



ST PAUL'S SCHOOL

Mental Health and Wellbeing Policy

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This policy is available on the Handbook page of the School Intranet and policies page of the School website and can be made available in large print or other accessible format if required; such requests can be made by email to policyquery@stpaulsschool.org.uk

Contents

1. Policy Statement
2. Lead Members of Staff
3. Child Protection and Safeguarding Responsibilities
4. Confidentiality and Information Sharing
5. Promoting Positive Wellbeing
 - 5.1 PSHE Provision
 - 5.2 CPD/Training
 - 5.3 Mental Health First Aid
 - 5.4 Promoting Positive Peer Influences
 - 5.5. Engaging the Whole School Community
 - 5.6 Extra-curricular activities
 - 5.7 Promoting Self Help
6. Supporting Pupils with Wellbeing Concerns
 - 6.1 Warning Signs
 - 6.2 Managing Disclosures
 - 6.3 Professional Support
 - 6.3.1 The School Counsellors
 - 6.3.2 The Medical Room
 - 6.4 Working with Parents
 - 6.5 Individual Care Plans
 - 6.6. Absence from School
 - 6.7 Reintegration to School
 - 6.8 Supporting Peers
- 7.0 Supporting Staff Wellbeing
 - 7.1 Confidential Care Helpline
 - 7.2. School Counsellors
 - 7.3 Work Life Balance
8. Measuring the Effectiveness of this Policy

Appendix A – Further Sources of Information About Mental Health Issues
Appendix B - Talking to Pupils Who Are Making Mental Health Disclosures
Appendix C - Guidance and Advise Documents
Appendix D – What Makes a Good CAHMS Referral?
Appendix E – Wellness Recovery Action Plan
Appendix F – Healthcare Plans
Appendix G – Local Authority Contact Details

1. Policy Statement

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(World Health Organization)

In an average class of 30 15 year-old pupils:

- Three could have a mental health disorder*
- Ten are likely to have witnessed their parents separate*
- one could have experienced the death of a parent*
- seven are likely to have been bullied*
- six may be self harming*

(Promoting Children and Young People’s Emotional Health and Wellbeing, Public Health England, 2015)

St Paul’s School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing. The School expects all staff and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide an environment which promotes: self-confidence, a feeling of self-worth and the knowledge that pupils’ concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing (Every Child Matters, 2004, DfES).

In addition to promoting positive mental health, we aim to identify and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils and staff affected both directly, and indirectly by mental ill health.

The Policy Aims to:

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

This policy supplements and should be read in conjunction with the following [school policies](#):

- Anti-Bullying
- Attendance
- Behaviour, Rewards and Sanctions
- Learning Support and Special Educational Needs
- PSHE and Citizenship
- Safeguarding and Child Protection

2. Lead Members of Staff

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

- The Head of Wellbeing and Mental Health
- The Designated Safeguarding Lead and Deputy Designated Safeguarding Leads
- The Deputy Head Pastoral
- The Head of PSHE and Citizenship
- The School Counsellors
- The Head Nurse and Assistant Nurses
- The School Chaplain
- The Undermasters

Any member of staff who is concerned about the mental health or wellbeing of a pupil can speak to the Head of Wellbeing and Mental Health in the first instance. **If there is a fear that the pupil is in danger of immediate harm, then the normal child protection/safeguarding procedures should be followed with an immediate referral to the DSL or deputy DSLs**

Where a referral to CAMHS or the GP is appropriate, this will be led and managed by DSL (or a Deputy DSL, hereafter DSL) with support, as required, from the Head of Wellbeing and Mental Health.

3. Child Protection and Safeguarding Responsibilities

The Surmaster is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis. The Surmaster is also the DSL and parents are welcome to approach him if they have any concerns about the wellbeing of any child in the school.

In any instant where you are unsure as to whether or not a mental health and/or wellbeing issue constitutes a safeguarding concern, you should first follow the normal safeguarding procedures and contact the DSL for advice.

4. Confidentiality and Information Sharing

It is important that staff are always open and transparent with regards to the issue of confidentiality. If staff feel it is necessary for to pass our concerns about a pupil on then we should discuss with the pupil:

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

Staff should never share information about a pupil without first telling them. Ideally, staff would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent; including but not limited to instances where pupils are at immediate risk of harm.

Staff should always share concerns about pupil mental ill health with a colleague, usually the Head of Wellbeing and Mental Health or one of the DSLs; this helps to safeguard staff's emotional wellbeing as they are no longer solely responsible for the pupil, it ensures continuity of care in case of staff absence and it provides an extra source of ideas and support, as well as an essential check and balance of individual professional judgement.

Parents must always be informed when pupils are under 16 and/or at immediate risk of harm (and in doing so, the school does not increase the risk of further harm). Pupils may choose to tell their parents themselves. If this is the case, the pupil should be given an appropriate and mutually agreed period of time to share this information before the school contacts parents. The school should always give pupils the option of us informing parents for them or with them.

If in doubt about whether or not to share information always seek advice from the DSL

5. Promoting Positive Wellbeing

5.1 PSHE Provision

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

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

The school 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.

5.2 CPD/Training

As a minimum, all staff will receive regular training about pupil wellbeing as part of their regular child protection training in order to enable them to keep pupils safe.

The school will host relevant information on the wellbeing page of the intranet site for staff who wish to learn more about mental health. The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our appraisal process and additional CPD will be provided throughout the year where it is necessary to support individual pupils.

From time to time, as necessary, the school will provide training sessions to staff to promote learning or understanding about specific whole-school issues related to mental health.

Suggestions for individual, group or whole school CPD related to Mental Health and Wellbeing should be discussed with the Head of Mental Health and Wellbeing, who can also highlight sources of relevant training and support for individuals as needed.

5.3 Mental Health First Aid

The school currently has three members of staff qualified to deliver Youth Mental Health First Aid. The school aims for all members of the Senior Management Team and Boarding House staff to be certified Mental Health First Aid. In addition, over 100 other staff members, mostly pastoral tutors, will be mental health first aid trained by the end of the 208-219. Other key pastoral/extracurricular staff, for example the heads of major sports or the leaders of large trips, are encouraged to become certified.

5.4 Promoting Positive Peer Influences

St Paul's recognises that its pupils can play a vital role in improving the wellbeing of the school community and will ensure that the 'pupil voice' is heard in major decisions relating to our Mental Health and Wellbeing provision. The pupil group 'Mind Matters' acts as a think tank for policy ideas and a method by which staff can assess the pupil response to different initiatives. The group also plays a key role in organising a number of Mental Health and Wellbeing related events, for example the Mental Health Conference.

Elsewhere, the school promotes positive peer influences through the well-established vertical tutor system.

5.5 Engaging the Whole School Community

The school recognises that parents play a vital role in supporting their children's emotional and mental wellbeing. In order to support parents, the school will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to if they have concerns about their own child or a friend of their child, and that their concerns will be listened to and taken seriously
- Make our mental health policy easily accessible to parents

- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

5.6 Extra-Curricular Activities

The school recognises the importance of the extra-curricular program in developing positive wellbeing attributes including but not limited to; sense of belonging, meaning and purpose, resilience, self-management, leadership and collaboration.

The school expects that all pupils will play an active role in the extra-curricular life of the school but where possible will allow pupils to decide on the nature of this engagement.

The school also recognises that involvement in extra-curricular activities provides the pupils with opportunities to develop their organizational skills (specifically time management) and to begin to take responsibility for their own wellbeing.

A pupil's tutor will be ultimately responsible for ensuring their extra-curricular commitments are positive, manageable and not adversely impacting wellbeing or academic progression.

5.7 Promoting Self-Help

The school recognises that it has a responsibility to help pupils develop healthy habits in relation to their own wellbeing. The PSHE curriculum will highlight the concept of 'self-help' and pupils will be made aware of what they can do to keep themselves happy and healthy. The [Young Minds website](#) is an excellent source of information about self-help

6. Supporting Pupils with Wellbeing Concerns

6.1 Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and raised with the DSL in the first instance.

Possible warning signs include:

- Physical signs of harm or injuries that are repeated or appear non-accidental
- Evidence of self-harm
- Panic Attacks
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood

- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- An increased attendance at the medical room
- Sudden weight loss or gain

6.2 Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

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

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

The member of staff who receives a disclosure should liaise with the DSL and, subject to their advice, complete a Pupil Welfare Concern form.

6.3 Professional Support

6.3.1 School counsellor

The school employs two counsellors who are available to pupils and staff on Tuesday and Thursday each week. Pupils can book appointments with the counsellor through their tutor or the Head Nurse.

The school will aim to make counsellors available to pupils wherever possible, however, the school counsellors are intended to provide short-term, solution-based support. It may not always be possible to, or appropriate for, them to provide long term therapy for those who require it. In these cases, the Head of Wellbeing and Mental Health will work with the counsellors, pupil and parents to suggest alternative support mechanisms.

6.3.2 The Medical Room

A pupil may present at the medical centre in the first instance. This gives the medical team a key role in identifying mental health issues early. If a pupil confides in a member of the school medical team, then they should be encouraged to speak to their tutor, Undermaster or the Head of Wellbeing and Mental Health.

After a nursing assessment, any immediate concern for a pupil's mental health should be reported to a DSL. Confidentiality will be maintained within the boundaries of safeguarding the pupil. Having discussed with a DSL, the nurses may facilitate an appointment with the school counsellor or doctor.

6.4 Working with Parents

Where it is deemed appropriate to inform parents, the school should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is usually preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other relevant members of staff (Undermaster/DSL).
- 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. The school should be accepting of this (within reason) and give the parent time to reflect.

Further sources of information should always be highlighted afterwards and in writing, as parents may find it hard to absorb lots of information given verbally. Sharing sources of further support aimed specifically at parents is particularly helpful. e.g. parent helplines and forums.

The school 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. Each meeting should conclude with agreed next step and a brief record should always be made of the meeting on the child's confidential record.

6.5 Healthcare Plans

Following consultation between the relevant members of the pastoral team, a Healthcare Plan (see Appendix F) may be created for pupils who are struggling with mental ill health. A healthcare plan should be agreed between the pastoral team, the pupil and the pupil's parents. The healthcare plan should be available to the relevant teaching staff in order to provide the appropriate level of support for the pupil. The DSLs have overall responsibility for the creation and review of the Healthcare plan, in consultation with the school medical team and relevant Undermaster

A Healthcare plan should 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

As part of a Healthcare Plan it may be suggested to a pupil that he create his own **Wellness Recovery Action Plan** (see Appendix E)

6.6 Absence from School

If a pupil is absent from school for a sustained period of time, then appropriate arrangements will be made to allow for the continuing education of the pupil at home. This may be in discussion with any medical professionals who may be treating the pupil and/or the local authority.

If the school considers that the presence of a pupil in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school, the school reserves the right to request that parents withdraw their son temporarily until appropriate reassurances have been received.

6.7 Reintegration to school

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

The Head of Wellbeing and Mental Health will work alongside the DSLs, relevant Undermaster, the tutor, school medical team, the pupil and their parents to draw up an appropriate individual care plan (see Appendix E). The pupil should have as much ownership as possible with regards the ICP so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.

6.8 Supporting Peers

When a pupil 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 some cases, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, The Head of Wellbeing and Mental Health will consider on a case by case basis which friends may need additional support and will oversee the provision of support, either in one to one or group settings. Such support will be guided by conversations with the pupil 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 the pupil we are concerned about
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves

- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

7.0 Supporting Staff Wellbeing

7.1 Confidential Care Helpline

Confidential Care's helpline and web pages can provide information and advice on a wide range of work /life issues including:

- Debt & Finance Support
- Legal & Tax Advice
- Counselling & Emotional Support
- Family Care (parenting, child care, education, divorce / separation, elder care, disability care)
- Everyday Matters (home, travel, motor, family & pets)

As part of the service, staff can also speak to or arrange to meet with a qualified counsellor.

Confidential Care is available 24 hours a day, 7 days a week, 365 days a year. To access Confidential Care's services, phone them on 0800 085 1376 or 020 7938 0963. You can also email any queries to assist@cic-eap.co.uk and access the Confidential Care Website at www.well-online.co.uk. Staff only need to say that they are an employee of St Paul's School.

All contact with Confidential Care is confidential and the school will not be provided with information that could be used to identify individuals using the service.

7.2 School Counsellors

The school counsellors are available to all staff. Appointments can be made through the school nurses, who hold this information confidentially. Ordinarily there is no limit to the number of sessions staff are able to book but in school counselling may not always be appropriate for those requiring long term therapy.

7.3 Work Life Balance

Staff with concerns about their work life balance may contact the Head of Wellbeing and Mental Health either via email or in person to arrange a confidential meeting. The Head of Wellbeing and Mental Health will only discuss concerns with other colleagues with the expressed permission of the member of staff involved.

Staff may also contact the Head of Human Resources with any concerns about their work life balance.

8.0 Measuring the Effectiveness of This Policy

The school will look to gain feedback on the success of its approach towards Mental Health and Wellbeing initiatives through an annual pupil satisfaction survey and regular surveying of parents and staff.

Additional feedback will be sought from the pupil body through the Student Council, 'Mind Matters' and other pupil forums.

The school will continue to monitor the number of pupils of concern dealing with mental health issues. It will consider new initiatives and emerging best practice in the education and other relevant sectors in refining this policy and our procedures.

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

Prevalence of Mental Health and Emotional Wellbeing Issues¹

- 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.
- 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.

¹ Source: [Young Minds](#)

- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

Self-harm

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

Online support

[SelfHarm.co.uk](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): 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](http://www.depressionalliance.org/information/what-depression): 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 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

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

The Campaign Against Living Miserably – CALM – <http://www.thecalmzone.net/>

Books

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

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

Eating problems

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

Online support

[Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

[Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

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

The advice below is taken from the Charlie Waller Memorial Trust and was collated from pupils in their own words, together with some additional ideas to help you in initial conversations with pupils 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 pupil 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 pupil 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 pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil 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 pupil 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 pupil 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 pupil.

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 pupil 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 pupil 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 pupil.

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 pupil 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 pupil.

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 pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil'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 C: Guidance and advice documents

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2016)

[Promoting Children and Young People's Emotional Health and Wellbeing](#), Public Health England, (2015)

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (February, 2016)

[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 (September, 2018)

[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 (March, 2018)

[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 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 D: What makes a good CAMHS referral?²

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?

² Adapted from Surrey and Border NHS Trust

- 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 subsequent screening tool can be used by the DSL team to help guide whether or not a CAMHS referral is appropriate. See appendix G for the contact details of children's social services for local authorities near to the school.

CAMHS Referral Screening Tool

INVOLVEMENT WITH CAMHS		DURATION OF DIFFICULTIES	
	Current CAMHS involvement – END OF SCREEN*		1-2 weeks
	Previous history of CAMHS involvement		Less than a month
	Previous history of medication for mental health issues		1-3 months
	Any current medication for mental health issues		More than 3 months
	Developmental issues e.g. ADHD, ASD, LD		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
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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
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Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
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 *****

Appendix E - Wellness Recovery Action Plans

Wellness Recovery Action Plans are an established way for those with mental health issues to make positive life changes. Where possible, pupils should be given ownership of completing their WRAP, including the medium in which they wish to record it (e.g. the use of IT or video).

A good Wellness Recovery Action Plan will have the following characteristics:

- It is based on common sense and experience
- It is easy to use for individuals, groups and self- help settings
- It should move the pupil away from being 'managed' and towards 'self-management'
- It can be shared with the pupil's family, friends and wider support network

My Wellness Recovery Action Plan		
Category	Your Action Plan	Tips for completing your WRAP

My Wellness
Toolbox

Your wellness toolbox should include the things you can do to help yourself when you're not feeling well

Think about what has made you feel well in the past. Consider what has meaning for you (e.g. you might think its important to volunteer in your community)

What things have you heard about that you think might help you to feel better?

Some suggestions could be exercising, practicing mindfulness, seeing friends, enjoying a healthy meal or reading a good book; what ever gives you pleasure and helps you to relax.

<p>Daily Maintenance Plan</p>		<p>These are the things you should do each day to maintain your wellness</p> <p>Think about the last time you felt really well; how did that day go?</p> <p>What makes you feel worse? How can you overcome that feeling?</p> <p>Think about the things you know you should do each day to feel better but for some reason you do not do them</p>
<p>Triggers</p>		<p>Triggers are things that happen to us that are likely to set off a chain reaction of uncomfortable or unhelpful behaviours, thoughts or feelings – what triggers me?</p> <p>How can you manage these triggers? Try to think more about coping and limiting your exposure oppose to simply 'avoiding'</p>

<p>Early Warning Signs</p>		<p>These are the subtle signs of chance that indicate you may need to take some further action</p>
<p>When things are breaking down?</p>		<p>This is how I think and feel, and how I behave when the situation has become uncomfortable, serious or even dangerous:</p> <p>When things have progressed this far caring for myself is my top priority. What can I do to reduce these difficult and unpleasant experiences, and prevent things getting worse?</p>
<p>Crisis Planning</p>		<p>In spite of your best planning and assertive action, you may find yourself struggling to cope. If you do experience a crisis, what would you like to happen? Think specifically about who you might like to help you?</p>

Appendix F – Healthcare Plan

Healthcare Plan	
Pupils Details	
Name	
Tutor	
Undermaster	
Date of Birth	
Address	
Diagnosis/Condition/Concern	
Parent/Guardian Contact Information	
Name	
Relationship to Child	
Phone	
Email	
Name	
Relationship to Child	
Phone	
Email	
Medical Contact Details	
GP Name and Surgery	
GP Contact Details	
Details of any specialist care (e.g. hospital contacts, therapists, CAMHS, etc...). Please include contact information	
What are the pupil's medical needs? (give details of symptoms, triggers, signs, treatments, environmental issues or any required equipment)	
Name of any medications (give details of dose, method of administration, when to be taken, side effects, contra-indications, administered by self with/without supervision)	

Daily Care Requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school trips	
Who does this information need to be shared with? Does any training of staff need to occur?	
Other relevant information	
Describe what constitutes an emergency for this pupil. What action should be taken if an emergency occurs?	
Planned developed by:	
Plan shared with:	
Date:	
Date of Review:	

Appendix G – Local Authority Contact Details

Below are the contact details for children’s social care at local authorities close to the school.

Local Authority	Phone Number
Richmond	020 8547 5008 or 020 8770 5000 (out of hours)
Kingston	020 8547 5008
Wandsworth	0333 300 2350
Hammersmith and Fulham	020 8753 6610
Merton	020 8545 4226 or 4227
Westminster	020 7641 4000 or 020 7641 6000 (out of hours)
Kensington and Chelsea	020 7361 3013
Ealing	020 8825 8000
Islington	020 7527 7400 or 020 7527 8102
Hounslow	020 8583 300
Camden North	020 7974 6600
Camden South	020 7974 4094