

# Positive Mental Health Policy Orrets Meadow School

**Last Updated July 2018**

## 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 Orrets Meadow School we aim to promote positive mental health for every member of our staff and pupils. We pursue this aim using both universal whole-school approaches and specialised, targeted approaches to help vulnerable pupils.

We are a special school for children aged 5-11, who have an EHCP for SpLD and/or Social Communication Difficulties including Autism. Children often have difficulties in reading and spelling. They may also have difficulties with maths, organisational skills, spatial awareness and fine/gross motor skills. These difficulties may make our children more at risk of suffering from low self-esteem and they may lack confidence. We aim to build resilience, develop independence and improve confidence within a positive and caring environment.

In addition to promoting positive mental health, we aim to recognise and respond to mental health difficulties. 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 children affected both directly and indirectly by mental ill health.

## Scope

This policy describes the school's approach to promoting positive mental health and wellbeing. It is intended as guidance for all staff including non-teaching staff and governors. The policy has been developed using consultation from a range of stakeholders including staff, governors, parents/carers, pupils and external agencies such as CAMHS and The Charlie Waller Memorial Trust.

This policy should not be read in isolation but read in conjunction with other policies such as our behaviour policy, ASC policy and safeguarding policies where issues may overlap. The main focus of the policy is on universal and preventative mental ill health, a secondary focus on early intervention and targeted needs and also includes provision for pupils with specialist needs. Detailed information about our work to promote positive mental health can be found in Appendix C.

## The Policy Aims to:

- Promote positive mental health in all staff and pupils
- 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 pupils suffering mental ill health and their peers and parents/carers

## Lead Members of Staff

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

Carolyn Duncan – Headteacher/Designated Safeguarding Lead (DSL)

David Saul - Mental Health Lead/Mental Health First Aider

Gina MacGregor - Mental Health Ambassador

Roz Wright – Deputy Headteacher/ Deputy Designated Safeguarding Lead

Lorna Billington – Assistant Headteacher/ Deputy Designated Safeguarding Lead

Michelle King – Home-School Worker/ Deputy Designated Safeguarding Lead

There is also a mental health working party set up to help plan, organise and evaluate the promotion of positive mental health at Orrets Meadow.

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead or the headteacher in the first instance. If there is a fear that a 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 (DSL) or deputy DSL. If the child presents with a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

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

## Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing serious concern or who receive a diagnosis related 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, and who to contact in an emergency

- The role the school can play to help

Orrets Meadow is open to a range of methods of assessment and reporting including:

- Pyramid of Need
- Boxall profiling
- IBP/IEP recording
- CAFs
- Wellbeing scale

### **Pyramid of Need**

The pyramid of need framework helps staff to consider what data might be used to assess the needs of children and to think through the extent of their support needs. It can be a useful tool for integrating different levels of support across the school for children and families (Appendix C). Pupils at medium or high-risk of mental health difficulties are identified and the appropriate interventions implemented. This general tool is located in the staff room, with sensitive information remaining confidential with the headteacher and safeguarding leads.

### **Boxall Profiling**

The Boxall Profile is a resource for the assessment of children and young people's social, emotional and behavioural development. It identifies the levels of skills the children and young people possess to access learning. It is then used to help the setting of individualised, achievable targets that reinforce target behaviour and skills. The earlier such children are identified the greater the hope of being able to address and remediate their social, emotional and behavioural difficulties by offering patient and supportive teaching.

### **IEP/IBP**

All children at Orrets Meadow have an IEP and where appropriate, an IBP. Information regarding a child's mental health is included on IEPs/IBPs but if required a separate mental health individual care plan would be written.

### **CAF**

The Headteacher or SLT may use the Common Assessment Framework (CAF) if they believe that a child/ young person with whom they are working has/may have additional and/or unmet needs.

### **Wellbeing Scale**

Children are regularly asked to rate their happiness using a 1-10 wellbeing scale. This is part of our ethos of open and honest dialogue. If appropriate the scale may be used to initiate discussion with a trusted member of staff.

## Teaching about Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The core themes and objectives are taken from the PSHE Association's Programme of Study (2015) and are supported by PSHE and mental health resources such as Dimensions 3D PSHE, Mental Health England Lesson Plans, SEAL, PSHE Association Teaching Mental Health and Dove Body Image. This will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

The content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help for themselves or others. The environment is also created to promote positive mental health with calming music playing in classrooms and around school and time for reflection and mindfulness encouraged throughout school life.

## 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 C.

We will display relevant sources of support in communal areas and will regularly highlight sources of support to children within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of child help-seeking by ensuring they 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 child 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 to the Headteacher and our mental health and emotional wellbeing lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement

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

## 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/or on the My Concern portal, shared with an appropriate member of staff and 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 should also be shared with the mental health lead who may offer support and advice about next steps. See Appendix F for guidance about making a referral to CAMHS.

## Confidentiality

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

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

It is always advisable to share disclosures with a senior colleague, usually the mental health lead or headteacher. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the child and

discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if disclosures regarding mental health are made and children may choose to tell their parents themselves. If this is the case, the child should be given opportunity to share this information before the school contacts parents. We should always give children the option of us informing parents 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 child protection officer must be informed immediately.

## Working 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.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the child, 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 resources to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that has been shared. 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 steps 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 get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents on the school website

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

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

Additionally, we will want to highlight with peers:

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

## Training

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

We will provide relevant information and resources for staff who wish to learn more about mental health. The [MindEd learning portal](https://www.minded.org.uk)<sup>1</sup> provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities and additional CPD will be supported throughout the year. We will host training sessions for all staff 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 mental health lead who can also highlight sources of relevant training and support for individuals as needed. This will also be in partnership with Wirral NHS CAMHS Primary Mental Health Team.

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<sup>1</sup> [www.minded.org.uk](https://www.minded.org.uk)

## Staff Wellbeing

The headteacher, in partnership with the mental health lead and nominated governor, will take responsibility for promoting staff wellbeing. A range of strategies have been researched and trialled and this work will be ongoing. Evidence of this is found on the staff wellbeing noticeboard located in the staff room. Staff are also offered an assessment to self-assess their own wellbeing and provided with a range of support options and services.

## Policy Review

This policy will be reviewed every 2 years as a minimum. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to the headteacher or mental health lead.

This policy will always be updated to reflect personnel changes. Diversity impact assessment will also be undertaken to ensure this policy does not discriminate against different groups (i.e. ethnicity, disability, gender etc.)

This policy will be disseminated to staff at full staff meetings, included in the staff handbook and referenced during staff training and CPD. Parents and carers will be signposted to the policy on the school website, promoted by the home-school worker and hard copies will also be available in school. The policy (and review) will be presented at full governors' meetings.



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

## Prevalence of Mental Health and Emotional Wellbeing Issues<sup>2</sup>

- 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 staff too.

Support on all these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) ([www.youngminds.org.uk](http://www.youngminds.org.uk)), [Mind](http://www.mind.org.uk) ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) ([www.minded.org.uk](http://www.minded.org.uk)) [Place2Be](http://www.place2be.org.uk) ([www.place2be.org.uk](http://www.place2be.org.uk))

## Self-harm

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

## Online support

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

[National Self-Harm Network](http://www.nshn.co.uk): [www.nshn.co.uk](http://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

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<sup>2</sup> Source: [Young Minds](http://www.youngminds.org.uk)

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](http://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](http://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](http://www.ocduk.org/ocd)

## Books

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

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

## Suicidal feelings

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

## Online support

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://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/](http://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 staff. Department for Education (2016)

[Counselling in schools: a blueprint for the future](#) - departmental - advice for school staff 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

## School Based Support

### Thumbs Up Education Programme

Orrets Meadow School buys in specialist cognitive behavioural therapy (CBT) support for one afternoon per week throughout the year. The Thumbs Up Education Programme has been developed using CBT techniques including positive thinking, confidence building, issues of self-esteem and more (see below). Each class in school receives a minimum of 3 whole-class sessions which are then followed up by small group work and/or individual sessions to meet the specific needs of pupils. During the sessions, the specialists look at aspects of wellbeing of our children as:

- Effective communication
- Building confidence
- Positive affirmations
- Raising self-esteem
- Accepting differences in peers
- Consequences of actions
- Breaking negative thought cycles
- 'Pause' button, and stopping and thinking before acting
- Treating others as you wish to be treated yourself
- Acts of kindness
- Understanding empathy and its purpose in every day life
- Respect
- Compassion for oneself and other
- Peer pressure
- Mindfulness
- Breathing exercises
- The ability to calm oneself down
- Physical symptoms of negative emotions and feelings
- The impact of effective sleep and diet
- The importance of exercise
- Stress management
- Bullying and cyber bullying and online awareness
- Self-encouragement
- Self-awareness
- Self-worth

### Cheshire and Wirral NHS Next Step

Orrets Meadow has 3 licences for trained members of staff to deliver the Next Step intervention. Children are identified by the tools referred to earlier in this policy and participate in approximately 6 sessions. Next step is a goal-setting tool designed to support anyone who cares for children and young people. It is a tool that helps young people to communicate on their own terms, in their own environment.

Created by both young people and mental health experts, the colourful toolkit provides the perfect platform to enable safe and structured conversations with young people who may be struggling with their emotional health and wellbeing.

Next Step is a set of 52 unique cards, with each card representing a particular mood, thought, action or goal. In a one-to-one scenario, Next Step will take you and a young person on a journey, encouraging them to discuss their thoughts and feelings and empowering them to set their own goals. The Next Step online application allows you to record and measure how a child or young person is progressing with an emotional issue.

### **Home School Worker**

Orrets Meadow employs a full-time home-school worker who is an advocate of the aims of this policy and is available to offer pastoral support to both families and pupils. She offers 'drop-in' support for children who want to talk about mental health or other issues. This is co-ordinated with the headteacher to ensure that all relevant policies are followed.

### **Group Intervention**

During daily additional needs group times, there is provision for social, emotional and mental health needs e.g. social skills training, emotional literacy and friendship terrace.

### **Sensory Circuit**

All children have daily access to sensory circuits which although designed to meet a number of purposes contribute to positive mental health.

### **Apps**

Children at Orrets Meadow have access to a range of apps to promote positive mental health and support mental health problems. All apps are recommended by the NHS, CAMHS or other trusted organisations such as Young Minds, the Anna Freud Centre, the NCB etc.

## **Local Support**

\* See attached Wirral and Cheshire CAMHS resource booklet

## 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?<sup>3</sup>

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

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<sup>3</sup> Adapted from Surrey and Border NHS Trust

- 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:

**Wirral Specialist CAMHS advice line:** 0151 488 8453

Staff also have access to a shared drive containing a range of CAMHS intervention packs on subjects such as anxiety, depression, attachment etc.