**The Early Years Nursery School Alliance**

# HELEN GIBSON AND CLERVAUX NURSERY SCHOOL

# AND KIDS CLUBS

**Positive Mental Health Policy**

**Sep 19**

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 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.

**Background**

At Helen Gibson and Clervaux nursery school we are extremely committed to the wellbeing of our children, staff and parents. Today, every UK business has a duty of care requirement to look after the health and safety of employees, including their wellbeing. Yet, 3 in 5 people have had mental health issues due to work, and over 60% of staff think their employer should be doing more to address mental health issues. In light of this, promoting and protecting staff wellbeing in the workplace is important and we have adopted this policy with that in mind.

There are many factors that influence the health and wellbeing of staff. Understanding and overcoming these issues can result in a range of benefits for both individuals and the wider setting. Mental wellbeing is relevant for all employees, which means every member of staff can play a part in improving wellbeing in the workplace. By addressing mental health issues, we can improve the general wellbeing of employees, reduce staff sickness, lower staff turnover, increase productivity, and help promote the employment of those who have experienced mental health problems. Similarly, promoting physical activity and encouraging healthy eating, can help employees manage stress and weight loss, while also improving concentration and alertness. Staff who exercise regularly and eat a balanced diet also report less illness and are more likely to recover more quickly from any illness they do get.

## Key Members of Staff

* Your designated child protection / safeguarding officer: Jenny Parker / Kabeerah Begum at Clervaux Nursery and Jenny Parker and Michelle Dixon at Helen Gibson Nursery School
* Your mental health lead- Nicola reed
* Your lead first aider Beverley Stephenson at Clervaux and Jess Riley at Helen Gibson Nursery
* Your pastoral lead Nicola Reed
* Your CPD lead in case people need training Jenny Parker

**Staff**

**Our mental health and wellbeing policy covers the following areas:**

1. To create a workplace culture that promotes and supports the health and wellbeing of all staff
2. To support staff in regular physical exercise
3. To encourage employees to make healthy eating choices

**1.Promoting mental wellbeing by:**

• Providing information and raising awareness of mental health issues: create a supportive workplace culture, tackle factors that may have a negative impact on mental health, and ensure leaders have the right skills to support staff• Give employees information on mental health issues to help raise awareness • Deliver non-judgemental support to any staff member experiencing a mental health issue • ensure we have at least one mental health first aider who can support staff with mental ill health • Give all staff access to the mental health policy • Deliver a thorough induction for all new starters.

In addition to this we will: Provide ways for staff to support their own mental wellbeing, for example through stress-buster activities, after school activities and social events • Set realistic targets and deadlines for staff to prevent long working hours • Deal with any conflict quickly and make sure the workplace is free from bullying, harassment, racism or discrimination • Ensure all staff have clear job descriptions, objectives and responsibilities, as well as the training to do their job well • Ensure good communication between all

• Promoting policies and actions that support mental wellbeing in the workplace: To provide support and guidance for any member of staff experiencing mental health issues • Check how working conditions and the policies are having an effect on mental health • Ensure staff members with mental health issues are treated fairly and without judgement • Encourage staff to talk to a mental health first aider, HR, occupational health, a counsellor or GP • If a team member has been on long term sickness absence, ensure a gradual return to work with support at each stage • Treat all matters relating to staff mental ill health in the strictest confidence, and only share information with prior consent from the individual concerned • Ensure that all staff involved in the recruitment process are aware of mental health issues and the Disability Discrimination Act •

To recognise that workplace stress is a health and safety issue • Identify workplace stress factors/scenarios and carry out risk assessments of the environment• Offer support through a confidential counselling service, or qualified mental health first aiders

All staff will also be made aware of their own responsibilities in implementing the policy actions. Including, raising any issues or concerns, and seeking help from a line manager, HR, occupational health, or a mental health first aider. A mental health lead, or team will be established to ensure the policy actions are implemented across the business. Regular updates will be provided to all staff through line management. All staff are responsible for reporting concerns with another member of the staff team to the Executive Head Teacher or mental health first aider

**Reviewing and monitoring**: The Executive Head Teacher and mental health champion will be responsible for reviewing the workplace health and wellbeing policy, as well as monitoring its effectiveness. This will be fed back to the Governors of the school.

The policy’s effectiveness can be measured through: • Feedback from staff • A mental health and wellbeing at work risk assessment. • Staff sickness, presentism and staff turnover levels • Exit interviews • Use of occupational health or counselling services • Staff complaints or referrals • Feedback from the company’s mental health lead, or qualified mental health first aiders

**2.Physical wellbeing and encouraging physical health by:**

• Promoting physical activity across the setting: To raise awareness of the importance of physical activity for managing stress and maintaining mental wellbeing • Provide leaflets and information on the importance of physical activity • Provide information on local gyms, classes and sports facilities • Encourage afterschool activity groups, e.g. running clubs and classes • Provide details on the UK’s Cycle to Work Scheme

**3.Healthing eating:**

• Supporting a healthy, balanced diet in the workplace: To raise awareness of the importance of healthy eating for both physical and mental wellbeing • Provide information and resources on how healthy eating can contribute to mental health, for example, increasing levels of concentration and the ability to cope with everyday stresses • Appoint a healthy-eating champion to create a workplace health eating programme • Provide information and talks on the benefits of healthy eating

To encourage and support staff in making healthier eating choices • Provide food storage and preparation areas for lunchtime meals • Organise a fruit available in the staff room • Create a yearly healthy eating week, with activities and events • Provide easy access to cold water in all offices and meeting rooms • Encouraging staff to drink 6-8 glasses of water a day

## 

**Management and leadership**

• Equipping Head Teachers and the senior leadership team with the skills to: Identify and assist those with mental ill health

• Raising awareness of mental and physical wellbeing across the school

**Support for employees offering support to employees by:**

• Creating a culture that supports the wellbeing of all employees

• Offering help, support and guidance to those with a mental health issue

• Assisting those returning to work after a period of mental ill health

**Employment for those with mental health issues and supporting those coming back to work by:**

• Making any necessary adjustments to the role/environment

• Establishing agreed recruitment practices

• Retaining and supporting staff who develop mental ill health

## Warning Signs for children

All staff may become aware of warning signs which indicate a child 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 Nicola Reed, 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 / sleeping habits
* Increased isolation from friends or family, becoming socially withdrawn
* Changes in activity and mood
* Lowering of academic achievement
* Expressing feelings of failure, uselessness or loss of hope
* An increase in lateness or absenteeism

## Managing Disclosures

A student/staff member/parent 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.

In the event of a 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

All disclosures should be recorded following the safeguarding policy. This information should be shared with the Nicola Reed who will provide store the record appropriately and offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

## Confidentiality

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a 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 /adult 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.

It is always advisable to share disclosures with a colleague, usually the mental health lead, Nicola Reed 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.

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

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

## Working with all Parents

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

* Highlight sources of information and support about common mental health issues on our school website
* Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
* Make our mental health policy easily accessible to parents
* Share ideas about how parents can support positive mental health in their children through our regular information evenings
* Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

## 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 [Mind Ed learning portal](https://www.minded.org.uk/)[[1]](#footnote-1) 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 Jenny Parker, our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

The [Charlie Waller Memorial Trust](http://www.cwmt.org.uk/) provided funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. For further information email [training@cwmt.org](mailto:training@cwmt.org) or call 01635 869754.

## Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in Sep 2022

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 Jenny Parker or Nicola Reed.

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 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](http://www.youngminds.org.uk/for_parents/whats_worrying_you_about_your_child/self-harm) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/#.VMxpXsbA67s) (www.mind.org.uk) and (for e-learning opportunities) [Minded](https://www.minded.org.uk/course/view.php?id=89) ([www.minded.org.uk](http://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](https://www.selfharm.co.uk): www.selfharm.co.uk
* [National Self-Harm Network](http://www.nshn.co.uk): 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](http://www.depressionalliance.org/information/what-depression): [www.depressionalliance.org/information/what-depression](http://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](https://www.anxietyuk.org.uk): [www.anxietyuk.org.uk](http://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](http://www.ocduk.org/ocd): [www.ocduk.org/ocd](http://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](https://www.papyrus-uk.org): [www.papyrus-uk.org](http://www.papyrus-uk.org)
* [On the edge: ChildLine spotlight report on suicide](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/): 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](http://www.b-eat.co.uk/get-help/about-eating-disorders/): [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)
* [Eating Difficulties in Younger Children and when to worry](http://www.inourhands.com/eating-difficulties-in-younger-children/): [www.inourhands.com/eating-difficulties-in-younger-children](http://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](http://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2) - departmental advice for school staff. Department for Education (2014)
* [Counselling in schools: a blueprint for the future](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416326/Counselling_in_schools_-240315.pdf) - departmental advice for school staff and counsellors. Department for Education (2015)
* [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](http://www.inourhands.com/wp-content/uploads/2015/03/Preparing-to-teach-about-mental-health-and-emotional-wellbeing-PSHE-Association-March-2015-FINAL.pdf) (2015). PSHE Association. Funded by the Department for Education (2015)
* [Keeping children safe in education](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/372753/Keeping%20_children_safe_in_education.pdf) - statutory guidance for schools and colleges. Department for Education (2014)
* [Supporting pupils at school with medical conditions](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutor%20y_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf) - 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](file:///C:\Users\User\Downloads\webarchive.nationalarchives.gov.uk\20130107105354\http:\www.dh.gov.uk\prod_consu%20m_dh\groups\dh_digitalassets\documents\digitalasset\dh_108866.pdf) 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf) - 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](file:///C:\Users\User\Downloads\publications.nice.org.uk\social-and-emotional-wellbeing-in-primary-education-ph12)
* 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?](http://www.ncb.org.uk/areas-of-activity/education-and-learning/partnership-for-well-being-and-mental-health-in-schools/what-works-guidance-for-schools) A
* 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](file:///C:\Users\User\Downloads\fingertips.phe.org.uk\profile-group\mental-health\profile\cypmh) 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](http://www.chimat.org.uk/schoolhealth) 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](http://www.hbsc.org/) 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

## School Based Support

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

* Social stories
* Grief and bereavement support
* House of feelings
* Pastoral support
* Specific interventions

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.

* Lifecycles
* MIND

# Appendix E: Talking to people when they make mental health disclosures

The advice below includes some additional ideas to help you in initial conversations with adults 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

If a person 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

The adult 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

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 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

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

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

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 promise

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?[[2]](#footnote-2)

**If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps**

**Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.**

**You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask ‘What have you tried?’ so be prepared to supply relevant evidence, reports and records.**

## General considerations

* Have you met with the parent(s)/carer(s) and the referred child/children?
* Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
* Has the pupil given consent for the referral?
* Has a parent / carer given consent for the referral?
* What are the parent/career 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/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?

1. www.minded.org.uk [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)