East Midlands Academy Trust

Positive Mental Health Policy 2021/2022

'Every child deserves to be the best they can be'

Scope: East Midlands Academy Trust & Academies within the Trust	
Version: V1	**Filename:** NIA Positive Mental Health Policy
Approval: *Approved by the Local Advisory Board*	**Next Review:** *This Policy will be reviewed by the Local Advisory Board annually*
Owner: Jo Trevenna	**Union Status:** Not Applicable

Policy type:	
Non-Statutory	Replaces Academy's current policy

The Everyone's Invited campaign has rightly served to focus our minds on the need to continue to work together to protect children.

We, at EMAT, believe that schools play a crucial role in teaching pupils about sex and relationships, equality and diversity and modern citizenship as well as preparing them for the modern world. This is enacted through each school's culture, its curriculum, and all policies. We aim to give all pupils and staff a voice to enable them to act in a protective manner towards themselves and others. This includes developing a robust whistleblowing culture as well as fostering a culture of integrity and mutual respect.

We recognise that we have the responsibility of tackling sexual violence and harassment, instilling values in our stakeholders and encourage all to be driven by their strong moral compass. Like so much of education, our work must complement that undertaken by parents and carers so that young people receive a consistent message, and they can go about their lives free from harassment and abuse.

All of our schools will continue to engage with their stakeholders, listen to their concerns and signpost necessary support and provision within and beyond its schools. We ask that anyone who has experienced such behaviour, or who is suffering because of it, to report it to an appropriate adult either in the school or within the EMAT team so they can be supported, and steps can be taken to address the issue.

A dedicated NSPCC helpline is now available to support anyone who has experienced sexual abuse in educational settings or has concerns about someone or the issues raised. The dedicated **NSPCC helpline number is 0800 136 663 or by emailing help@nspcc.org.uk**

Staff members can also seek support from **Employee's Assist on 08000 305 182.**

If you are troubled about possible wrongdoing at work, please don't keep it to yourself. Our **Whistleblowing Policy** is there to reassure you that it is safe and acceptable to speak up and to enable you to raise any concern you may have at an early stage and in the right way. If you feel unable to raise the matter with your manager, for whatever reason, please raise the matter with:

- **EMAT Head of Governance & Compliance** – Monica Juan – monica.juan@emat.uk
- **EMAT Senior Workforce Planning & HRBP** – Ruhena Mahmood – Ruhena.mahmood@emat.uk

If you are unsure about raising a concern you can get free and independent advice from **Protect helpline on 020 3117 2520 or by emailing whistle@protect-advice.org.uk**

Positive Mental Health Policy

1. Overview

NIA expects:

- All members of the academy community to be aware of mental health issues and proactively advocate wellbeing.
- Parents to engage with the academy and work collaboratively to promote and improve the wellbeing of learners.
- The headteacher to help create a culture of respect by supporting the staff's wellbeing.
- The governing body and headteacher to regularly review working practices and the environment to ensure that the wellbeing of all is considered and advocated.
- Every member of staff will consciously consider how their actions may impact on the wellbeing of learners.

2. Rationale

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

At NIA, we aim to promote positive mental health for every member of our staff and learner. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable learners.

In addition to promoting and nurturing positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three learners 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 collaborative environment for learners affected both directly, and indirectly by mental ill health.

This document describes the academy's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

3. The Mental Health and wellbeing policy also links to the following policies:

- Safeguarding
- SEND
- Anti-Bullying
- Medical

4. The Policy Aims to:

- promote positive mental health in all staff and learners
- 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 learners suffering mental ill health and their peers and parents/carers

5. Lead Members of Staff

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

- **Emma Ruffles**- Designated Safeguarding Lead
- **Charlotte Lavelle** – Assistant Headteacher with responsibility for Behaviour and Attitudes
- **Sarah Fuller** – Mental Health First Aider and Student wellbeing lead
- **Hannah Auger**- Assistant Headteacher with responsibility for CPL
- **Michelle LLabani**- PSHCE lead
- **SENDCos** – Primary phase **Fiona Ager**, Secondary phase **– Anthony Rogerson**

Any member of staff who is concerned about the mental health or wellbeing of a learner should speak to the tutor and Head of Year in the first instance. If there is a fear that the learner is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the Designated Safeguarding Lead for their key stage. If the learner 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 their Head of Year. Guidance about referring to CAMHS is provided in Appendix F.

6. Individual Care Plans

It is helpful to draw up an individual care plan for learners causing concern or who receive a diagnosis pertaining to their mental health. Within in the Primary phase this will come directly through the Safeguarding process and subsequent referrals; within the Secondary phase, this will be reviewed with the information that is extrapolated from AS Steer. These will be reviewed through Inclusion Team meetings and updated accordingly. This should be drawn up involving the learner, the parents/carers and relevant health professionals.

This can include:

- Details of a learner's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the academy can play

7. Teaching about Mental Health

The skills, knowledge and understanding needed by our learners to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHCE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort and making use of the data available from AS Steer. However there will always be an emphasis on enabling learners to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. One of our key character drivers is 'care' and this is discussed in relation to all aspects of wellbeing, including mental wellbeing.

8. Signposting

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

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to learners within relevant parts of the curriculum.

Whenever we highlight sources of support, we will increase the chance of learner help-seeking by ensuring learners understand:

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

9. Warning Signs

School staff may become aware of warning signs which indicate a learner 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 Tutors, Heads of Year and the Key Stage Pastoral Managers, and our student wellbeing lead.

Possible warning signs include:

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

10. Early Interventions: Steer Education

We recognised the significant impact on mental health that lockdown and school closures had and so in 2020-21 NIA invested in the Steer Education programme to help identify, support and review the mental health of our learners within the Secondary phase. This programme interprets reactionary behavioural biases that learners have in hypothetical scenarios. It tracks 4 components: trust of self, trust of others, self-disclosure and seeking change. It then identifies learners with polar biases between in school and outside of school reactions. It can highlight learners with hidden vulnerabilities, which mean they would be less likely to disclose to adults.

All secondary learners complete the short online assessment twice a year, which will be reviewed by the Pastoral team and subsequent action plans will be created and reviewed in conjunction with learners and parents.

Reports on case studies, tracking and trends are anonymised and shared with SLT and appropriate governor links.

11. Managing disclosures

A learner 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 learner 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 learner's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded in writing and recorded on My Concern including the following:

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

Ensure that you notify the school's SENDCo and appropriate Key Stage Pastoral Manager of the referral in order that consideration of including the learner on the Special Educational Needs Register is carried out and to ensure safeguarding of the learner.

See appendix F for guidance about making a referral to CAMHS.

12. Mental Health Support Team Hub at NIA

NIA is the linked school for Central Northants as part of the developing Mental Health Support Team Hub, which works alongside the Northamptonshire Healthcare NHS Foundation Trust to improve the mental health of children within our care.

This team comprises of 4 Educational Mental Health Practitioners who will work on site with cohorts of learners from NIA and Castle Academy who present with low mood and anxiety traits. This enables our staff to proactively refer learners to an onsite provision which builds the necessary skills to deal with and overcome mental health issues, which prevent learners from fulfilling their potential.

The Mental Health team will also work collaboratively with our Pastoral Managers, mental health first aiders and our student wellbeing lead to raise the profile of positive mental health and develop a whole school culture of supporting mental health.

13. Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on then we should discuss with the learner:

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

We should always tell learners that we may have to share the information that they give us. 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/carer.

It is always advisable to share your concerns with the appropriate Key Stage Pastoral Manager, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the learner, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the learner and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if there is risk of harm to the learner and learners may choose to tell their parents themselves. If this is the case, the learner should be given 24 hours to share this information before the school contacts parents. We should always give learners the option of us informing parents for them or with them.

If a learner gives us reason to believe that there may be underlying safeguarding issues, parents should not be informed, but the appropriate DSL must be informed immediately.

14. Informing Parents and Carers

Where it is deemed appropriate to inform parents and carers, we need to be sensitive in our approach.

Before disclosing to parents/carers 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/carers, the learner, other staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/carers 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/carer time to reflect.

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

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents/carers 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.

15. Working more widely with All Parents and Carers

Parents/carers are often very welcoming of support and information from the academy about supporting their children's emotional and mental health. In order to support them we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents/carers 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 and carers
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents/carers informed about the mental health topics their children are learning
- About PSHCE and share ideas for extending and exploring this learning at home.

16. Supporting Peers

When a learner 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 learner who is suffering and their parents/carers 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 friends need 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.

17. Training

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

We will host relevant information on the Pastoral Teams channel for staff who wish to learn more about mental health.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our Appraisal process and additional CPL will be supported throughout the year where it becomes appropriate due developing situations with one or more learners.

NIA will also ensure that there is an equitable number of Mental Health First Aiders spanning from EYFS-KS5.

Where the need to do so becomes evident, we will host twilight training sessions for staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPL should be discussed with Hannah Auger, our CPL Coordinator who can also highlight sources of relevant training and support for individuals as needed.

18. Staff Wellbeing

We are aware that the coronavirus outbreak may have caused significant mental health or wellbeing difficulties for some learners and, therefore, we must support them in a variety of ways. Support for the mental wellbeing for staff during lockdown has been on-going. Regular signposting to the Employee Assistant Programme ensures that members of staff know where to access external support mechanisms. Individual Risk Assessments and personalised (re)integration timelines back into school are an established part of our practice since the start of lockdown in March 2020.

19. Policy Review

This policy will be reviewed every 2 years as a minimum. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Charlotte Lavelle our Assistant Headteacher responsible for Behaviour and Attitudes via phone 01604212811 or email charlotte.lavelle@nia.emat.uk

This policy will always be immediately updated to reflect personnel changes.

Appendix A:

Further information and sources of support about common mental health issues.

Prevalence of Mental Health and Emotional Wellbeing Issues:

- 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
- Minded www.minded.org.uk (for e-learning opportunities)

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
- 3 Source: Young Minds

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

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

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

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/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

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/eatingdifficulties-in-younger-children

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 publicly available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

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

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

Appendix D:

Sources or support at school and in the local community

This will be unique to every school.

Local Support

Appendix E:

Talking to students when they make mental health disclosures.

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

Focus on listening

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

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

Don't talk too much

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

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers.

This all comes later. For now your role is simply one of supportive listener. So make sure you're listening.

Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to

themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you.

Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

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

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

Never break your promises

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

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

Appendix F:

What makes a good CAMHS referral?

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

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate.

For further support and advice, our primary contacts are:

- Key Stage 1 & 2 Pastoral Manager 07909 871 554
- Key Stage 3 Pastoral Manager 07909 858 286
- Key Stage 4 Pastoral Manager 07909 854 934
- Designated Safeguarding Lead 07388 387 703 emma.ruffles@nia.emat.uk

(Names and contact details will be amended and circulated if/where necessary)

- CAMHs advice and support telephone number: 01604 656060
- CAMHs provide a telephone support line is available for professionals call: 0300 1111 022

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

Ensure that you notify the school's SENDCo and appropriate Key Stage Pastoral Manager of the referral in order that consideration of including the learner on the Special Educational Needs Register is carried out and to ensure safeguarding of the learner.

Northamptonshire Local Offer will signpost you to further support for young people with Special Educational Needs.

East Midlands Academy Trust

	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 *****