Positive Mental Health Policy

This policy was approved and ratified by
Wadebridge School in September 2024

This policy and its contents are made available to all Wadebridge School Staff and observed by all Trustees

Author	Version	Authorisation	Approval Date	Effective Date	Next Review	Published to Website
Sion Williams	V3	Wadebridge School Senior Leadership Team	September 2024	September 2024	September 2026	Yes

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This policy should be read in conjunction with the school's child protection and safeguarding policy.

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.

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:

- Mat Winzor, Lee Bateman, - designated safeguarding leads (DSL)
- Charlotte Retter, Ellie Richards – deputy DSLs
- Siôn Williams - senior mental health lead and MHFA Instructor
- Charlotte Retter, Ellie Richards Emma Jeffery– student support team
- Phil Petchey, Alice Elliott - Key Stage Leaders
- Tami Salvesen, Emma Jeffery, Charlotte Retter - Trauma Informed Schools practitioners
- Siôn Williams, Helen Pearson, – MHFA for Adult and Senior Mental Health Leads
- Helen Pearson and Gemma Myles - Staff Health Champions Team Lead
- Helen Pearson – Curriculum Area Leader for RSHE

Over 140 members of staff have undertaken a two-day training course in Mental Health First Aid and are trained in looking for warning signs and speaking to young people about mental health. 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 one the designated safeguarding leads. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff, emergency services will be contacted if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the Student Support Team.
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 RSHE curriculum and Tutor Programmes. 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. All RSHE and Tutor Programme content, the curriculum is delivered in an age appropriate manner.

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.

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 Siôn Williams, our mental health and emotional wellbeing lead, one of the Dedicated Safeguarding Leads (Lee Bateman, Tina Yardley) or a member of the Student Support Team.

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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures
A 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 passed on to Siôn Williams, our mental health and emotional wellbeing lead, one of the Dedicated Safeguarding Leads (Lee Bateman, Tina Yardley) or a member of the Student Support Team who will offer support and advice about next steps.
See appendix F for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. No adult must ever guarantee confidentiality to any individual including parents, children and colleagues. Staff should make children aware that if they disclose information that may be harmful to themselves or others, then certain actions will need to be taken. If we feel 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

Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, obtaining consent may not be possible or in the best interest of the child or young person, e.g., where safety and welfare of that child or young person necessitates that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt. If the information given relates directly to the safety and welfare of a child, then the DSL must be informed immediately. They should then contact MARU. Information on individual child protection cases may be shared by the designated lead (or deputy) with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

It is always advisable to share disclosures with a colleague, usually the mental health lead (Di Talling) 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.

Students may choose to share information with their parents themselves. If this is the case, the student should be given 24 hours to discuss matters with their parents before the school makes contact. We should always give students the option of us informing parents for them or with them.

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 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.

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:

- Offer free access to the 2-day MHFA training (over 40 parents have now completed this and demand is growing)
- Highlight sources of information and support about common mental health issues on our school website
    - http://www.wadebridge.cornwall.sch.uk/parents/mental-health-and-wellbeing
- 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 RSHE 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. In addition the school has invested considerable resources in training all members of staff in Mental Health First Aid, to date 110 colleagues (over 80% of our staff) have completed the MHFA Youth two-day programme and an additional 4 colleagues have worked through the MHFA Adult course.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal[1] provides free online training suitable for staff wishing to know more about a specific issue. Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with Siôn Williams, our CPD coordinator and Mental Health and Wellbeing lead, who can also highlight sources of relevant training and support for individuals as needed.

Last Reviewed: September 2024

Siôn Williams

[1] www.minded.org.uk

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

Prevalence of Mental Health and Emotional Wellbeing Issues[2]

- 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 (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).
Suggested reading for teenagers can be accessed here:
https://livespiffy.co.uk/collections/books-for-teenagers

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

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

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

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

[2] Source: Young Minds

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

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

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

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

Books
Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

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

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

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

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

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

Books
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

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

Online support

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

Books

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

Appendix B: Guidance and advice documents

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

School Based Support

The student support team (Polly Amos, Jo Adams, Tracey Weller) are available throughout the day. Students can self-refer at break and lunchtimes or after school; with the permission of the relevant teacher it may be appropriate to access student support during lesson time. The team will access each case on it individual needs via a form of triage and allocate the most appropriate support accordingly. For some students, normal lessons may not be appropriate and they may spend some time in A3 with Francesca Smith and Matt Williams.

Interventions to support positive mental health

- green card
- circle of friends
- adjusted curriculum
- TIS interventions
- Timeout cards
- Mentoring

The Integrated Health Centre

A wide range of external agencies work from the IHC:

- Barnardos Children's Charity
- Child and Adolescent Mental Health Services (CAMHS)
- Child in Need (CHIN) Core Group
- Children in Care (CiC)
- Children Linked to and Experiencing Abusive Relationships (CLEAR)
- Careers SouthWest
- Counsellors
- Diabetic Nurse
- Dietician
- Dreadnought
- PSHE drop down
- Early Support Coordinator
- Educational Psychologist
- Epilepsy Nurse
- Family Support Worker
- First Light (ISVA)
- Free To Be Counselling
- Gweres Kernow
- Headstart Kernow
- Health Lifestyles - Cornwall
- Hypnotherapy
- Intercom LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning)
- Invictus trust
- Jigsaw
- Kooth
- Kernow Young Carers
- Learning support mentor
- NSPCC National Society for the prevention of Cruelty to Children
- Outlook Southwest Psychological Therapy for 16+
- Penhaligon's Friends Bereavement Counselling
- Physiotherapist
- Police*
- Safeguarding Officer
- School Nurse
- SEND Nurse Special Educational Needs and Disability*
- Social Worker
- Specific Family Support Worker
- Team around the Child (TAC)
- Targeted Youth Support Worker
- Trauma Informed Schools (TIS)
- Womens Rape and Sexual Abuse Centre (WRSAC)
- Xenzone Counsellor
- Youth Offending Team (YOT)
- Youth Worker

- YzUp Drugs and Alcohol misus

Local Support

Phone Services

- TEXT shout to 85258 for support in a crisis
- Papyrus (Prevention of Young Suicide) Hope Line 0800 068 4141. Text Line 07786209697. Email pat@papyrus-uk.org (10am – 10pm weekdays 2-5pm weekends)
- Night Link Emotional Support Service – 08088000306 (5pm – midnight)
- TESS text support (girls/young women affected by self-harm) – 07800472908 (7pm – 9.30pm every day except Saturdays)
- ChildLine Telephone Support – 0800 1111
- Samaritans telephone support – 116 123
- Mind - 0300 123 3393 info@mind.org.uk Text: 86463 Our lines are open 9am to 6pm, Monday to Friday (except for bank holidays).

Websites

- Young Minds – www.youngminds.org.uk
- Anna Freud National Centre for Children and Families: https://www.annafreud.org/about-us/
- Charlie Waller Memorial Trust – one of the UK's most respected mental health charities: https://charliewaller.org/
- Kooth – on-line counselling/support for young people www.kooth.com
- Savvy Kernow – health/well-being/help/advice https://www.supportincornwall.org.uk
- Mind - www.mind.org.uk
- Place2Be – improving children's mental health: https://www.place2be.org.uk/
- Samaritans www.samaritans.org
- Outlook South West - psychological therapy services are for people aged 16 and above www.outlooksw.co.uk
- Education Support – supporting education staff wellbeing: https://www.educationsupport.org.uk/
- Minded for families, children and young people - mindedforfamilies.org.uk

Smart Device Apps-Here are some apps you can download on your smart devise

- Smiling Mind – A meditation app that aims to bring balance to individual's lives, to assist with depression, anxiety and stress, to manage unhelpful thoughts.
- Stop-breath and think – A meditation app featuring a range of exercises at varying lengths
- Calm Harm and stem 4 - An app to support you in managing self-harm urges with a variety of techniques
- Self-Heal – Supports reduction of self-injury. Offers short and long term coping strategies.
- Stay Alive – Offers support both to those experiencing thoughts of suicide and to those concerned about someone else.
- Sam (self-help and anxiety management) – An app designed to help people manage their anxiety levels and identify different triggers
- Pacifica – Uses Cognitive Behavioural Therapy, mindfulness and relaxations based techniques to help with anxiety, depression and stress
- Sleepio – A six week tailored programme accessed online designed to treat insomnia and in doing so help with anxiety and depressions.

Social Media

- Rethink Mental Illness @Rethink
- School Mental Health @SchoolMHealth
- Mental Health First Aid England @MHFAEngland

- Dr Pooky Knightsmith @PookyH
- Natasha Deveon @_NatashaDevon
- Young Minds @YoungMindsUK
- Samaritans @samaritans
- Mental Health Foundation @mentalhealth
- SANE @CharitySANE
- Heads Together @heads_together
- Mind @MindCharity
- Time to change @TimetoChange

- The Invictus Trust
- Mind
- The self-esteem team
- Time to change
- Young Minds
- Mental Health Foundation
- Blurt Foundation

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: CAMHS

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/carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/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?

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- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

Existing Referrals and Enquiries

Contact the CAMHS Access Team on:
01872 322277
Email: cpn-tr.earlyhelphub@nhs.net
New County Hall
Early Help Hub
North Wing, 3rd Floor
Truro, TR1 3AY

New Referrals

Contact the Early Help Hub on: 01872 322277
Email: earlyhelphub@cornwall.gov.uk

The website for professionals is www.cornwall.gov.uk/earlyhelphub
The website for parents is www.cornwall.gov.uk/earlyhelp

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:

INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement – **END OF SCREEN***
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

*** Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care**

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS		
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3

HARMING BEHAVIOURS		
	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

*** If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies**

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)			
	Family mental health issues		Physical health issues
	History of bereavement/loss/trauma		Identified drug / alcohol use
	Problems in family relationships		Living in care
	Problems with peer relationships		Involved in criminal activity
	Not attending/functioning in school		History of social services involvement
	Excluded from school (FTE, permanent)		Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3

Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

***** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice *****

The school also use the CGAS tool to assess pupils' needs:

Children's Global Assessment Scale (CGAS) David Shaffer, M.D., Madelyn S. Gould, Ph.D. Hector Bird, M.D., Prudence Fisher, B.A. Adaptation of the Adult Global Assessment Scale (Robert L. Spitzer, M.D., Nathan Gibbon, M.S.W., Jean Endicott, Ph.D.) **PLEASE RECORD A CGAS SCORE EVEN IF THIS IS BASED ON YOUR MEMORY OF THE YOUNG PERSON'S FUNCTIONING AT THE TIME OF REFERRAL. THE DATE OF RATING IS REQUIRED ONLY IF THIS WAS RECORDED CLOSE TO THE TIME OF THE 'INDEX' REFERRAL.**	
43a	DATE OF CGAS RATING: **……../……../……..** OR FROM MEMORY (PLEASE INDICATE AS APPROPRIATE) **(IF RECORDED CLOSE TO TIME OF 'INDEX' REFERRAL)**
100-91	DOING VERY WELL Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g. has hobbies or participates in extracurricular activities or belongs to an organised group such as Scouts, etc.). Likeable, confident, everyday worries never get out of hand. Doing well in school. No symptoms.
90 – 81	**DOING WELL** Good functioning in all areas. Secure in family, school, and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasionally "blow-ups" with siblings, parents or peers).
80 – 71	DOING ALL RIGHT –minor impairment No more than slight impairment in functioning at home, at school or with peers. Some disturbance of behaviour or emotional distress may be present in response to life stresses (e.g. parental separations, deaths, birth of a sibling) but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
70 – 61	**SOME PROBLEMS - in one area only** Some difficulty in a single area, but generally functioning pretty well, (e.g. sporadic or isolated antisocial acts such as occasionally playing hooky, petty theft; consistent minor difficulties with school work, mood changes of brief duration, fears and anxieties which do not lead to gross avoidance behaviour; self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
60 – 51	**SOME NOTICEABLE PROBLEMS – in more than one area** Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
50 – 41	**OBVIOUS PROBLEMS – moderate impairment in most areas or severe in one area** Moderate degree of interference in functioning in most social areas or severe impairment functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behaviour with some preservation of meaningful social relationships.
40 – 31	**SERIOUS PROBLEMS – major impairment in several areas and unable to function in one area** Major impairment in functioning in several areas and unable to function in one of these areas, i.e. disturbed at home, at school, with peers or in the society at large, e.g. persistent aggression without clear instigation; markedly withdrawn and isolated behaviour due to either mood or through disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalisation or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
30 – 21	**SEVERE PROBLEMS - unable to function in almost all situations** Unable to function in almost all areas, e.g. stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g. sometimes incoherent or inappropriate).
20 – 11	**VERY SEVERELY IMPAIRED -considerable supervision is required for safety** Needs considerable supervision to prevent hurting others or self, e.g. frequently violent, repeated suicide attempts OR to maintain personal hygiene! OR gross impairment in all forms of communication, e.g. severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
10 – 1	EXTREMELY IMPAIRED - constant supervision is required for safety Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behaviour or gross impairment in reality testing, communication, cognition, affect or personal hygiene.
	Specified time period: 1 month
43b	**CGAS SCORE =**