ABINGDON
HOUSE SCHOOL & COLLEGE

Mental Health Policy and Procedure

Responsible Person: Head of Mental Health
Last Review Date: September 2023
Next Review Date: September 2024

In all AHSC Policies, unless the specific context requires otherwise, the word “parent” imports the meaning parent, guardian, carer or any other person in whom is vested the legal duties and responsibilities of a child’s primary caregiver.

If you require a copy of this document in large print, braille or audio format, please contact AHSC’s Lead Administrator.

1. Introduction

> *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)*
>
> *A child's mental health is just as important as their physical health and deserves the same quality of support. No one would feel embarrassed about seeking help for a child if they broke their arm - and we really should be equally ready to support a child coping with emotional difficulties. HRH Duchess of Cambridge*

At Abingdon House School and College, we aim to promote positive mental health for every staff member and student. 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. Around 10% of children and young people (aged 5-16 years) suffer 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.

2. Scope of the Policy

This policy describes Abingdon House School and College's approach to promoting and embedding positive mental health and wellbeing; details how the school targets and supports vulnerable students; and also provides support materials to signpost toward professional help and guidance. This policy is intended as guidance for all staff including non-teaching staff and head office staff. As it sets out the school's position on supporting wellbeing and promoting positive mental health, it may also be useful for parents.

This policy should be read in conjunction with other relevant policies, for example the SEND and EAL Policy, the Anti-Bullying Policy and the Safeguarding Policy.

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, their peers and parents/carers*

3. What is Mental Health in Schools?

Abingdon House School and College aims to implement an ethos and culture that proactively develops the whole child: a supportive and inclusive environment in which those struggling are supported and given the necessary help and understanding.

At Abingdon House School and College we strive to develop a mindset that there are three types of poor mental health. The reason for this is to enable teaching staff to tackle poor wellbeing, whereas 'mental health problems' and 'major psychological problems' need more specialist support, either from school therapists or from appropriate outside agencies. The following is derived from J. Hollinsley's Educator's Guide to Mental Health and Wellbeing in Schools (2018).

Type	Condition	Initial response
Major psychological disorders There is evidence to suggest that these are traceable to genetic variations	Autism - early ADHD - early Clinical depression - late Bipolar depression - late Schizophrenia - late	● Autism and ADHD are more commonly diagnosed in the primary years and require SEND support. ● 'late' developing conditions are more prevalent in secondary schools and require referral to external clinical support, likely CAMHS.
Mental health problems Needing referral More likely to be a result of environmental factors	Post-Traumatic Stress Disorder Eating Disorders Anxiety Depression Obsessive Compulsive Disorder Paranoia Self-harm Suicidal thoughts/ tendencies	● Referral to school wellbeing team. ● Supported within school environment. ● Referral to CAMHS also considered.
Wellbeing Actions and states of wellbeing as a result of events	Loneliness Panic attacks Low self-esteem Stress Anger	● Referral to school wellbeing team. ● Tackled within the school environment.

4. How do we identify students needing additional support?

In order for the school to identify students requiring support, staff will use the table above, in conjunction with discussions with the wellbeing team and their own professional judgement.

Warning signs
School staff may become aware of the warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs are outlined in appendix A and should **always** be taken seriously and communicated to the wellbeing team.

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 disclosure is made, staff should be calm, supportive and non-judgemental. For more information about how to handle mental health disclosures sensitively see appendix F.

Referrals
Any member of staff who is concerned about the mental health or wellbeing of a student should speak to a member of the wellbeing team in the first instance. We will ensure that staff, students and parents are aware of sources of support within school and will regularly highlight sources of support to students within relevant parts of the curriculum.

Where a referral to CAMHS is appropriate, this will be led and managed by the wellbeing team. Guidance about referring to CAMHS is provided in appendix G.

Pen Portraits
To aid identification and to support students who, established via the criteria in the previous section, have been identified as a cause for concern, a Pen Portrait will be completed for each student.

A Pen Portrait takes a holistic view of a young person, considers aspects and strategies which will help an individual's wellbeing. It draws together the collective understanding of all school professionals into one document, providing consistency of communication and interaction with the young person. It supports transition between teachers and classes, and provides a historical record of previous effective practice. The Pen Portrait will be reviewed on a termly basis, with all relevant stakeholders being encouraged to include relevant information from their unique perspective.

Section	**Details**
My strengths and interests	It is important to ascertain the student's view of themselves. This can provide a picture of the student's interests both in and outside of school. Do they enjoy varied activities or are their interests limited? What are the hooks to engage those that are hard to reach?
I need you to know...	Be as honest and open as possible in this area. Relevant information may include: what a 'meltdown' looks like, do they need glasses, family set-up, attendance/lateness, difficulties making friends, self-esteem, specific dislikes or triggers.
How you can help me	Think about strategies that have been successful in class e.g. sensory breaks, Zones of Regulation, Size of the Problem, processing time, do they need any special equipment
How I can help myself	Think about strategies that the student can use independently or with a prompt e.g. a trusted adult they like to talk to about problems, using the Zones, time to think, drawing their worries.

Lead Members of Staff
Whilst all staff have a responsibility to promote the mental health of students, the school wellbeing team will lead on making decisions regarding the level of support students need. The Senior school wellbeing team comprises: Nadia Carella, Jazmin Gahan and Jenna Pearson. The Prep school wellbeing team comprises: Rachel Cullen and Kirsty Tison. In addition, staff with a specific, relevant, remit include:

- Rory Vokes-Dudgeon - designated safeguarding lead
- James Gilbert-Farrel - deputy DSL
- Christopher Lloyd - deputy DSL
- Nadia Carella - deputy DSL

Safeguarding
If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the head teacher. If a student gives us reason to believe that there may be underlying child protection issues the designated safeguarding lead (Rory Vokes-Dudgeon) or one of the deputy DSLs must be informed immediately. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

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 student:

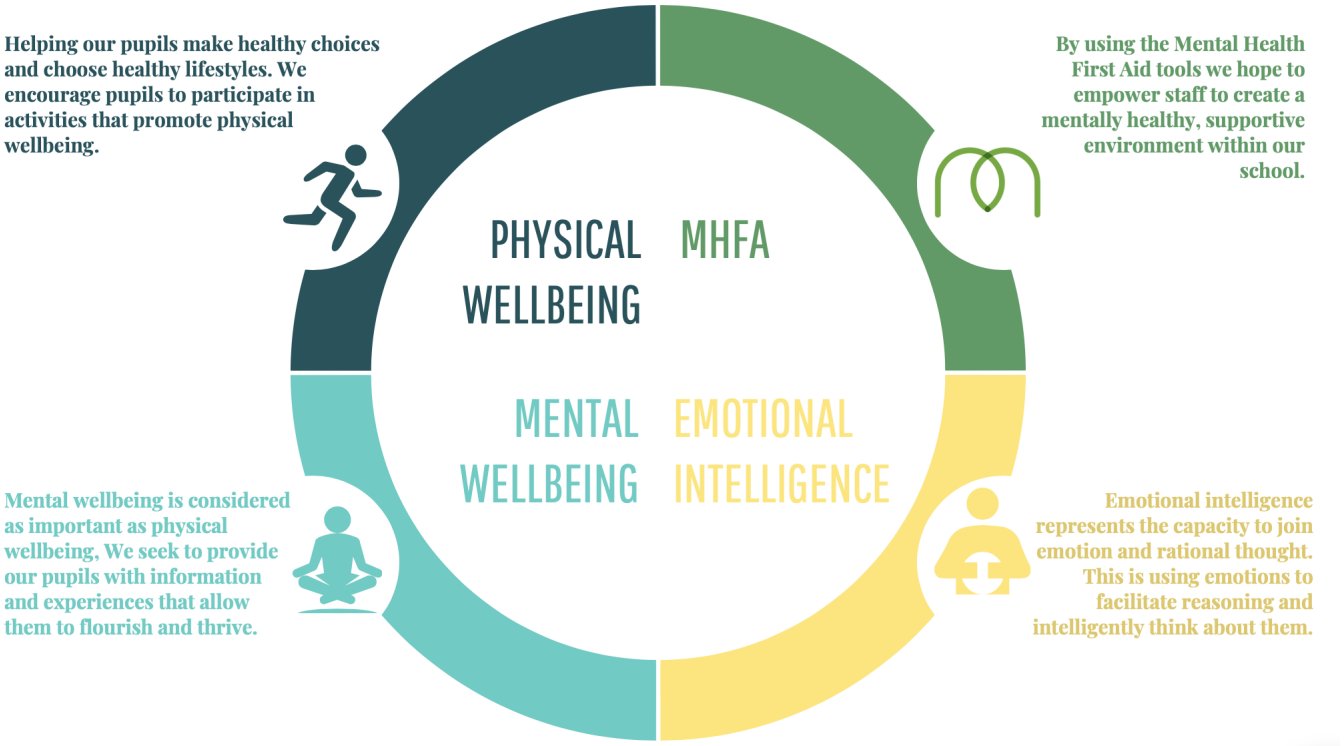
- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent. Situations where there are concerns about a student being in danger of harm, to themselves or others, must always be shared with parents and school staff. Where appropriate students should be given the option of informing parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents.

It is always advisable to share disclosures with a colleague, usually the wellbeing team, as 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.

5. How do we support mental health and place wellbeing at the heart of the curriculum?

At Abingdon House School and College we have broken down wellbeing and mental health support into four strands:



Mental Health First Aid (MHFA)

- Head of Mental Health and Wellbeing has completed the Youth Mental Health FIrst Aid course
- Other staff who are trained: Rachel Grant-Waters, Karen Franklin
- Overview of MHFA delivered to all staff
- Training to be offered to parents and the wider community

Emotional Intelligence

- Adapted PSHE curriculum following up-to-date guidance from the PSHE Association
- Zones of Regulation
- Emotions Programme
- Circles of Support groups
- Computing curriculum - focuses on e-safety and social media use
- student voice including student council, therapy surveys and wellbeing surveys
- Specific events and themed weeks e.g. NSPCC ‘Stay Safe Speak Up’, Diversity Week, Anti-Bullying Week, termly Team Building days
- 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 students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Physical Wellbeing

- Change 4 Life
- Healthy schools award (healthy eating) - ongoing
- Clubs available to students via the Enrichment programme, including running, boxing, yoga, skateboarding
- PE and Chelsea Football Games sessions

- Afterschool clubs including football, multi-sports, futsal, fitness and conditioning

Mental Wellbeing

- Wellbeing mornings - activities include yoga, mindfulness, mindful colouring, walking, tea and chat, boxing
- Circles of Support groups
- Cognitive Behaviour Therapy
- Drawing and Talking
- Solution Focused Brief Therapy
- Acceptance and Commitment Therapy
- Talk time with a trusted adult
- Zones of Regulation®
- Girls group
- Wellbeing room at break time
- Multi-family group
- Sensory room
- Therapy gym
- Calming school environment
- Peer support. 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 with the student who is suffering and their parents with whom we will discuss
- School dog

6. How do we support staff?

- Peninsula and Health Assured portal - access to online, telephone and face-to-face (up to 6 sessions) counselling for all staff. Health Assured also provides a wealth of information on supporting your own wellbeing.
- Annual appraisals
- Peer mentoring
- Staff room
- Lunch provided daily; hot breakfast twice a week
- Staff 'Unsung Hero' - termly recognition of staff who have gone above and beyond in their roles
- Pilates after school
- Regular staff events to develop relationships and promote meaningful bonds e.g. quiz night, softball
- Training and CPD:
    - High quality training from appropriately trained internal and external providers to support staff CPD. Recent training has included: attachment training, mental health and wellbeing in schools, behaviour support training.
    - Regular training about recognising and responding to mental health issues as part of the regular child protection training in order to enable staff to keep students safe.
    - Twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.
    - Training opportunities for staff who require more in depth knowledge are 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.
    - Staff who wish to know more about specific issues are directed towards The MindEd learning portal

7. How do we work 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.
- 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 mental health difficulties and some may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give parents time to reflect. Sharing sources of further support aimed specifically at parents can be helpful e.g. parent helplines and forums.

In order to support parents we:

- Highlight sources of information and support about common mental health issues via the weekly school newsletter
- 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
- Make our mental health and wellbeing policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through parent events such as Cavendish Presents talks
- 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
- Support parents through processes such as applying for an EHCP or attending annual reviews
- Liaise with outside agencies such as Social Services and CAMHS
- Offer Multi-family group sessions
- Encourage parent feedback and parent voice via the parents' association

8. How do we know it is making a difference?

The school measures impact in a variety of ways, comparing termly and year on year data to identify trends, areas of success and areas for improvement.

Measures of impact:

- Attendance rates
- Exclusion rates
- Annual SDQ assessments (Senior)
- Annual Boxall profiles (Prep)
- Kid-KINDL survey
- Parental feedback
- Staff wellbeing survey
- Student voice - feedback on therapy sessions

- Silver Schools Mental Health Award from Leeds Beckett University

Appendices

A: Warning signs
B: Pen Portrait

C: Procedure for identifying and supporting a vulnerable child
D: Further information and sources of support about common mental health issues
E: Guidance and advice documents
F: Talking to students when they make mental health disclosures
G: Making a CAMHS referral

Appendix A: Warning Signs

Possible warning signs include:

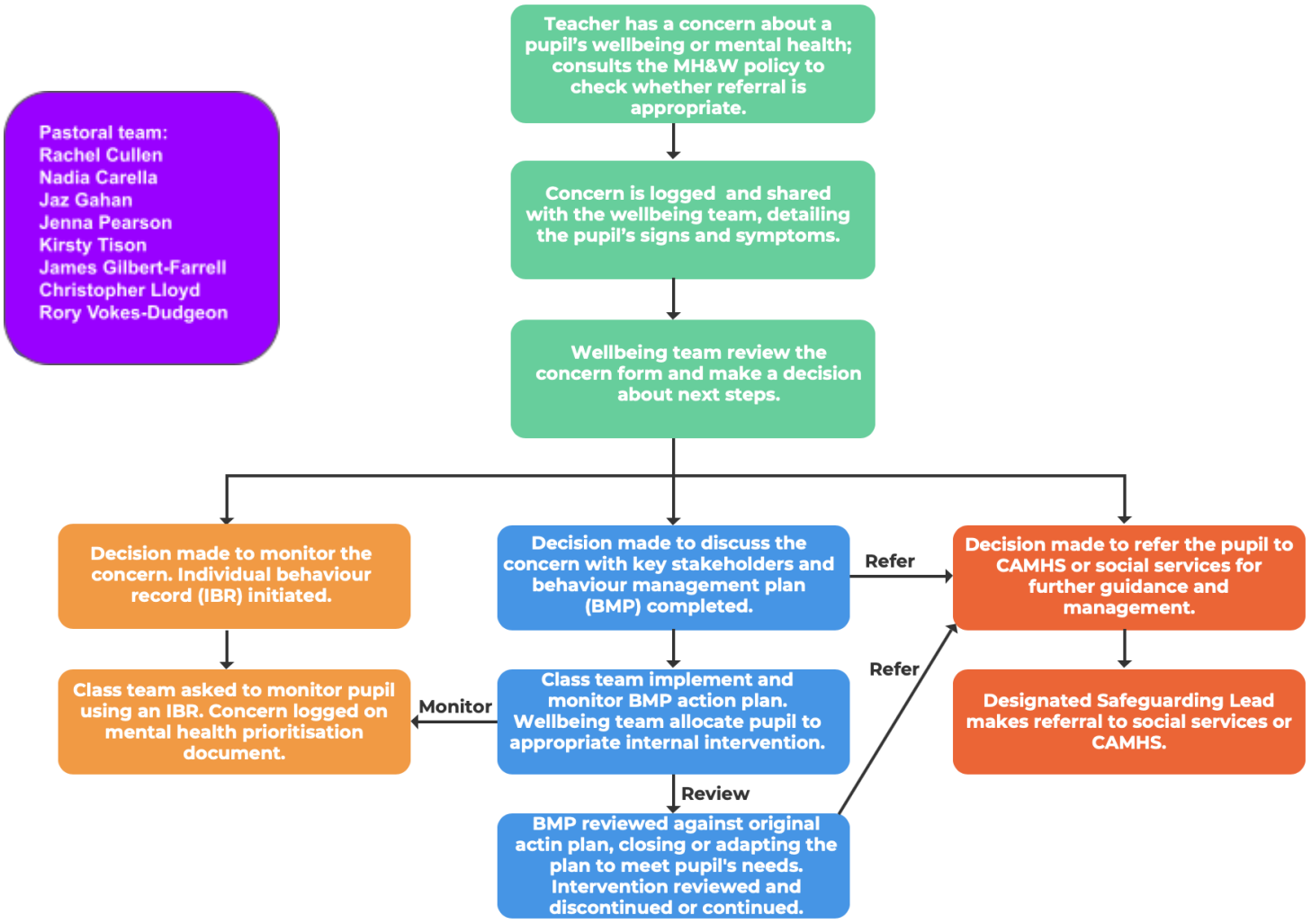
- Physical signs of harm that are repeated or appear non-accidental

- 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

Appendix B: Pen Portrait

Name:	Diagnosis:	Class:
My strengths and interests: •		Insert image here
I need you to know… •		
How you can help me: •		**How I can help myself:** •

Appendix C: Procedure for identifying and supporting vulnerable children


Pastoral team:
Rachel Cullen
Nadia Carella
Jaz Gahan
Jenna Pearson
Kirsty Tison
James Gilbert-Farrell
Christopher Lloyd
Rory Vokes-Dudgeon
Teacher has a concern about a pupil's wellbeing or mental health; consults the MH&W policy to check whether referral is appropriate.
Concern is logged and shared with the wellbeing team, detailing the pupil's signs and symptoms.
Wellbeing team review the concern form and make a decision about next steps.
Decision made to monitor the concern. Individual behaviour record (IBR) initiated.
Decision made to discuss the concern with key stakeholders and behaviour management plan (BMP) completed.
Refer
Decision made to refer the pupil to CAMHS or social services for further guidance and management.
Class team asked to monitor pupil using an IBR. Concern logged on mental health prioritisation document.
Monitor
Class team implement and monitor BMP action plan. Wellbeing team allocate pupil to appropriate internal intervention.
Refer
Designated Safeguarding Lead makes referral to social services or CAMHS.
Review
BMP reviewed against original actin plan, closing or adapting the plan to meet pupil's needs. Intervention reviewed and discontinued or continued.

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

General

On My Mind: https://www.annafreud.org/on-my-mind/
Young Minds: www.youngminds.org.uk
Mind: www.mind.org.uk
Minded: www.minded.org.uk (e-learning opportunities)

Anxiety

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
No panic: www.nopanic.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

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
Mind: www.mind.org.uk
The Mix: www.themix.org.uk
Childline: www.childline.org.uk (0800 1111)
Students Against Depression: www.studentsagainstdepression.org

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

Eating disorders

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
Boy Anorexia: www.boyanorexia.com
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

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
Self Harm UK: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk
Self-injury support: www.selfinjurysupport.org.uk
Calm Harm: www.calmharm.co.uk (app)
Lifesigns: www.lifesigns.org.uk

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

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

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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
OCD Action: www.ocdaction.org.uk

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
Samaritans: www.samaritans.org
Charlie Walker Memorial Trust: www.cwmt.org.uk
Stamp Out Suicide: www.stampoutsuicide.co.uk
Parents Association for the Prevention of Young Suicide (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

Appendix E: 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 students 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 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: Making a 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 student by the school and the impact of this. CAMHS will usually ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent and the referred student?
- Has the student given consent for the referral?
- Has a parent given consent for the referral?
- What are the parent/student'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 student / 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 student's or family's life?
- Are there any known risks, to self, to others or to professionals?

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

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 *****