

*Raising awareness*



*fighting depression*

# **Mental Health and Well-being Policies for Schools & Colleges**

## **Example Policy & Guidance**

March 2016



*Raising awareness fighting depression*

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## Introduction

In an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly by mental ill health.

The school has an important role to play, acting as a source of support and information for both students and parents. However, many school and college staff feel out of their depth when faced with issues related to mental health. This guidance is designed to help schools develop policies and procedures which will empower staff to spot and support students in need of help and to follow appropriate referral pathways and procedures. A well-developed and implemented policy can prevent students from falling through the gaps.

*“A boy in year 10 was suffering badly from anorexia and ended up in A&E – when staff were debriefed several of us realised that although we were very concerned about him, we had all assumed someone else was dealing with it – but nobody was. We now have a policy with a named member of staff who all these concerns are passed to.”*

First we will talk about how you can go about writing policies and procedures that truly meet the needs of your school and college population. Then we go on to share example documents which can you can either be used as inspiration or a starting point. Finally, we provide appendices with additional information which staff may find helpful as well as a digest of websites and books where you can find further information about the mental health issues you are more likely to come across within your student body.

Guidance and advice documents, including advice from the Department for Education and Public Health are included in Appendix B.

## Acknowledgements

This guidance was written by Dr Pooky Knightsmith who is the Director - Children, Young People and Schools Programme with the [Charlie Waller Memorial Trust](#). The Trust fully funded the research and writing of the guidance. The guidance was developed in consultation with a range of school staff and other professionals and experts. We are grateful to all of them. Special thanks go to Penny Tyndale-Hardy, Farlingaye High School; Rahel Monohan, Latymer Upper School and Sarah Davies, Notting Hill and Ealing High School.

This policy forms part of the Charlie Waller Memorial Trust’s ongoing work to improve recognition of and support for mental health issues. The Trust provides 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 [admin@cwmt.org](mailto:admin@cwmt.org) or call 01635 869754.

If you have any feedback including suggestions about how this guidance and policy could be improved, please email [pooky.knightsmith@cwmt.org](mailto:pooky.knightsmith@cwmt.org)



## Writing an effective policy for your school or college

Even if you're planning on using examples policies and procedures, you should always view these as a starting point and consider how they can be adapted to make them the best fit for your school or college. In writing your policy, you're looking to develop something that works for your school and your community – you may find that ideas that worked well elsewhere translate well into your environment, but you may find that the unique culture of your school means that ideas need tweaking or completely revisiting. Never be afraid to use your own skills, knowledge and experience to develop a policy that feels like a good fit for you and your school – and be prepared to be flexible; things may change.

Below we've outlined some advice to bear in mind whilst developing your policy. Following this advice should help you to ensure that you develop a policy that is truly in line with the needs of your community.

### Keep it practical

You may spend a long time researching your policies and procedures and have a huge amount of information to impart, but a lengthy policy is off-putting to potential readers and a longer policy is far less likely to be read, digested and implemented than a shorter policy. One of the key ways to cut down on the length of a bloated policy is to make it a 'doing' document. You may develop separate sources of information which can be attached as appendices or on your school's virtual learning environment, but the policy itself should be a straightforward document outlining what staff need to do in order to promote positive mental health amongst your students. Each page should outline clear actions for staff – if there are pages that do not outline specific actions, consider whether they'd be better as appendices or simply cut altogether.

Ideally your policy should be a 'go to' document to which staff regularly refer when they're in need of guidance as to what to do next. Don't bloat it with an excess of information.

### A good policy should be clear and simple to use

Think carefully about the formatting of the final document. Can you make use of diagrams, subheadings, bullet points or boxes to ensure that salient information is highlighted in a digestible way? Don't use overly complicated diagrams unnecessarily, but consider whether e.g. a simple flowchart showing the school's referral pathway would be instructive for colleagues.

Try to avoid the use of overly complicated language and technical terms / jargon. Write your policy in language that can be understood by every member of staff from the most, to the least experienced.

### Learn from past experience

A good starting point for writing your policy is to reflect on what has worked well and less well in the past. Considering specific students who've faced mental ill health and thinking critically but constructively about ways in which the school supported them well and ways in

which things could be improved. When put into the context of a real student, your policy and procedures will make more sense and you'll quickly see their shortcomings which can then be addressed.

## Draw on student and parent voices

The best policy is one which actively addresses the concerns of those it is designed to support and protect. Asking for guidance from your student council, holding a focus group or sending out an anonymous questionnaire can be a good way to understand students' experiences and opinions about the school's ability to provide a safe, stable and supportive environment to young people with mental health issues. It can help too, to draw on the experiences of parents, especially those whose children have faced or are facing mental ill health. They will be able to give you a good steer on how the school can best support young people and their families.

Students and parents can provide valuable input both in the early stages of policy development and also later on when you have a draft policy to share that they might feedback on.

## Outline warning signs

One of the key things that all staff can do is to keep an eye out for warning signs that might indicate a student is suffering with a mental health issue. Highlighting some key warning signs within the context of the school or college setting can be very helpful to staff and ensure that alarm bells ring at the right time.

## Make it clear what to do next

As well as ensuring that all staff are aware of the most common warning signs of mental ill health, we need to ensure that our policy tells all staff what they should do with such concerns. All concerns, however minor, should be followed up in line with school policies and procedures.

## Name key members of staff

It's absolutely vital that you name names in your policy. Colleagues need to know exactly who is responsible for what and how they should communicate concerns or queries with key members of staff.

As a minimum you will want to name:

- Your designated child protection / safeguarding officer
- Your mental health lead
- Your lead first aider
- Your pastoral lead
- Your CPD lead in case people need training

There is likely to be some overlap here, but never assume that colleagues know who to turn to with their queries and concerns unless you have clearly outlined it in your policy. It is

important to keep the policy up to date with any staff changes and to clearly communicate these changes to all staff.

## Have a plan for disseminating your policy

You can write the best policy and procedures in the world, but if their destiny is to sit on the office shelf for the next five years then you might as well not have bothered. Think carefully about how to share the policy with colleagues, governors, students and parents and whether there is any supplementary training that will need to come alongside it.

Some ideas that might work well include:

- Introduce the policy as part of a twilight session, leave plenty of time for questions
- Print off copies of the policy for staff to browse in the staff room
- Email a copy or direct link to the policy to all staff, do not expect them to find it online
- Share salient points from the policy with students via PSHE or tutor periods
- Add the policy as an agenda item for discussion as your next governing body meeting
- Put the policy on your public facing school website
- Highlight the new policy as a news item or blog post on your website
- Share your new policy in a newsletter with parents
- Include information about the policy as part of all new staff induction

Another benefit of disseminating your policy well is that it can be a good way to bring the topic of mental health to the fore and get students, staff and parents talking about it. In many schools mental health can feel like a bit of a taboo topic so this can be a really healthy change.

## Consider including guidelines which keep expectations realistic

Mental health issues can be ongoing for a long time. They can be highly impactful on a student's ability to access school. We need to ensure that all members of staff are realistic in their expectations of affected students in order to ensure those students are not placed under undue stress which may exacerbate their mental health issues.

You might choose to include acknowledgement or guidance with regards to expectations around students suffering with mental ill health. Our expectations should always be led by what is appropriate for a specific student at a specific point in their recovery journey rather than by what has worked well for others, so we always need some degree of flexibility.

Expectations we might want to consider addressing include:

- Academic achievement
- Absence and lateness
- Access to extra curricular activities including sport
- Duration and pace of recovery

- Ability to interact and engage within lessons

## Signpost support

Our policy can be a key place to signpost relevant sources of support. We should consider first what support is available at school and ensure that we have been completely clear in communicating what support is available, who it is available for, how to go about accessing it and what will happen if they do.

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

Finally we should highlight the many national charities and organisations which can provide support and information on a range of issues. We have included some in our model policy but you may be aware of more – and new ones are being developed all the time.

## Give clear guidance about confidentiality

No doubt should be left about when disclosures should and should not be kept confidential. Different schools and colleges have different guidelines on this and there is often particular confusion with regards to young people aged 16 and over. Have a clear policy and share it in straightforward language and ensure this is communicated not only to staff but to students and parents too.

## Review and update your policy regularly

Ensure that you have a schedule for reviewing and updating your policy and procedures regularly just as you would your child protection policy. As an absolutely minimum, you should revisit the policy every three years. Ideally, your policy should be an evolving document which reflects the developing best practice in your school or college. The policy should always be instantly updated when named people change.

Be prepared to take feedback on board and, especially when you first develop your policy, be flexible about making changes to ensure it is as usable as possible by colleagues.

## Create different versions of your policy for different audiences

You may choose to share the information contained in your school policy in student and parent friendly versions. These may be much abridged and simplified, highlighting only the most salient information. Effective communication of policies and procedures increases staff, student and parent confidence and often results in good collaborative working.

## Share best practice with other schools

Working with colleagues in similar schools can be hugely helpful – we can bounce ideas off each other and share our experiences. It makes little sense to work in isolation when there is so much to learn from each other. It can often be very helpful to invite relevant



colleagues from neighbouring schools to attend any training sessions you have planned as having ideas which come from outside your school's four walls can often be refreshing and help you to be more innovative in your outlook.



# Positive Mental Health Policy **Enter name** SCHOOL

Last Updated **Month/Year**

## 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.

## 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 student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

## The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers

## Lead Members of Staff

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

- XXXXX - designated child protection / safeguarding officer



- XXXXX - mental health lead
- XXXXX - lead first aider
- XXXXX - pastoral lead
- XXXXX - CPD lead
- XXXXX - Head of PSHE

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

Where a referral to CAMHS is appropriate, this will be led and managed by **XXX, 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 students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

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

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

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<sup>1</sup> [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

## Signposting

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

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

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

## Warning Signs

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

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

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

All disclosures should be recorded in writing and held on the student's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the **mental health lead, XXX** 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 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. **[Include a sentence here outlining this. This will generally be along the lines of 'students up to the age of 16 who are in danger of harm']**

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

Parents must always be informed if **[X,Y,Z]** and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection office [XXX Insert Name] must be informed immediately.

## Working with Parents

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

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

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

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

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

## Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

## Training

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

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The [MindEd learning portal](#)<sup>2</sup> 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 **XXXXX, our CPD Coordinator** who can also highlight sources of relevant training and support for individuals as needed.

The [Charlie Waller Memorial Trust](#) 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 [admin@cwmt.org](mailto:admin@cwmt.org) or call 01635 869754.

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<sup>2</sup> [www.minded.org.uk](http://www.minded.org.uk)

## Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in **Month Year**.

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 **XXXXX our mental health lead via phone XXXXX or email xxxx@xxx.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<sup>3</sup>

- 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) ([www.youngminds.org.uk](http://www.youngminds.org.uk)), [Mind](http://www.mind.org.uk) ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) ([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](http://www.selfharm.co.uk): [www.selfharm.co.uk](http://www.selfharm.co.uk)

[National Self-Harm Network](http://www.nshn.co.uk): [www.nshn.co.uk](http://www.nshn.co.uk)

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<sup>3</sup> Source: [Young Minds](http://www.youngminds.org.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](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: 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:** [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 Connors (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](http://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/](http://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](http://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](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](#) - departmental advice for school staff. Department for Education (2014)

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

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

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2014)

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

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

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

[NICE guidance on social and emotional wellbeing in primary education](#)

[NICE guidance on social and emotional wellbeing in secondary education](#)

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

## Appendix C: Data Sources

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

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

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



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

This will be unique to every school. Take time to collate a thorough list of support available at school and within the local community.

### School Based Support

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

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

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

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

### Local Support

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

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

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

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

### Focus on listening

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

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

### Don’t talk too much

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

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. 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 they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

### **Don’t assume that an apparently negative response is actually a negative response**

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

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

### **Never break your promises**

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

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

## Appendix F: What makes a good CAMHS referral?<sup>4</sup>

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 CMHS 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/carers 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?

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<sup>4</sup> Adapted from Surrey and Border NHS Trust

- 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 to guide whether or not a CAMHS referral is appropriate.

For further support and advice, our primary contacts are:

**Professional's advisory line** 123456789 email@email.com

**Primary Mental Health worker team** 123456789 email@email.com

**Name, Role:** 123456789 email@email.com

INVOLVEMENT WITH CAMHS	
<input type="checkbox"/>	Current CAMHS involvement – <b>END OF SCREEN*</b>
<input type="checkbox"/>	Previous history of CAMHS involvement
<input type="checkbox"/>	Previous history of medication for mental health issues
<input type="checkbox"/>	Any current medication for mental health issues
<input type="checkbox"/>	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
<input type="checkbox"/>	1-2 weeks
<input type="checkbox"/>	Less than a month
<input type="checkbox"/>	1-3 months
<input type="checkbox"/>	More than 3 months
<input type="checkbox"/>	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		
<input type="checkbox"/>	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
<input type="checkbox"/>	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
<input type="checkbox"/>	2	Depressive symptoms (e.g. tearful, irritable, sad)
<input type="checkbox"/>	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
<input type="checkbox"/>	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
<input type="checkbox"/>	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
<input type="checkbox"/>	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
<input type="checkbox"/>	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
<input type="checkbox"/>	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
<input type="checkbox"/>	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
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HARMING BEHAVIOURS		
<input type="checkbox"/>	1	History of self harm (cutting, burning etc)
<input type="checkbox"/>	1	History of thoughts about suicide
<input type="checkbox"/>	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
<input type="checkbox"/>	2	Current self harm behaviours
<input type="checkbox"/>	2	Anger outbursts or aggressive behaviour towards children or adults
<input type="checkbox"/>	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
<input type="checkbox"/>	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)			
<input type="checkbox"/>	Family mental health issues	<input type="checkbox"/>	Physical health issues
<input type="checkbox"/>	History of bereavement/loss/trauma	<input type="checkbox"/>	Identified drug / alcohol use
<input type="checkbox"/>	Problems in family relationships	<input type="checkbox"/>	Living in care
<input type="checkbox"/>	Problems with peer relationships	<input type="checkbox"/>	Involved in criminal activity
<input type="checkbox"/>	Not attending/functioning in school	<input type="checkbox"/>	History of social services involvement
<input type="checkbox"/>	Excluded from school (FTE, permanent)	<input type="checkbox"/>	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
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**Add up all the scores for the young person and enter into Scoring table:**

Score 0-4	Score 5-7	Score 8+
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Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic
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**\*\*\* If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice \*\*\***