



Part of Bishop Wilkinson Catholic  
Education Trust

# St Mary's Catholic Primary School: Positive Mental Health and Wellbeing Policy



***Excellence, inspired by Gospel values***

**Headteacher:** Mr David Miller

**Chair of Governors:** Dr Joanna Marshall

**Date:** May 2021

**Date for Review:** May 2022

## Positive Mental Health Policy

### Policy Statement

**Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.  
(World Health Organization)**

At St Mary's Catholic Primary School, we are committed to supporting the emotional health and wellbeing of our pupils and staff. We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued.

At our school we know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children are likely to 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.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also aim to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

### Aims

**At our school we:**

- Help children to understand their emotions and feelings better.
- Help children feel comfortable sharing any concerns or worries.
- Help children socially to form and maintain relationships.
- Promote self-esteem and ensure children know that they count.
- Encourage children to be confident and 'dare to be different'
- Help children to develop emotional resilience and to manage setbacks.
- Consider all relevant research and statistics to inform our practice. (Appendix 1 and 2)

### **We promote a mentally healthy environment through:**

- Promoting our school values and encouraging a sense of belonging.
- Promoting pupil voice and opportunities to participate in decision-making.
- Celebrating academic and non-academic achievements.
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others.
- Providing opportunities to reflect.
- Access to appropriate support that meets their needs.

### **We pursue our aims through:**

- Universal, whole school approaches.
- Support for pupils going through recent difficulties including bereavement.
- Specialised, targeted approaches aimed at pupils with more complex or long-term difficulties including attachment disorder.

### **Scope**

This policy should be read in conjunction with our Managing Medical Needs Policy and our SEND Policy in cases where pupils mental health needs overlap with these. This policy should also be read in conjunction with policies for Behaviour and Anti-bullying, and PSHE and SMSC policies. It should also sit alongside child protection procedures.

### **Lead Members of Staff**

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

- Mr David Miller: Headteacher, Designated child protection/ safeguarding officer
- Mrs Michelle Ross: Designated child protection/ safeguarding officer
- Miss Stephanie Hughes: SENco, Inclusion Manager, Designated child protection/ safeguarding officer and, Mental Health and Emotional wellbeing lead
- Mrs Vikki Davison: Designated child protection/ safeguarding officer

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead in the first instance. If there is a worry or concern that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead. If the child 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 Miss Stephanie Hughes. The mental health leads Guidance about referring to CAMHS is provided in **Appendix 4**.

### **A whole school approach to promoting positive mental health**

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

We take a whole school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise. This encompasses seven aspects:

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.
2. Helping children to develop social relationships, support each other and seek help when they need it.
3. Helping children to be resilient learners.
4. Teaching children social and emotional skills and an awareness of mental health.
5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers.
7. Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

### **Supporting children's positive mental health**

We believe the School has a key role in promoting children positive mental health and helping to prevent mental health problems. Our School has developed a range of strategies and approaches including:

#### *Pupil-led activities*

- Campaigns and assemblies to raise awareness of mental health.
- Peer mentoring - children working together to solve problems and planned sessions where identified adults mentor a designated child.
- Friendship Squad - a lunchtime group supporting younger children at lunchtime.
- Individual transition plans for children identified as feeling anxious regarding change.

#### *Transition programmes*

- Transition Programme to secondary schools which includes all Year 6 children having a staff mentor to support a smooth transition to secondary school.
- Transition Programme for children new to school, including home visits, gradual build up to full-time and open afternoons.

### *Class activities*

- Newsletters, a mechanism where children can be praised for effort applied, tasks achieved and a collaborative attitude are given freely and work towards public praise.
- Worry boxes - where children can anonymously share worries or concerns in class and select the adult they wish to talk to.
- Mental health teaching programmes e.g. based on cognitive behavioural therapy.
- Circle times.
- We also have a 10-week Resilience Programme for Year 5, delivered by our Pastoral Lead, as well as weekly circle times to help children learn personal, social and emotional, communication and problem-solving skills.
- A 4-week friendship/empathy programme for year 4, delivered by our Pastoral Lead.

### *Whole school*

- Termly Mental Health breakfasts - Pastoral Lead runs breakfasts for staff to talk about mental health issues and do ongoing promotion
- Wellbeing week - whole school focus on doing things which make us feel good
- Displays and information around the School about positive mental health and where to go for help and support
- A range of bespoke mental health leaflets
- Growth Mindset

### *Small group activities*

- Nurture classes for KS1 and KS2
- Resilience Training
- Talkabout - a small group intervention to improve children's communication skills around turn taking, dealing with issues, resolving conflict
- 1:1 Anna Freud ('I gotta feeling')
- Lego Therapy
- Dining Club

### Teaching about mental health and emotional wellbeing

Through PSHE we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

### **EYFS & Key Stage 1 children learn:**

- To recognise, name and describe feelings including good and not so good feelings.
- Simple strategies for managing feelings.
- How their behaviour affects other people.
- About empathy and understanding other people's feelings.
- To cooperate and problem solve.
- To motivate themselves and persevere.

- How to calm down.
- About change and loss and the associated feelings (including moving home, losing toys, pets or friends).
- Who to go to if they are worried.
- About different types of teasing and bullying, that these are wrong and unacceptable.
- How to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help.

### **Key Stage 2 children learn:**

- What positively and negatively affects their mental and emotional health (including the media).
- Positive and healthy coping strategies.
- About good and not so good feelings.
- To describe the range and intensity of their feelings to others.
- To recognise and respond appropriately to a wide range of feelings in others.
- To recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them.
- About resilience.
- How to motivate themselves and bounce back if they fail at something.
- How to empathise and be supportive of others.
- About change, including transitions (between Key Stages and schools), loss, separation, divorce and bereavement.
- About the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), as well as how to respond and ask for help if they are victims of this themselves.
- About the importance of talking to someone and how to get help.

### **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 of school staff

### **Support for children after inpatient treatment**

We recognise that some children will need ongoing support and the Inclusion Lead for Social, Emotional & Mental Health Needs will meet with children on a regular basis. We are careful not to "label" children with diagnoses without prior and sensitive consultation with family/carers and other relevant professionals.

We have a duty of care to support children and will seek advice from medical staff and mental health professionals on the best way to support children. We will carry out a risk assessment and produce an Individual Care Plan to support children to re-integrate successfully back to school.

When a child leaves an inpatient provision and is transitioning back to school, we discuss what needs to happen so the transition will be smooth and positive.

### **Teaching about Mental Health**

The skills, knowledge and understanding needed by our students to keep themselves 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 we will also use the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

### **Targeted support**

The school will offer support through targeted approaches for individual pupils or groups of pupils which may include:

- Circle time approaches or 'circle of friends' activities.
- Targeted use of SEAL resources.
- Managing feelings resources e.g. 'worry boxes' and 'worry eaters'
- Managing emotions resources such as 'the incredible 5-point scale'
- Primary Group Work/ Mental health and wellbeing groups
- ELSA support groups.
- Therapeutic activities including art, Lego and relaxation and mindfulness techniques.

The school will make use of resources to assess and track wellbeing as appropriate including:

- Strengths and Difficulties questionnaire
- The Boxall Profile
- Emotional literacy scale

### **Signposting**

We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support. (**Appendix 5**)

### **Identifying needs and Warning Signs**

All staff will complete termly wellbeing trackers on their pupils aimed at identifying a range of possible difficulties including:

- Attendance
- Punctuality

- Relationships
- Approach to learning
- Physical indicators
- Negative behaviour patterns
- Family circumstances
- Recent bereavement
- Health indicators

These are colour coded to aid identification.

School staff may also 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 the designated child protection and safeguarding officer or the emotional wellbeing lead as appropriate.

**Possible warning signs include:**

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

**Working with 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 mental health and emotional wellbeing on our school website.
- Share and allow parents to access sources of further support e.g. through parent forums.
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child.
- Make our emotional wellbeing and mental health policy easily accessible to parents.



- Share ideas about how parents can support positive mental health in their children.
- 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.

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 child, 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 retain the information 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 forum. We should always provide clear means of contacting us if they have further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a detailed record of the meeting on CPOMs.

### **Supporting Peers**

When a child 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. They may collude with the child to keep their secret. 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.

### **Managing disclosures**

A child 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 child's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see **Appendix 3**. All disclosures should be recorded in writing and held on the CPOMS.

### **This written record should include:**

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation (helpful to use the child's own words)
- Agreed next steps

This information should be shared with the Mental Health lead, Miss Stephanie Hughes, who will record appropriately and offer support and advice about next steps.

### **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 to an appropriate adult then we should discuss with the pupil:

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

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. It is always advisable to share disclosures with a colleague, usually the Mental Health lead, Miss Stephanie Hughes, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a Designated Safeguarding Lead, must be informed immediately.

### **Working with other agencies and partners**

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- The school nurse
- Educational psychology services
- Behaviour support through Oakfield pupil referral unit
- Paediatricians
- CAMHS (child and adolescent mental health service)
- Counselling services
- Family support workers
- Therapists

### **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.

The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. Please see [www.minded.org.uk](http://www.minded.org.uk)

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 to developing situations with one or more pupils. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with Miss Stephanie Hughes, Mental Health Lead and Mr David Miller, Headteacher.

### **Monitoring and Reviewing**

The Positive Mental Health and Wellbeing Policy will be reviewed every two years or earlier if necessary.

This policy was reviewed by *Governors* on: May 28<sup>th</sup> 2021

Signed:

Name: ..... (Headteacher)      Date: .....

Name: ..... (Chair of Governors)      Date: .....

## Appendix 1:

### Mental Health – Further Information

On 23<sup>rd</sup> November 2018, NHS Digital = released new data which looked at the prevalence of mental health problems among children and young people between the ages of 2-19. This was the first data of its kind to be released about the number of young people experiencing mental health problems since 2004, and it found that:

- One in eight (12.8%) children and young people aged between five and 19 has a diagnosable mental health condition.
- The prevalence of 5-15 year olds experiencing emotional disorders (including anxiety and depression) has increased by 48% - from 3.9% in 2004 to 5.8% in 2017.
- Nearly a quarter (22.4%) of young women aged 17-19 has an emotional disorder.
- A third (34.9%) of the young people aged 14 to 19-years-old who identified as lesbian, gay, bisexual or with another sexual identity had a mental health condition, as opposed to 13.2% of those who identified as heterosexual.
- Only a quarter (25.2%) of 5-19 year olds with a mental health condition had contact with mental health specialists in the past year, meaning that three-quarters hadn't had any contact with mental health services.
- 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, Mind and Minded:

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

### **Books:**

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

### **Depression**

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure,

hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

**Online support:**

- Depression Alliance: [www.depressionalliance.org/information/what-depression](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 2:

### Guidance and advice documents

- Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)
- Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)
- Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015).
- PSHE Association. Funded by the Department for Education (2015)
- Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (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 3:

### Talking to pupils when they make mental health disclosures

The advice below is from pupils 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 4:

### What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps. Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

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

#### **General considerations**

- Have you met with the parent(s)/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/carers/ pupil's attitudes to the referral?

#### **Basic information**

- Is there a child protection plan or a child in need 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?

## Appendix 5:



# Mental Health & Emotional Support

for **children, young people & families** in County Durham

This is a great starting point to help you access support



## Local Support

**One Point** | 03000 261 111 | [www.durham.gov.uk/OnePoint](http://www.durham.gov.uk/OnePoint)  
Advice and practical support across all aspects of family life

**Education & SEND Support** | [www.countydurhamfamilies.info](http://www.countydurhamfamilies.info)  
Support for children with special educational needs or disabilities

**Humankind** | 01325 731 160 | [www.humankindcharity.org.uk](http://www.humankindcharity.org.uk)  
Health and wellbeing support for LGBT young people aged 15-24 years

**Investing in Children** | [www.investinginchildren.net](http://www.investinginchildren.net)  
A children's rights organisation, creating spaces to be heard

**Rollercoaster Parent Support** | 07415 380 040  
Helping parents to support children with mental health issues

**DurhamWorks** | 03000 262 930 | [www.durhamworks.info](http://www.durhamworks.info)  
Supporting 16-24 year olds not in education, employment or training

**Recovery College Online** | [www.recoverycollegeonline.co.uk](http://www.recoverycollegeonline.co.uk)  
Educational resources for people experiencing mental issues

**County Durham Together Hub** | 03000 260 260  
Help when self-isolating/how to volunteer  
[www.durham.gov.uk/covid19help](http://www.durham.gov.uk/covid19help)

**Children's Social Care First Contact**  
Report a concern about a child's welfare  
[www.durham.gov.uk/FirstContact](http://www.durham.gov.uk/FirstContact)

**CAMHS - Single Point of Access** | 03001 239 296  
Community mental health teams for children  
[www.tewv.nhs.uk](http://www.tewv.nhs.uk)

**TEWV Crisis line** | 0800 0516 171 | [www.tewv.nhs.uk](http://www.tewv.nhs.uk)  
24 hour service for young people experiencing a mental health crisis



## Mental Health & Emotional Support

for schools and education setting staff in County Durham

This is a great starting point to help you access support

### Getting Advice and Self Help

#### **Qwell | [www.qwell.io](http://www.qwell.io)**

Free, anonymous, confidential, safe, online mental health and emotional wellbeing community  
Qwell offers counselling, advice, and community forums for school based professionals

#### **Durham Locate | [www.durhamlocate.org.uk](http://www.durhamlocate.org.uk)**

Helping you to find support locally

#### **Time to Change Hub**

Working in County Durham to support people to change how they think  
and act about mental health

**[www.time-to-change.org.uk/hub/time-to-change-durham](http://www.time-to-change.org.uk/hub/time-to-change-durham)**

#### **Anna Freud**

Self-care to look after your mental health

**[www.mentallyhealthyschools.org.uk](http://www.mentallyhealthyschools.org.uk)**

#### **NHS | [Your Mind Plan](#)**

Developing a Mind Plan

### Helplines and Web Chats

#### **Qwell | [www.qwell.io](http://www.qwell.io)**

Free, anonymous, confidential, safe, online mental health and emotional wellbeing community  
Qwell offers counselling, advice, and community forums for school based professionals

#### **Mind | [www.mind.org.uk](http://www.mind.org.uk)**

Provide advice and support to empower anyone experiencing a mental health problem

#### **Samaritans | 116 123 | [www.samaritans.org](http://www.samaritans.org)**

The Samaritans are there to listen 24 hours a day 365 days a year





## Mental Health & Emotional Support for Adults in County Durham

This is a great starting point to help you access support

### Advice and Self Help

**NHS** | [www.nhs.uk](http://www.nhs.uk)

Stressed, anxious or depressed? Or just want to feel happier your NHS is here to help

**NHS Every Mind Matters** | [www.nhs.uk/oneyou/every-mind-matters](http://www.nhs.uk/oneyou/every-mind-matters)

Find expert advice and practical tips to help you look after your mental health and wellbeing

**The Recovery College Online** | [www.recoverycollegeonline.co.uk](http://www.recoverycollegeonline.co.uk)

Providing a range of online courses and resources

**Mind** | [www.mind.org.uk](http://www.mind.org.uk)

Resources from Mind can help find what's right for you and your family

**Rethink Mental Illness** | [www.rethink.org](http://www.rethink.org)

Offer online support and some local groups

### Helplines and Webchats

**Shout** | [www.giveusashout.org](http://www.giveusashout.org)

Anxious? Worried? Stressed? Get 24/7 help from our team of Crisis Volunteers. Text 85258

**Samaritans** | 116 123 | [www.samaritans.org](http://www.samaritans.org)

The Samaritans are there to listen. 24 hours a day 365 days a year

**SANE** | 07984 967 708 | [www.sane.org.uk](http://www.sane.org.uk)

Sane and the SANEline offers one-to-one support for those times you feel you need it most

**Calm: Campaign against living miserably** | 0800 58 58 58

Access the helpline to talk and find support. 5pm-Midnight 365 days a year

[www.thecalmzone.net](http://www.thecalmzone.net)

**TEWV Crisis line** | 0800 0516 171 | [www.tewv.nhs.uk](http://www.tewv.nhs.uk)

24 hour service for young people experiencing a mental health crisis

Remember **GPs** are **available to help**.

**You** are **not alone**, we can get through this **together**.