



The Grove

Mental Health and Emotional Wellbeing Policy

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1.Introduction/Rationale

“Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (World Health Organisation, 2018).

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

It is important to note that the National Autistic Society (2021) states “Higher rates of anxiety and depression in autistic people have been associated with lower life satisfaction, greater social difficulties, loneliness and insomnia. This can have devastating consequences and even lead to crisis, with some autistic people ending up in mental health hospitals. The coronavirus pandemic has only exacerbated the mental health crisis for autistic people.”

2. 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 teachers, non-teaching staff, governors, families and pupils.

This policy should be read in conjunction with our Safeguarding and Child Protection, Anti-Bullying and SEND Policies. In cases where a pupil’s mental health overlaps with or is linked to a medical issue read this policy in conjunction with the Supporting Pupils with Medical Conditions Policy.

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 ill mental health
- Provide support to pupils suffering mental ill health and their peers and families/carers

3. Roles and Responsibilities

Lead Members of Staff

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

- **Nadine Huseyin – Designated Senior Mental Health Lead with whole school responsibility for Pupil Wellbeing. Youth Mental Health First Aider**
(Pastoral & Safeguarding Lead)
- **Daniel McKay Wood – Whole school responsibility for Staff Wellbeing**
(Assistant Headteacher)
- **Lucia Santi – Deputy Safeguarding Lead**
Headteacher
- **Helen Georgiades – Deputy Safeguarding Lead**
Deputy Headteacher
- **Bronja Elton – Deputy Safeguarding Lead**
Associate Assistant Headteacher
- **Ashley Lloyd – Alex Kelly Social Skills Lead**
(HLTA)

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the pupil wellbeing lead 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 the designated safeguarding lead or one of the deputies. 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 Nadine Huseyin, Designated Senior Mental Health Lead and Designated Safeguarding Lead. Guidance about referring to CAMHS is provided in **Appendix F**.

The Grove School has a Wellbeing Committee. Staff in this committee are:

- Nadine Huseyin – Chair
- Daniel McKay-Wood – Vice Chair
- Gavril Chindris – Class Teacher
- Amy Crick – Speech & Language Therapist
- Mike Freeman – Class Teacher
- Alicia Gomez-Montero – Class Teacher
- Dawn Groome – Class Teacher
- Ashley Lloyd – Learning Mentor
- Elena Maas – Learning Support Assistant
- Nayemah Chowdhury – Class Teacher
- Angelika Krawczy – Learning Support Assistant
- Nikki Rockell – Speech & Language Therapist
- Laura Fredericks-Dennis – Speech & Language Therapist Assistant

4. Main Body of Policy

Vision:

We believe that everyone at The Grove School has a responsibility to promote positive mental health, and to understand protective and risk factors for mental health. Some children and young people will

require additional help. All staff should have the skills to look out for any early warning signs of ill mental health and ensure that children with ill mental health needs get early intervention and the support they need.

Strategy:

At our school, we will always:

- Help children and young people to understand their emotions and experiences better.
- Support staff and families to understand mental health and ill mental health.
- Ensure our pupils feel comfortable sharing any concerns and worries.
- Help pupils to form and maintain relationships.
- Encourage pupils to be confident and help to promote their self-esteem.
- Help pupils to develop resilience and ways of coping with setbacks.

Mental Health 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 **Appendix G**. This should be drawn up involving the pupil, the pupils' family 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 are 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 ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, pupils and families 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 common rooms 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 student 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 with Nadine Huseyin, Designated Senior Mental Health Lead and Designated Safeguarding 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
- Refusal to take part in PE or getting changed secretly
- 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 documented on MyConcern. This written record should include:

- The date of the disclosure.
- The name of the staff member to whom the disclosure was made.
- The nature of the disclosure and the main points from the conversation.
- Agreed next steps.

This information should be shared with the mental health lead, Nadine Huseyin who oversees MyConcern as the Mental Health and Safeguarding Lead; support and advice about next steps will be given if needed. See **Appendix F** for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards 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 the family.

It is always advisable to share disclosures with a colleague, usually the mental health lead, Nadine Huseyin. This helps to safeguard staff emotional wellbeing as they would no longer be solely responsible for the pupil; it ensures continuity of care in their 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. Families are usually informed.

If a child gives us reason to believe that there may be underlying child protection issues, families should not be informed, but the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead must be informed immediately.

Supporting a Families

Where it is deemed appropriate to inform families, we need to be sensitive in our approach. Before disclosing to families, 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 families, the pupil, other members of staff.
- **What are the aims of the meeting?** Information sharing, next steps.

It can be shocking and upsetting for families to learn of their child's mental health needs and time might be needed for the family to reflect. It may be necessary to highlight further sources of information and signpost families to where further information can be found.

We will always provide clear means of contacting the school with further questions and consider booking in a follow up meeting or phone call right away as families often have many questions as they process the information. We aim to finish each meeting with agreed next steps and always keep a brief record of the meeting.

Working with All Families

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

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all families are aware of who to talk to, and how to access this support, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to families
- Share ideas about how families can support positive mental health in their children through our regular information sharing
- Keep families informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home
- Ensure that staff are aware of potential misconceptions with particular reference to cultural or religious beliefs and stigmatising attitudes that might be held (National Autistic Society, no date)

Supporting Peers

When a pupil is suffering from ill mental health, 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 families 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 needs 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

Supporting Staff

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep pupils safe.

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, if it is deemed suitable.

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.

Information will be shared in the staff bulletin.

Suggestions for individual, group or whole school CPD should be discussed with our CPD Coordinator in conjunction with our Mental Health Lead, who can also highlight sources of relevant training and support for individuals as needed.

Working with other Agencies and Partners

As part of our whole school approach, we will also work with other agencies to support our students' mental health and emotional wellbeing. This might include liaising with:

- The school nurse
- Paediatricians
- CAMHS
- Counselling services
- Therapists
- Family support workers
- Behavioural support workers
- Social Workers

5. Publishing and dissemination

This policy is shared with all lead members of staff and the wellbeing committee as part of their meetings.

All staff will be given access to this policy via:

- The school and Trust websites
- Induction pack
- Google drive
- Staff bulletin

Families will be given access to this policy via:

- The school website
- Parent Grove News
- Welcome Pack

Pupils will be given access to this policy via:

- The school website
- Welcome packs

- Two simplified versions are also available for pupils

6.Training

The school ensures that regular guidance and training is arranged on induction and as needed thereafter so that staff and volunteers understand what is expected of them by this policy and have the necessary knowledge and skills to carry out their roles.

The level and frequency of training depends on the role of the individual member of staff.

The school maintains written records of all staff training.

7.Date of next review

This policy will be reviewed every year. This is so that it remains up to date, useful, and relevant. We will also regularly review it in accordance with local and national policy changes. In undertaking the review, the DSL will consider any incidents on My Concern, referrals to CAMHS and Sleuth logs, which might indicate that there may be a problem with supervision, pupil support or security at the school and any issues raised by individual members of staff, families and pupils.

8.Glossary of terms

CAMHS	Child and Adolescent Mental Health Services
MyConcern	Safeguarding concerns reporting system
Sleuth	Behaviour concerns reporting system

9.References

National Autistic Society (2016) *Autism stigma and the role of ethnicity and culture*. Available at: <https://www.autism.org.uk/advice-and-guidance/professional-practice/autism-stigma> (Accessed: 2 March 2022).

National Autistic Society (2021) *New research and free guide: how to adapt mental health talking therapies for autistic children and adults*. Available at: <https://www.autism.org.uk/what-we-do/news/adapt-mental-health-talking-therapies> (Accessed: 14 February 2022).

World Health Organization (2018) *Mental health: strengthening our response*. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (Accessed: 14 February 2022).

Page 12: Data Information References:

- (i) NHS Digital (2021): 'Mental Health of Children and Young People in England 2021'. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>
- (ii) NHS Digital / The Independent (January 2020) 'Number of children admitted to A&E with mental health problems jumps 330 per cent over past decade'. Available at: <https://www.independent.co.uk/news/health/children-mental-health-hospital-suicide-nhs-ae-a9255626.html>
- (iii) YoungMinds (summer 2020) Coronavirus: Impact on young people with mental health needs (survey two). Available at: <https://www.youngminds.org.uk/media/355gyqcd/coronavirus-report-summer-2020-final.pdf>
- (iv) NCB and UCL research (November 2020), 'One in six report severe mental health difficulties by age 17'. Available at: <https://www.ncb.org.uk/about-us/media-centre/news-opinion/one-six-report-severe-mental-health-difficulties-age-17>
- (v) ONS: Deaths registered in England and Wales (2019) section six 'Leading causes of death'. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2019#leading-causes-of-death>
- (vi) NHS Digital (2018) 'Mental Health of Children and Young People in England, 2017'. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>. Based on 46.8% of 17 to 19-year-olds that were identified as having a diagnosable mental health condition reporting that they had harmed themselves or tried to kill themselves at some point

10. Appendices

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

Prevalence of Mental Health and Emotional Wellbeing Issues

- One in six children aged five to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That's five children in every classroom (i).
- The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19 (ii).
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse (iii).
- In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven per cent reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress (iv).
- Suicide was the leading cause of death for males and females aged between five to 34 in 2019 (v).
- Nearly half of 17-19 year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women (vi).

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 is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences.

Online support:

- SelfHarm.co.uk: www.selfharm.co.uk for 14–19-year-olds.
- National Self-Harm Network: www.nshn.co.uk
- Mind:
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/>

Depression

Depression is a low mood that lasts for a long time, and affects your everyday life.

- Online support: Depression Alliance
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/about-depression/>

Anxiety

Anxiety is what we feel when we are worried, tense or afraid – particularly about things that are about to happen, or which we think could happen in the future.

Anxiety is a natural human response when we feel that we are under threat. It can be experienced through our thoughts, feelings and physical sensations.

- Anxiety UK: www.anxietyuk.org.uk
- Mind:
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/about-anxiety/>

Obsessive-Compulsive Disorder (OCD)

Obsessive-Compulsive Disorder (or more routinely referred to as OCD) is a serious anxiety-related condition where a person experiences frequent intrusive and unwelcome obsessional thoughts, commonly referred to as obsessions.

- OCD UK: <https://www.ocduk.org/ocd/introduction-to-ocd/>
- Mind:
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/about-ocd/>

Suicidal feelings

Suicide is the act of intentionally taking your own life. Suicidal feelings can mean having abstract thoughts about ending your life or feeling that people would be better off without you. Or it can mean thinking about methods of suicide or making clear plans to take your own life.

If you are feeling suicidal, you might be scared or confused by these feelings. You may find the feelings overwhelming.

- 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/

Eating Problems / Disorders

An eating disorder is a medical diagnosis based on your eating patterns. It involves medical tests on your weight, blood and body mass index (BMI).

An eating problem means any relationship with food that you find difficult. Not every eating problem will be diagnosed as a disorder.

Eating disorders are a diagnosed type of eating problem.

- Mind:
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/types-of-eating-disorders/>
- Online support: Beat – the eating disorders charity: <https://www.beateatingdisorders.org.uk/>
- Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eating-difficulties-in-younger-children

Appendix B: Guidance and advice documents

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

<https://www.gov.uk/government/publications/counselling-in-schools> - departmental advice for school staff and counsellors. Department for Education (2015)

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and> (2019). PSHE Association. Funded by the Department for Education (2015)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2> - statutory guidance for schools and colleges. Department for Education (2018)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

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)

<https://www.nice.org.uk/guidance/ph12>

<https://www.mentalhealth.org.nz/assets/ResourceFinder/What-works-in-promoting-social-and-emotional-wellbeing-in-schools-2015.pdf> - Advice for schools and framework

document written by Professor Katherine Weare. National Children’s Bureau (2015)

<https://mindfulnessinschools.org/> -Training and support

<https://www.beingwellagenda.org/> - Resources and ideas- ten themes

<https://youngminds.org.uk/> - Dealing with safeguarding, bullying and mental health issues Y5/6

<https://www.minded.org.uk/> - Online training

<https://mindedforfamilies.org.uk/> - Useful resources for children, families and staff

<https://www.mindful.org/meditation/mindfulness-getting-started/> - types of meditation

<https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities/> - mindfulness techniques

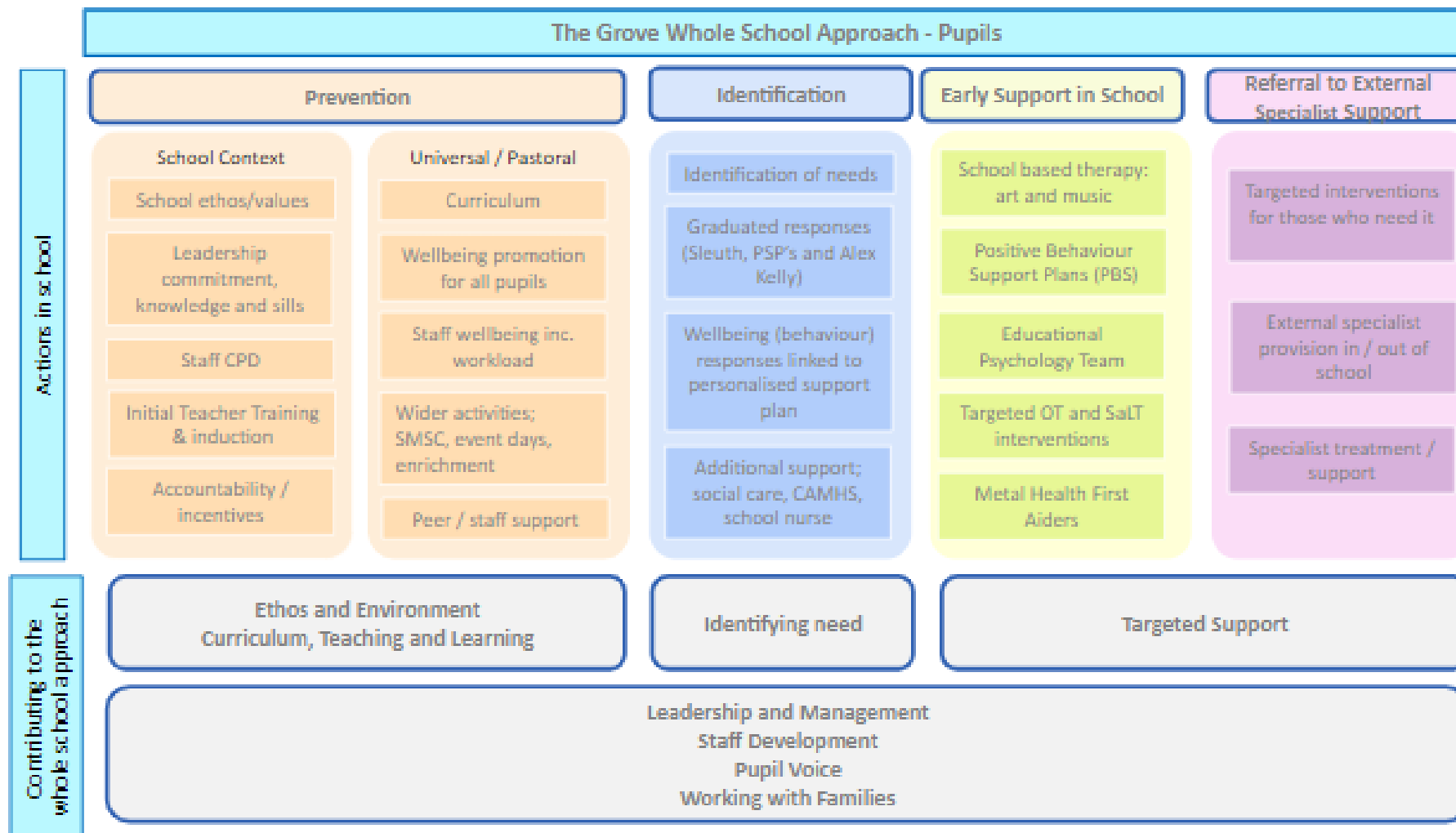
Appendix C: Data Sources

<https://www.annafreud.org/media/4612/mwb-toolkit-final-draft-4.pdf> - collates and analyses a wide range of publicly 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

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh> - Children and Young People's Mental Health and Wellbeing Profiling Tool. It has been developed to support an intelligence driven approach to understanding and meeting need. It provides commissioners, service providers, clinicians, services users and their families with the means to benchmark their area against England, region or similar populations. It collates and analyses a wide range of publicly available information on:

- Identification of need
- Protective factors
- Primary prevention: Adversity
- Primary prevention: Vulnerability
- Services
- Exploring Inequality

Appendix D: Whole School Approach



Appendix D: Whole School Approach

We show staff wellbeing and mental health is valued by:

- Holding regular staff breakfast briefings and lunches
- Sending out regular staff 'thank yous' in the bulletin and sending "Thank you" postcards across the school
- Recognising National days such as LSA and Teacher days.
- Mentoring and buddying up new members of staff to support starting The Grove
- Providing training in order to support both new and experienced teachers with The Grove processes and systems
- Supporting professional development of ALL staff
- Accommodating flexible working for members of staff who need some additional support
- Making sure meetings are well chaired and finish on time within staff working hours
- Holding regular staff wellbeing zoom forums
- Having a staff wellbeing 'suggestion box' with feedback in the bulletin about the steps that are being taken to address any issues raised
- Using trust wide services to support The Grove staff such as Occupational Health support and benefits from BUPA with regular reference to the services available
- Having access to WRAP forms
- Completing individual risk assessments with staff
- Having access to the Trust Wide Wellbeing Handbook

Appendix D: Whole School Approach

We work within the Trust to ensure:

- That good health and positive well being is actively developed through appropriate management policies and procedures
- staff have a clear understanding of their roles, responsibilities, personal strengths and areas for improvement using our PM platform
- There are clear expectations with recognition and opportunity
- staff feel valued and appreciated through employee engagement initiatives, consultation and feedback culture.
- we protect employees mental health through prevention and early interventions. Providing access to OHS, Advice, Support and Counselling through the Employee Assistance Program (EAP)
- Free 'Headspace' subscriptions for all staff
- Through collaboration, Staff Wellbeing is embedded into relevant training, standards and guidance throughout the year.
- We build a package which offers a range of staff benefits including access to an employee Healthcare scheme, EAP, Cycle to Work, Tech Scheme, Season Loans, Corporate Gym discounts, annual flu vaccines and more..
- Fostering the Trust/Schools culture and systems
- Access to a range of online and face to face CPD opportunities
- Develop managers skills and knowledge to have effective Mental Health/ Wellbeing conversations with teams
- Building strong relationships across partner schools and the wider community

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

The advice below will add some additional ideas to help initial conversations with pupils when they disclose mental health concerns. This advice is alongside relevant school policies on pastoral care and child protection.

The ALGEE approach to dealing with concerns:

A = Approach, assess for crisis, Assist with crisis

L = Listen and communicate non-judgmentally

G = Give Support and information

E = Encourage appropriate professional help

E = Encourage other supports

The person hearing the disclosure needs to: **Focus on listening.**

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe them. Allow them time to talk freely and do not ask leading questions
- Stay calm and do not show that you are shocked or upset
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner. Acknowledge how hard it is to discuss these issues
- Explain what will happen next and that you will have to pass this information on. Do not promise to keep it a secret. 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.
- Above all else, a pupil 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.
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your own judgement on it
- Write up the concern as soon as you can and refer via MyConcern
- Don't pretend to understand
- Don't be afraid to make eye contact
- Offer support – ask 'How can I support you?'

Appendix F: CAMHS referrals

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 family and the referred child/children?
- Has the referral to CAMHS been discussed with a family and the referred pupil?
- Has the pupil given consent for the referral?
- Has a family given consent for the referral?
- What are the family/ pupil's attitudes to the referral?

Basic information

- Child details will be needed such as address etc
- Is there a child protection plan in place? Is the child looked after?
- Who has parental responsibility?
- GP details
- 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 families if appropriate?
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with CAMHS?
- 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?
- SEND Diagnosis



Appendix G: Mental Health Care Plan

My Mental Health Care Plan

My Name:		
My Date of Birth:		Photo
My Current Year Group and Class:		
Date my Mental Health Care Plan was written:		
My Mental Health Care Plan was written by:		
Diagnosis (if any):		
Medical support:		
Medications and side effects:		
The role school plays:		
Who to contact in an emergency:		
Lessons / teaching about mental health:		

Behaviours	
What to do when the behaviours happen	
What not to do when the behaviours happen	

Signed & dated by pupil	Signed & dated by parent	Signed & dated by mental health lead