

Policy for promoting good mental health & wellbeing in school

April 2018

Jesus said, in John's gospel, that **he came that we might have life, and life in all its fullness, its abundance**. He also said that he recognised that the thief came to steal and kill and destroy, and that there are very real forces at work in our world that want to undermine family, children, relationships and love. This abundant life includes how we think, how we view ourselves in the love of God, what we expect from the future and how well equipped we are to live a full, rich life in the good world that God has made for us.

Mental health is a state of well-being in which every individual, often in fellowship with others, begins to realise 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 his or her community. (World Health Organisation, adapted). At Christ the Sower, we promote good mental health for all the adults and children that work here. We pursue this, using both whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting good mental health, we aim to recognise and respond to mental ill health. In an average classroom three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

Scope

This document describes the school's approach to promoting good mental health and well-being. This policy is intended as guidance for all adults who work here, including governors. This policy should be read in conjunction with our medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

We aim to:

1. Promote good mental health in all adults and children.
2. Increase understanding and awareness of common mental health issues
3. Alert adults to early warning signs of mental ill health
4. Provide support to adults working with children with mental health issues
5. Provide support to children suffering mental ill health and their peers, mums, dads and carers.

Lead adults

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

- Robert Morley-Smith - DSL
- Kaajal Mushtaq – DSL
- Mandy Robertson – DSL
- Jane Wass – designated safeguarding governor

- Elspeth Whittle – designated mental health and wellbeing lead (permanent)
- Revd Mike Morris – designated mental health and wellbeing governor
- Tracy Phillips – lead first aider
- Mandy Robertson – pastoral lead
- Nudrat Hopper – Head of PSHE

Any adult who is concerned about the mental health or wellbeing of a child should speak to the designated mental health and wellbeing lead in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead, the headteacher or the Multi-Agency Safeguarding Hub (MASH). If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid adults and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the Headteacher or another DSL or Mental Health lead. Guidance about referring to CAMHS is provided in Appendix E.

Individual care plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up

involving the pupil, the parents and relevant health professionals. This can include:

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

Teaching about mental health

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.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that adults, pupils 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 such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring pupils understand:

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

Warning signs

There are often warning signs which indicate a child is experiencing mental health or emotional well-being issues. These warning signs are taken seriously and adults observing any of them should communicate their concerns with the Mental Health lead. While not exhaustive, the list below details possible warning signs as follows:

- Unusual play (in playground)
- Unusual drawings (in class)

- Tendency to isolate themselves
- Compulsive lying
- Attention seeking
- Pulling hair out (self-harm)
- Hurting other children
- No empathy
- Anxiety
- Hiding inside clothes (making self invisible)
- Loud and disruptive
- Hiding lunch
- Over/under eating
- Soiling

Managing disclosures

A child may choose to disclose concerns about themselves or a friend/sibling to any adult so all adults have been briefed/trained on how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend/sibling to an adult, the adult's response should always be calm, supportive and non-judgemental. Adults should listen rather than advise and the focus should be of the child's emotional and physical safety rather than of exploring 'why?'

See Appendix D for more information about how to handle mental health disclosures sensitively. All disclosures should be recorded in writing and held on the child's confidential file. This written record should include:

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

This information should be shared with the designated Mental Health lead who will store the record appropriately and offer support and advice about next steps. See Appendix E for guidance about making a referral to CAMHS.

Confidentiality

Adults will be honest with regard to the issue of confidentiality. If it is necessary to pass on concerns about a child or young person, then they should discuss with the child or young person:

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

Information about a child or young person should not be shared without first telling them. Ideally their consent should be received, though there are certain situations when information must always be shared with another adult and/or a parent. This will include

children who make a disclosure that indicates that if we were to share the information with the parents, then harm to the child might ensue.

It is always advisable to share disclosures with a colleague, usually the Mental Health lead. This helps to safeguard the emotional well-being of the adult as they are no longer solely responsible for the pupil. It also ensures continuity of care in the absence of that adult and provides an extra source of ideas and support. This should be explained and discussed with the pupil along with who it would be most appropriate and helpful to share this information with.

Parents must always be informed a disclosure is made and we encourage children to choose to tell their parents themselves. If this is the case, the child should be given 24 hours to share this information before the school contacts parents. We should always give a child the option of us informing a parent for them or with them. If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead must be informed immediately.

Working with parents and carers

Where it is considered appropriate to inform parents/carers of a disclosure, adults will always seek to be sensitive in approach and will consider, on a case by case basis, the following points:

- *Should 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? (parents, child or young person, other adults?)*
- *What are the aims of the meeting?*

The school accepts that, on learning of their child's issues, parents may be upset or surprised and may respond negatively during the first conversation. The school understands that (within reason) and will always seek to give the parent time to reflect.

As it can be difficult to 'take in' information while coming to terms with unexpected news, the school will provide parents with leaflets/information to take away in addition to highlighting sources of further support aimed specifically at parents - e.g. Parent helplines and forums.

The school will provide a contact point for parents if they have further questions and will consider booking in a follow-up meeting or phone call as parents often have many questions.

Each meeting will finish with agreed next steps and a brief record of the meeting will be kept on the child's confidential record.

Communicating with parents and carers

Parents and carers often welcome support and information from the school about supporting their children's emotional and mental health. In order to support parents and carers the school 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 arrange this if they have concerns about their own child or a friend of their child.*
- *Make our mental health policy easily accessible to parents.*
- *Share ideas about how parents/carers 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 in PSHE and share ideas for extending and exploring this learning at home.*

Supporting peers/siblings

When a child or young person is suffering from mental health issues, it can be a difficult time for their friends/siblings. Friends/siblings often want to support but do not know how best to do it. The school will seek to support friends/siblings and will consider what is most appropriate on a case by case basis.

Support will be provided on a one-to-one basis or in a group setting and will be informed by the views of the pupil who is suffering and their parents with whom the school will discuss:

- *What is helpful for friends/siblings to know and what they should not be told.*
- *How friends/siblings can best support.*
- *Things friends/siblings should avoid doing or saying which may inadvertently cause upset.*
- *Warning signs that their friend/sibling may need help (e.g. signs of relapse).*

Additionally the school will highlight with peers/siblings:

- *Where and how to access support for themselves.*
- *Safe sources of further information about their friend's/sibling's condition.*
- *Healthy ways of coping with the difficult emotions they may be feeling.*

Training

As a minimum, all adults will receive regular training about recognising and responding to mental health issues to enable them to keep child or young person safe.

The school will host relevant information on our virtual learning environment for adults wishing to learn more about mental health. The MindEd learning portal (www.minded.org.uk) provides free online training suitable for adults wishing to know more about a specific issue.

Training opportunities for adults requiring more in-depth knowledge will be considered as part of the school's performance management process and

additional CPD will be supported throughout the year where it becomes appropriate due.

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

Suggestions for individual, group or whole school CPD should be discussed with the Headteacher, designated lead for Mental Health can also highlight sources of relevant training and support for individuals as needed.

This policy will be reviewed every three years as a minimum. It is next due for review in November 2020.

Appendix A: Further info/sources of support: 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.
- 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 as they are useful for school adults too.

Support on all 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) Place2Be (www.place2be.org.uk) and the leadership and governance pages on the MKC Website <https://www.milton-keynes.gov.uk/schools-and-lifelong-learning/leadership-and-governance/training-and-development-for-school-leaders-and-governors/mental-health-and-wellbeing-in-schools>

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:

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.

¹ Source: [Young Minds](http://www.youngminds.org.uk)

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

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

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

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

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

Online support

[Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org](http://www.papyrus-uk.org)

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

www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

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

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

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or pre-school 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: Guidance and advice documents

- [Supporting Mental Health in Schools and Colleges](#) - Department for Education (2017)
- [Promoting children and young people's emotional health and wellbeing](#) - Public Health England (2015)
- [Mental health and behaviour in schools](#) - departmental advice for school adults. Department for Education (2016)
- [Counselling in schools: a blueprint for the future](#) - departmental - advice for school adults and counsellors. Department for Education (2017)
- [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 (2016)
- [Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2017)
- [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)

Appendix C: Sources or support at school and in the local community

Restorative Practice

We are a restorative practice school, which means that in all our interactions with adults and children, we hold all in unconditional positive regard. We separate out the person from their actions, and teach that while the actions may have consequences, the person is regarded as sacred and loved. All of our speech has to separate out person from actions, thus reinforcing that a person is not their actions. A summary of this approach to developing children's and adults' mental health can be found in a Restorative Foundation paper [here](#).

Learning Mentor Service

Our pastoral learning mentor, Mrs Mandy Robertson, works Monday, Tuesday, Thursday and Friday, and is the first port of call for adults and children who either self-refer or who are referred through external agencies or parents for support. Children may self-refer and attend drop-in sessions, but reviews from CAMHS, the virtual school and the SEND team may also result in referrals. From September 2018, the pastoral learning mentor will be Mandy Robertson, 5 days a week.

Signposting

The pastoral learning mentor is a first stop for parents who need signposting for services that will enhance their wellbeing.

Service	Organisation	Contact details
Autistic Spectrum Condition	National Autistic Society	www.autism.org.uk 0845 070 400
Alcohol abuse	AA	0845 7697555
	Alanon (Family Support)	www.al-anonuk.org.uk 020 7403 0888
Alcohol and substance misuse	COMPASS	01908 691911
ADHD	MK ADHD Family Support	01234 539966
Anti-Social Behaviour Team	MK Council	01908 252937 (option 4)
Bereavement	MK Bereavement Counselling Service	01908 231292
	CRUSE	0808 8081677
	Child Bereavement UK	0800 02 888 40
Debt problems	MK Money Lifeline	www.mkmoneylifeline.org.uk 0300 1235 198
Domestic Abuse	MKACT	0844 3754307
Dyslexia Support	British Dyslexia Association	www.bdadyslexia.org.uk 01933 663295 Helpline: 0333 405 4567
Families in difficulty (with under 5s)	Seedlings Children's Centre	01908 503736
Families in difficulty (general)	Family Lives	24h free helpline 0808 800 2222 www.familylives.org.uk
Family breakup/divorce	Relate	01908 310010
Financial struggles	Christ the Sower Governors Fund Food Bank vouchers	csmith@ctsmk.org.uk mrobertson@ctsmk.org.uk (from Sept 2018)
Gambling addiction	Gamblers Anonymous	0870 050 8880
Gender ID	Mermaids Charity	www.mermaidsuk.org.uk
	School Nursing Service	https://www.cnwl.nhs.uk/service/milton-keynes-school-nursing-service/ 01908 725100

General concerns	Citizens Advice Bureau	0844 499 4122 or 01908 604 475
Health concerns	School Nursing Service Health visitors	https://www.cnwl.nhs.uk/service/milton-keynes-school-nursing-service/ 01908 725100
Homelessness and housing	MK Housing Helpline	01908 253481
	Shelter	0808 800 4444
	Connections	01908 363492
	MK Storehouse	Unit 5, Hollin Lane, Stacey Bushes, MK12 6HT 01908 233725
	Winslow Christian Fellowship	Children's Storehouse (clothing, toys, equipment) Referral needed 07790271753
Mental Health	MIND	www.mind.org.uk
Parents in prison	Prison Chaplaincies	
	PACT (Prison Advice and Care Trust)	0808 808 3444 www.prisonadvice.org.uk
	Family Lives	www.familylives.org.uk/about/our-services/action-for-prisoners-and-offenders-families
Ride High	Horse riding for Disadvantaged Children	07969 823783 www.ridehigh.org
Single Parent Support	Gingerbread	www.gingerbread.org.uk 0808 802 0925
Speech and Language Issues	AFASIC	020 7490 9410
	MK Hospital	SALT department https://www.cnwl.nhs.uk/service/milton-keynes-adult-speech-language-therapy-outpatient-community-services/ 01908 725298
Toileting Issues	School Nurses	https://www.cnwl.nhs.uk/service/milton-keynes-school-nursing-service/ 01908 725100
	ERIC: the Children's bowel and bladder charity	www.eric.org.uk 0845 370 8008
Young Carers	Young Carers MK	01908 231 703 www.youngcarersmk.org

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

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with 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 to themselves they have a problem, 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 E: What makes a good referral to Specialist CAMHS?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps.

Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.

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

General considerations

- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CAMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or 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 or 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 specialist CAMHS?
- 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?

For further support and advice:

MK Specialist CAMHS advice line for professionals only: 01908 724544 and ask for the Duty worker

MK Specialist Referral Line: 01908 725372 All referrals from professionals and self-referrals from children and young people. This is not a referral line for parents or carers.