phased returns, Occupational health referrals, risk assessments.

18. Practical Actions to Support Existing Staff

- Class teachers, subject coordinators, Phase Group Leaders / assistant Head available to organise informal meetings with staff, if required. •
- Teachers are welcome to come and discuss any concerns or share successes with Senior Leaders at any time.
- Cancelling of non-essential meetings at busy times of the year e.g. when reports are due
- Involvement in the Wellbeing Award has enabled us to bring in an external consultant to review current practices and procedures and to identify anything that is unnecessary or ineffective

- Access to a counselling programme and physio therapy sessions via Workplace Options 0800 243 458 or email assistance@workplaceoptions.com
- An audit of all school policies is currently being undertaken to ensure staff wellbeing is given consideration in all aspects of school life.
- Subject leaders have time out of the classroom to carry out additional duties
- All staff members take ownership for managing their time
- Key deadlines are known in advance so that staff can plan their workload accordingly
- The school will always try to accept requests for personal days such as graduations, sports days etc.
- The marking and planning policies have been reviewed in order to reduce workload
- The school pays for flu jabs for all staff
- Snooze mornings are an option for all staff
- Please also refer to Beam County Work Life Balance Policy

19. Practical Actions to Support New Staff

- See Induction Policy.
- Regular sessions will be organised with a senior member of staff responsible for mentoring.
- Teachers to receive advice and guidance on their first PPA day from either a member of the Senior Leadership Team or a Senior Teacher.
- 3 month review sessions to be held with the Senior Leadership Team.

20. Practical Actions to Support New Roles

- See Induction Policy.
- SLT will make informed decisions in regards to who will be the supporting person for the new role.
- An initial discussion of roles will take place
- Introduction/visit to school/class or environment of new role.
- 1:1 support for new tasks.
- 3 month review interview with supporting person.

21. Policy Review

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

Additionally, this policy will be reviewed and updated as appropriate. If you have a question or suggestion about improving this policy, this should be addressed to Mrs Kryeziu our Emotional well-being and mental health lead.

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. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- 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 because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

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[1] Source Young Minds

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/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eatingdifficulties-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

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2018)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: Data Sources

[Children and young people's mental health and wellbeing profiling tool](#) collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

[ChiMat school health hub](#) provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

[Health behaviour of school age children](#) is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

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

<mark>List of support available at school and within the local community.</mark>

School Based Support

List the full range of support available to students. For each include:

- What it is
- Who it is suitable for
- How it is accessed
- How this information is communicated to students

This is likely to include information about pastoral staff including behaviour and learning support and school counsellors.

You should also include details of any specific groups or interventions run at the school. This information is often not widely shared. Putting it in an appendix in your policy will help to ensure that those students who most need support are able to access it.

Local Support

List any local support services or charities that might be accessed by students or their families.

Often there are a range of charities and other local services that can be accessed freely or at very low cost. There may be pockets of knowledge on such topics amongst staff and parents. It is well worth going to the effort of trying to gather this information in your policy so that it is easy to access centrally when most needed.

Appendix E: 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. 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

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

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. 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.

INVOLVEMENT WITH CAMHS		DURATION OF DIFFICULTIES	
	Current CAMHS involvement – **END OF SCREEN***		1-2 weeks
	Previous history of CAMHS involvement		Less than a month
	Previous history of medication for mental health issues		1-3 months
	Any current medication for mental health issues		More than 3 months
	Developmental issues e.g. ADHD, ASD, LD		More than 6 months

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

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

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 ***