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 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 pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health, 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.

Scope

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

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health 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:

- Mrs Michelle Peck – Head Teacher and designated safeguarding lead (DSL)
- Mr Simon Rusling – Deputy Headteacher and DSL
- Mrs Gemma Selby – Inclusion Manager, DSL, mental health lead, Youth Mental Health First Aider and PSHE Subject Leader
- Mrs Helen Lenz - Pastoral Learning Mentor and Youth Mental Health First Aider

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

Where a referral to CAMHS is appropriate, this will be led and managed by Mrs Selby, mental health lead. Guidance about referring to CAMHS is provided in Appendix F.

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

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.

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

We will follow the PSHE Association Guidance[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

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

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

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

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns via CPOMS with Mrs Selby, our mental health and emotional 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 pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

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

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

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

- The date and time of the disclosure
- 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 DSL team who will offer support and advice about next steps. See appendix F 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 pupil on, then we should discuss with the pupil:

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

We should never share information about a pupil without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Where there is a risk to the life of a child or a likelihood of serious immediate harm then appropriate action will be taken in line with the school's safeguarding policy.

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

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

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

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

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

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

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 pupils safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal[2] provides free online training suitable for staff wishing to know more about a specific issue.

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

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

Suggestions for individual, group or whole school CPD should be discussed with Mrs Michelle Peck, the head teacher, who can also highlight sources of relevant training and support for individuals as needed.

[2] www.minded.org.uk

Policy Review

This policy has been developed from a template on the Charlie Waller Memorial Trust website (www.cwmt.org.uk) and will be reviewed every 3 years as a minimum.

It is next due for review in January 2021.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Mrs Selby, our mental health lead, via phone 01772 795257 or email sen@holmeslack.lancs.sch.uk

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 (source: Young Minds)

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

Self-harm

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

Online support

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

Books
Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers
Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers
Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting *Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support
Depression Alliance: www.depressionalliance.org/information/what-depression

Books
Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support
Anxiety UK: www.anxietyuk.org.uk

Books
Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support
OCD UK: www.ocduk.org/ocd

Books
Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
Susan Conners (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support
Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books
Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

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

Online support
Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books
Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix B: Guidance and advice documents

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

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2016)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2019)

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 (2015)

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 of support in school and in the local community

School Based Pastoral Support

Whole School Approaches

- An active pastoral programme of support which children can be referred to or self-refer.
- Open door policies for all pupils with the senior leadership team and pastoral learning mentor.
- Staff training on how to provide a nurturing environment and children are taught to speak to any members of staff about any problems they have
- Rigorous behaviour monitoring to ascertain if a child has underlying issues that could be affecting their behaviour in school.
- Displays around the school promoting wellbeing and providing opportunities to talk.
- Students feel safe to report concerns about other students.
- Weekly whole school assembly based on *The 10 Keys to Happier Living* https://www.actionforhappiness.org/book
- Invited children seen on a weekly fixed-term basis by the Pastoral Learning Mentor.
- Secondary Transition groups.
- School Council, Buddy system and mixed aged reading sessions.
- Pupil voice for EHCP Annual Reviews.
- Strong partnership with parents.
- PSHE and wellbeing displays in all classrooms, corridor and hall.
- Peg system with rewards for positive behaviours.

Provision Development

We are currently developing a Forest Schools programme, where the sessions are child lead, to provide opportunity for children to develop self belief, confidence, learning capacity, enthusiasm, communication, problem-solving skills and emotional well-being. This will take place in our outdoor environment at the rear of school, essentially allowing children to be children through practical skills such as den building, tree climbing & environmental art. The forest school programme at Holme Slack Primary School will be delivered in line with the Forest School Ethos and Our Forest Schools handbook will be available to view on our website.
For more information on The Forest School Ethos please visit:

https://www.forestschoolassociation.org/

The Role of the Pastoral Learning Mentor

Mrs Lenz, our Pastoral Learning Mentor and Youth Mental Health First Aider, works within school to help children and families with any difficulties they may be experiencing. She is available to listen, offer support and welcomes children into school at the KS1 door every morning.

For Children:

- Build confidence, raise self-esteem and motivation
- Improve social skills and form positive relationships with friends, family and staff
- Improve attendance and punctuality
- Remove barriers to learning linked to children's mental health and well being
- Help children to achieve their full potential
- Spot the signs of mental health issues in a young person, offer first aid and guide them towards the support they need.

For Families:

- Improve support and communication between home and school
- Facilitate access to outside agencies such as; Children and Family Wellbeing Service, Lancashire Children's Social Care, Pupil Attendance Support Team, Police, Health Professionals.
- Someone to talk to in confidence and in a non-judgemental way

Who would benefit?

There are many young people and families who benefit from being supported by the Pastoral Learning Mentor. Some issues or situations that families and children face that we can support with are:

- Poor attendees
- Underachievers
- Lack of self-esteem, motivation and resilience
- Social, emotional and mental health issues
- Looked after children
- Young Carers
- Victims of abuse
- Bereavements
- Medical problems
- Families in crisis

- Family breakdowns

Pastoral Support Includes:

- 1:1 mentoring session to discuss any issues
- Group activities including, social skills, Lego Therapy and communication skills
- Utilisation of child's own hobbies or interests to enhance performance
- After school clubs including Yoga
- Liaise with parents and other agencies as appropriate

What can parents and/or carers do to help?

- Discuss any concerns with the Pastoral Learning Mentor
- Access support via the local and national organisations listed below
- Attend parents evening
- Keep up to date with school newsletters
- Read the school website or visit our Facebook page on a regular basis.

Local and National Support

The Deter Team - There are dedicated teams of people from many different organisations working together to help victims escape the cycle of sexual abuse. Child Sexual Exploitation or CSE involves a child receiving something for performing sexual acts or allowing others to perform sexual acts on them.

CE-OP - CEOP is to keep children safe from sexual abuse and grooming online. CEOP are unable to respond to reports about bullying, fake accounts or account hacking.

Talkzone – Young peoplewith any issues aged from 12 years to 19 years can access this support by telephone, text, webtalk, email or facebook. 2pm - 10pm.

Kooth - Kooth, from XenZone, is an online counselling and emotional wellbeing platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.

Amy Winehouse Foundation - The Amy Winehouse Foundation works to prevent the effects of drug and alcohol misuse on young people. They also aim to support, inform and inspire vulnerable and disadvantaged young people to help them reach their full potential.

Healthy Young Minds Lancashire - Here you can find a variety of advice, guidance and support related to children and young people's mental health and emotional wellbeing

Nest Lancashire - Nest Lancashire has been set up to support young people aged 8 to 18 who have been affected by crime or subjected to bullying, threats or harassment. You can talk to us in confidence and all of our services are free of charge. Our aim is to help you recover from whatever it is you have experienced and our trained, friendly staff will be able to help you move forward and feel safe again.

Lancashire Children and Family Wellbeing Service – The service is to provide early help on a whole range of issues affecting you and your family. The 'What's On Guide' highlights the groups and services available in the Preston area.

Mindsmatter Lancashire - Welcome to Mindsmatter - we are the Improving Access to Psychological Therapies (IAPT) service part of Lancashire and South Cumbria NHS Foundation Trust. We are a wellbeing service offering a range of free psychological therapies to people aged 16 and over in Lancashire.

CAMHS Support and Advice for Parents and Carers – Lancashire Child and Adult Mental Health Service for children, young people and their families when they are feeling sad, worried or troubled.

Lancashire Health and Wellbeing - advice, information, support and resources to help you manage your mental health and emotional wellbeing.

Lancashire Wellbeing Directory - a directory of services from across Lancashire, to help you improve your quality of life and help you get through the day-to-day

challenges you may face. The services listed are provided by a range of organisations, including voluntary organisations, private companies, and local councils.

Young Minds – Mental health support for children and their families.

Childline – Online/phone/webcam 1:1 support - a free, private and confidential service where you can talk about anything. Whatever your worry, whenever you need help, we're here for you online, on the phone, anytime.

Samaritans - Through our work with schools and colleges, we aim to create an understanding of emotional health and its impact on the wellbeing of young people and raise awareness of the importance of emotional support

Lancashire Wellbeing, Mental Health Helpline and Texting Service - Freephone Wellbeing, Mental Health Helpline and Texting Service

Child Action North West - a range of services, which have been developed to be complementary and work in harmony with each other, to deliver a holistic approach to improving the lives of children and young people, families and communities that they support. Their services are comprehensive and diverse and based entirely on individual needs. Emotional wellbeing.

Key Youth Charity – a range of services including Emotional, Health and Wellbeing support for young people and families, supporting positive changes for the whole family

N-Compass - We provide counselling services to Young People and Adults in Lancashire through our Butterfly and Phoenix Services, Emotional Health & Wellbeing Service and Changing Future programme.

Emotional Health Services for adopted and looked after children - SCAYT+ is a team of emotional health workers, social workers and clinical psychologists. We support carers, parents and professionals by providing advice about parenting, child behaviour and development, serious emotional, behavioural and relationship problems, past abuse, trauma and neglect.

TAAG Lancashire - Fun activies and trips for Children and Young People, 8 - 18 years old with Autism, Aspergers, ADHD or social interaction and commnication needs, aswell as sensory struggles. They are a Voluntary support group that operates in Chorley & South Ribble and some of Preston.

Lancashire SEND Local Offer - The SEND local offer brings together information that is helpful to children and young people aged 0-25 and their families.
It's also a resource that individuals, groups or organisations can draw on in the work that they do in supporting children, young people and their families, by highlighting other resources, services or guidance that may be accessed. Offer parent drop in sessions also. SEN legal processes and support and liason between parents and schools, exclusions, fixed term suspensions.

National Autistic Society – Helpline and useful resources on autistic spectrum conditions.

Barnardos – Supporting young children - We offer practical and emotional support to young people so they can enter adulthood with the confidence they need to achieve their full potential.

NSPCC - Advice to help you support children who may be experiencing depression, anxiety, suicidal feelings or self-harm.

My Place - Age 13 - 25 years offering youth support around confidence 1:1 work or group. Funded by the Wildlife Trust initiative, ecotherapy & outdoor mindfulness.

Lancashire Bereavement Support Group - The service offers a safe place, where children and young people can explore how they feel after a bereavement in a caring and non-judgemental environment with others of a similar age.

The Children's Society - We develop services to meet your targets because we listen to you and work with you, to change children's lives and help to tackle the complex problems that they may face.

Preston Domestic Violence Service - Preston Domestic Violence Services is the first organisation in Preston which exists solely to support adults and children experiencing (or having experienced) domestic violence.

Preston Area Mental Health Services - If you are struggling with any mental health concerns, there are a number of different ways you can get support. This page provides information on local mental health services available to you.

Stride Bereavement Service - A support service for children, young people, families, carers and school communities affected by bereavement.

ADHD North West - Provides information, advice, guidance, and support to individuals and families affected by Attention Deficit Disorders and associated conditions throughout the North West region.

Chat Health Texting Service - This service is provided by the East and Central Lancashire school nursing service for young people aged 11-19. You will get a reply within 24 hours from an NHS School Nurse between 9:00am to 5:00pm, Monday to Friday (except bank holidays).

Child Bereavement UK - Child Bereavement UK supports families and educates professionals both when a baby or child of any age dies or is dying, and when a child is facing bereavement.

Central Lancashire Haven - The Haven is a welcoming and non-judgemental place for individuals over the age of 16 struggling socially and emotionally with life challenges or who are in crisis. Our team of professionals and volunteers offer interactive one-to-one and group support. Our service is free to access.

Rainbows Bereavement Support GB - Our programmes provide an emotionally safe environment for children and young people to guide them through grieving a significant and often devastating loss, resulting from the impact of a death, relationship breakdown or other serious change in their lives.

Papyrus UK - We exist to reduce the number of young people who take their own lives by shattering the stigma around suicide and equipping young people and their communities with the skills to recognise and respond to suicidal behaviour.

Winstons's Wish - We support children and young people after the death of a parent or sibling. Offer counselling online (chat) for young people, they specialise with children who have a bereaved parent from suicide or died in the armed forces, support for schools, training in schools. A pre-bereavement support also available.

Self-Harm UK - "Alumina" is free and is run by Self-harm UK for young people aged 14 and above. It is an online programme that is run a couple of nights a week by trained counsellors; it's a safe place to explore how you are doing, what your struggles are and receive support for your harming behaviour. It's done in a chat room style so that no –one can see you, it's confidential (you can use a different name) and young people can only chat to each other in the 'public' forums so you feel safer. A parents resource pack also available.

Charlie Waller Memorial Trust- The Trust was set up in 1997 in memory of **Charlie Waller**, a young man who took his own life whilst suffering from depression. Shortly after his death, his family founded the Trust in order to educate young people on the importance of staying mentally well and how to do so.

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 the school's safeguarding policy and discussed with relevant colleagues as appropriate.

Focus on listening

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

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

Don't talk too much

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

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

Don't pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the

sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

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

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

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

It can take a young person weeks or even months to admit 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 F What makes a good CAMHS referral?

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 CMHS 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, our primary contact is:
Shamaila Iqbal
Primary Mental Health Worker/CAMHS Practitioner
Registered Psychological Wellbeing Practitioner
CAMHS & Child Psychology Integrated Services Preston
Tel: 01772 777344
Email: Shamaila.Iqbal@lancashirecare.nhs.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

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