Policy on

Mental Health and Wellbeing

Next Review: Summer 2022

Bussage Primary School is a Church of England Voluntary Aided Primary School and this policy is written within the context of the Christian faith, practice and values which underpin our ethos, and which are in keeping with our Trust Deed.

Our school's Christian ethos is that all pupils, whatever their ability or talents, are created in the image of God, and are loved equally by him.

Our school's mission is to provide a learning and development environment in which all pupils and staff can make the most of their God given potential and aspire to "be the best that they can be."

Our school vision is built upon the four cornerstones of WISDOM, HOPE, COMMUNITY and DIGNITY.

Statutory	No
Web-Site	Yes (Optional)
Owner	Headteacher
Principle Author	Headteacher
Committee	CurrEth

Delegation and Review	
Max. Permitted	Committee or individual
Determined	Committee
Review	Governors decide
Frequency	3 Years

CONTENTS

Related Policies

Which relate to and (may) take precedence over this one
Safeguarding (and Child Protection)
SEND
Supporting Children with Medical Needs

Which may relate to this one and should be considered alongside
Positive Handling (Pupil Restraint)
Intimate Care
Anti-Bullying and Anti-Harassment
Online Safety (E-Safety)
Confidentiality
Staff Code of Conduct

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)

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

In addition to promoting positive mental health and wellbeing, we aim to recognise 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.

Our school's Christian ethos, vision and values lays the foundations for and helps to promote wellbeing in our community. By building everything that we do on the fact that every individual is made in God's image, loved by Him and of equal value to Him and fostering mutual respect, love, nurture and support we can go a long way to reducing the risks of mental health issues arising and providing a positive, nurturing environment.

This policy rests especially on our cornerstones of DIGNITY and COMMUNITY.

Our aim is to create and promote an environment which helps our community build personal resilience, positive attitudes and inner strength to help them deal with life's challenges.

Scope

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

At our school, we aim to promote positive mental health and wellbeing for every member of our school community and to support any of them who have mental health or wellbeing difficulties.

This policy should be read in conjunction with our policies on Safeguarding (and Child Protection) and Supporting Children with Medical Needs 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.

Policy Aim

- Promote positive mental health and wellbeing in all staff and children
- 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 children with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers
- Provide support to staff suffering with mental health or wellbeing problems

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of pupils and their colleagues. Staff with a specific, relevant remit are:

- Andrew Ferguson - Designated Safeguarding Lead
- Andrew Ferguson - Mental Health and Wellbeing Lead
- Esther Trim - Head of PSHE and SENCO

Any member of staff who is concerned about the mental health or wellbeing of a pupil or colleague should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the Safeguarding (and Child Protection) policy and procedures should be followed with an immediate referral to the Designated Safeguarding Lead. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CYPS is appropriate, this will be led and managed by the mental health lead. Guidance about referring to CYPS is provided in Appendix F.

Staff Mental Health and Wellbeing

The Mental Health, Wellbeing and Resilience of all members of our community is important to us. Therefore, although this policy is focused mainly at promoting and dealing with issues relating to our pupils, many of the principles and approaches outlined here and the resources referred to are relevant for staff and volunteers also.

When dealing with problems that adults may have or disclosures they may make, it will be essential to handle these in an age appropriate manner (for example in terms of their personal consent to action).

We will endeavour to build Resilience development and considerations into our work on staff development. We will ensure that staff are aware of the need to build personal resilience and to help and support one another to do so. We will monitor and discuss Wellbeing issues during performance review processes and ensure we provide a climate and opportunities for staff to raise any concerns they have without fear or anxiety. We will help staff to know how and where to obtain support.

Further guidance for staff and relating to them can be found in Appendix G.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils of concern or who receive a diagnosis pertaining to their mental health. This must be drawn up involving the Individual (e.g. pupil), the appropriate parents/family members and, where appropriate, relevant health professionals. This can include:

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

Teaching about Mental Health

The skills, knowledge and understanding needed by our children and staff to keep themselves and others physically and mentally healthy well 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 we're teaching 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.

Signposting

We will ensure that staff, 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 corridors, staff 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 pupil help-seeking 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

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 staff observing any of these warning signs should communicate their concerns with our mental health and wellbeing lead.

Possible warning signs include:

- Adverse Childhood Events (ACEs)
- Trauma or close proximity to trauma
- 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 or other substances
- Expressing worries, fears or anxieties
- 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

Adverse Childhood Events (ACEs)

It is important that staff are aware of the ACEs programme in Gloucestershire. It is especially important for primary school staff to be aware of the potential long term consequences of such events and how they have a huge opportunity to help ensure that such events are noticed and the child supported by the earliest possible interventions.

ACEs are specified* traumatic events occurring before the age of 18 years. High or frequent exposure to ACEs, without the support of a trusted adult can lead to toxic stress.

There is a large body of evidence which shows that the adversity we experience as children can affect us into adulthood. Within a general population anyone can be susceptible to ACEs regardless of ethnicity, sex and socioeconomic status, although the number of ACEs experience tends to increase with lower socioeconomic status.

ACEs are prevalent across the population and recent studies have shown:

- **Nearly half of people in England experience at least one ACE**, with around 9% experiencing four or more ACEs (Blackburn & Darwen Study)
- Six ACEs can **reduce your life expectancy by 20 years**
- For every 100 adults in England, **48 have suffered at least one ACE** during their childhood and nine suffered four or more

In recent years, research has examined the relationship between other types of traumatic events and health. Debate is still ongoing around whether factors such as financial problems, food insecurity, homelessness, parent/sibling death, bullying, community violence, discrimination, foster care, war, or migration may also result in a toxic stress response**. The concept of ACEs shouldn't limit the conversation to the 10 experiences but open the door to discussions about all kinds of childhood adversity and their impact.**

*The acronym ACEs stands for Adverse Childhood Experiences. ACEs are specific traumatic events which occur before the age of 18 and can be grouped into three types: abuse, neglect and household adversity. The ten most commonly measured ACEs are: physical, sexual or emotional abuse, emotional or physical neglect, mental illness, substance misuse, an incarcerated relative, domestic abuse, and parental separation.

Resilience

Developing resilience has been shown to improve outcomes even in those who experience high levels of ACEs. Some people have innate resilience, but it is a skill that can be learned and strengthened. Protective experiences and coping skills counterbalance significant adversity, and these capabilities can be strengthened at any age. By focusing on developing resilience, we can help to mitigate against the potential harm from ACEs. Resilience is a complex concept that has no clear standardised definition or measure. In the ACEs strategy, resilience is defined as the ability to adapt well in the face of adversity. There are domains of resilience that can be adapted to build resilience in individuals with differing cultural backgrounds, these include:

- building a sense of self efficacy and perceived control
- providing opportunities to strengthen adaptive skills and self-regulatory capacities
- mobilising sources of faith, hope, and cultural traditions
- opportunity to contribute to family and/or community life
- a good educational experience

The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, care-giver, or other adult.

Managing Disclosures

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

All disclosures should be recorded in writing and held on the pupil's confidential file. Consideration must also be given as to whether or not a Safeguarding (and Child Protection) record should also be created. The written record should include:

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

This information must be shared with the Mental Health and Wellbeing lead, who will provide, store the record appropriately and offer support and advice about next steps.

Consideration must also be given as to whether or not a Safeguarding (and Child Protection) record should also be created. If so (or if in doubt) refer the disclosure in confidence to the Designated Safeguarding Lead.

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

Confidentiality

Unless there is good and robust reason not to do so, the school should always inform and involve a child's parents or guardians when dealing with pupils under this policy.

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

- 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 child or staff member without first telling them. Ideally we would receive their consent, though there are certain situations when information must be shared with another member of staff and / or a parent or other relevant adult. These would include, for example, where we felt an individual was at significant risk of harm or of harming others.

It is always advisable to share disclosures with a colleague (usually the Mental Health and Wellbeing lead). This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the situation, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

If a situation gives us reason to believe that there may be underlying Safeguarding (and Child Protection) issues, the school's Safeguarding (and Child Protection) policy must be followed.

Working with Parents of Affected Pupils

Unless it is deemed inappropriate to inform parents, then we should do so. We need to be sensitive in our approach. Before disclosing to parents about their child we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

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

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

Working with All Parents

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

- 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, and how to go about this, 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 via our web-site.
- 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

Supporting Peers

When a person is suffering from mental health issues, it can be a difficult time for their friends, family and/or colleagues. People often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that people may learn unhealthy coping mechanisms from one another. In order to keep peers safe, we will consider on a case by case basis which peers may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the person who is suffering and their parents/families with whom we will discuss:

- What it is helpful for others to know and what they should not be told
- How they should be told and by whom
- How peer(s) can best support
- Things peer(s) should avoid doing / saying which may inadvertently cause upset
- Warning signs that their peer(s) can help spot (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 the condition
- Healthy ways of coping with any difficult emotions they may be feeling

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular Safeguarding (and Child Protection) training in order to enable them to keep pupils, themselves and colleagues safe.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations.

Where the need to do so becomes evident, we will organise specific training sessions for all staff to promote learning or understanding about specific issues related to Mental Health and Wellbeing.

Policy Monitoring and Review

This policy will be monitored by the Governing Body.

This policy will be reviewed every 3 years as a minimum. It is next due for review in Spring 2022.

This policy will always be immediately updated to reflect any responsibility or named person changes.

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

Action on ACES (and Resilience) in Gloucestershire

https://www.actionaces.org

Prevalence of Mental Health and Emotional Wellbeing Issues[1]

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

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

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

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.

[1] Source: Young Minds

Online support
SelfHarm.co.uk:
https://www.selfharm.co.uk/
Young Minds, Find help - Self-harm:
http://www.youngminds.org.uk/for_parents/whats_worrying_you_about_your_child/self-harm
Mind – Self-harm:
https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/#.XQAafvZFxPZ
Minded - Self-harm and Risky Behaviour:
https://www.minded.org.uk/course/view.php?id=89

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.

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 Publisher

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

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

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

Suicidal feelings

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

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

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

Zero Suicide Alliance: https://www.zerosuicidealliance.com

Books

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

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

Eating problems

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

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Disorders – Get help: https://www.2gether.nhs.uk/conditions/eating-disorders/

Books

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

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

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

Appendix B: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education
Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education
Teacher Guidance: Preparing to teach about mental health and emotional wellbeing. PSHE Association. The national association for PSHE education professionals.
Keeping children safe in education - statutory guidance for schools and colleges. Department for Education
Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education
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
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
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

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publicly available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

Archive - National Child and Maternal Health Network - Knowledge Hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

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

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

School Based Support

As a primary school, we do not have specific in school personnel to help in this area (for example a pastoral care worker). Instead we have:

- Our nurturing ethos, vision and values which we work constantly to embed and refresh across our school;
- Our teaching and teaching assistant staff who are trained and supported in providing a nurturing, supportive and caring environment for all pupils;
- Our SENCO from whom any member of staff can seek support and advice about pupils;
- Our Mental Health and Wellbeing lead (the Headteacher) again from whom any member of staff can seek support and advice about pupils, themselves or any concern they may have about other staff or members of our school community;
- Our plans for a "nurture hub".

Local and National Support

Agencies or contact information if we need advice for a child on mental health and well being

Advisory Teaching service ATS

https://www.gloucestershire.gov.uk/education-and-learning/special-educational-needs-and-disability-send/advisory-teaching-service/

or

https://www.gloucestershire.gov.uk/schoolsnet/your-pupils/special-educational-needs-and-disabilities-send/send-support-services/advisory-teaching-service/team-for-children-with-cognition-and-learning-social-emotional-and-mental-health-difficulties/

Children and Young People's Service CYPS

https://www.gloucestershire.gov.uk/vschool/further-information-and-partnership-working/health-and-wellbeing/cyps-and-2gether/

Educational Psychologist Service EPS

https://www.gloucestershire.gov.uk/education-and-learning/special-educational-needs-and-disability-send/educational-psychology-service-eps/

Education Support Partnership

https://www.educationsupportpartnership.org.uk

Anna Freud National Centre for Children and Families (incl. Schools in Mind)

https://www.annafreud.org

Mental Health and Wellbeing Toolkit for Schools and Colleges (with Public Health England)

https://www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/mental-health-toolkit-for-schools/

Appendix E: 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 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 F: What makes a good CYPS referral?

Children and Young People Service (CYPS) - The emotional wellbeing and mental health service for all children and young people who are registered with a GP in Gloucestershire.

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

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

You must also be able to provide evidence to CYPS about what intervention and support has been offered to the pupil by the school and the impact of this. CYPS 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 CYPS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

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

Reason for referral

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

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors

- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

The screening tool on page 22 will help to guide whether or not a CYPS referral is appropriate.

Seeking advice before making a referral:

2gether CYPS Practitioner Advice Line - A specialist service for practitioners who would like to refer in to CYPS, the Practitioner Advice Line is specifically for professionals wishing to discuss potential referrals.

Who to contact:

Website:
https://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/service.page?id=TXE4f0JpcHY#service_contact

Telephone: Practitioner Advice Line: 01452 894272

How to make a referral:

Telephone: 01452 894300 (Acorn House)

Email: 2gnft.cypsreferralteam@nhs.net

By post: CYPS Referrals, Acorn House, Horton Road, Gloucester, GL1 3PX

CYPS does not use a referral form but please try to include all relevant information

General enquiries to the service:

Email: cypsadmin@nhs.net

General enquiries to the Trust:

Email: 2gnft.comms@nhs.net

Useful websites:

www.onyourmindglos.nhs.uk

https://cayp.2gether.nhs.uk (The website for CYPS)

Completing this table is NOT required. Referrals by telephone are preferred. However, this may help anyone making (or considering) a referral assess and be clearer about the situation. However, IF IN ANY DOUBT talk to the CYPS. They are there to help and guide at any stage and not just as a last resort.

INVOLVEMENT WITH CYPS	
	Current CYPS involvement *
	Previous history of CYPS 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 CYPS 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 CYPS 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 CYPS Primary Mental Health Team	Refer to CYPS clinic

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

Appendix G: Staff and Adult Mental Health and Wellbeing

The following links and resources may be of assistance to staff who feel they have problems as well as those who are concerned for others or dealing with problems or concerns with staff colleagues:

Education Support Partnership.
A charity dedicated to improving the wellbeing and mental health of the entire education workforce:

https://www.educationsupportpartnership.org.uk

Anna Freud National Centre for Children and Families
Provides support across the education and welfare communities.

This link is to their Supporting Staff Wellbeing resource:
https://www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/supporting-staff-wellbeing-in-schools/

This link is to their Ten Steps to Staff Wellbeing resource:
https://www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/ten-steps-towards-school-staff-wellbeing/

AMIE WHOLE CARE code of Leadership Practice
https://www.amie.org.uk/advice-and-resources/publications/whole-care-code-leadership-practice