

Pupil Well-Being and Mental Health Policy



RIVERSIDE BRIDGE SCHOOL
'EXCELLENCE FOR ALL'



Partnership Learning

Ratified by Governors: November 2022

To be reviewed: September 2024



PUPIL WELL-BEING AND MENTAL HEALTH POLICY

Review Frequency:	Every two years
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Date next review due:	September 2024
Scope of Policy:	This policy applies to all staff, pupils, governors and volunteers at Riverside Bridge School

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1.0 RATIONALE

At Riverside Bridge School, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers; we recognise how important mental health and emotional well-being is to our lives in just the same way as physical health is. We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. Research however, suggests that about 1 in 10 children aged 5 to 16 have a diagnosable mental health need and this can have an enormous impact on their quality of life, relationships and academic achievement. In many cases it is life-limiting.

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that pupils are able to manage times of change and stress, be resilient and are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where ...

- all pupils are valued;
- pupils have a sense of belonging and feel safe;
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma;
- positive mental health is promoted and valued;
- bullying is not tolerated.

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being.

2.0 PURPOSE OF THE POLICY

This policy describes Riverside Bridge School's approach to promoting positive mental health and well-being and is intended as guidance for all staff, including non-teaching staff and governors;

This policy sets out:

- how we promote positive mental health;
- how we increase understanding and awareness of common mental health issues;
- how we provide opportunities for staff to look after their mental well-being;
- how we identify and support pupils with mental health needs;
- how we support members of the wider community, staff, parents and carers, who may be experiencing mental health difficulties;
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse and support pupils;
- how we provide support to staff working with children and young people with mental health issues;
- how we share key information about some common mental health problems;
- where parents/carers, staff and pupils can get advice and support.

Riverside Bridge School will share this policy with staff, governors, pupils and parents/carers via the following methods:

- introduction the policy as part of a staff twilight session, with time for questions and review;
- a copy or direct link to the policy will be emailed to all staff;
- new staff will receive a copy of this policy during the induction process;
- a copy of the policy will be available on display in the staff room;
- salient points from the policy will be shared with pupils via the delivery of the Growth curriculum;
- the policy will be shared with Parents/carers on the school website.

3.0 DEFINITION OF MENTAL HEALTH AND WELL-BEING

We use the World Health Organisation's definition of mental health and well-being:

"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".

Mental health and well-being is not just the absence of mental health problems. We want all children/young people to:

- feel confident in themselves;
- be able to express a range of emotions appropriately;
- be able to make and maintain positive relationships with others;
- cope with the stresses of everyday life;
- manage times of stress and be able to deal with change;
- and learn and achieve.

This policy links to our policies on safeguarding, supporting pupils with medical conditions, PSHE, bullying and the school SEN Information Report. Links with the behaviour policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

4.0 SCHOOL APPROACH TO PROMOTING POSITIVE MENTAL HEALTH

We take a whole school approach to promoting positive mental health that aims to help pupils, staff, and parents/carers, become more resilient, be happy and successful and prevent problems

before they arise.

All staff at Riverside Bridge School have a responsibility to promote the mental health and emotional well-being of pupils, each other and members of the wider school community through:

- creating an ethos, policies and behaviours that support mental health and resilience that everyone understands;
- helping pupils to develop social relationships, support each other and seek help when they need to;
- helping pupils to be resilient learners;
- teaching pupils social and emotional skills and an awareness of mental health;
- early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services;
- effectively working with parents/carers;
- supporting and training staff to develop their skills and resilience;
- signposting members of staff or parents/carers who may be experiencing mental health difficulties to external support agencies.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

5.0 RESPONSIBILITY

Any member of staff who is concerned about the mental health or well-being of a pupil should speak to the Safeguarding Team in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the head teacher. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the School Nurse and contacting the emergency services if necessary. This procedure would be the same with any mental health emergency which could include; serious self-harm, suicidal ideation, plan and intent of suicidal activity.

Where a referral to CAMHS is appropriate, this will be led and managed by the Safeguarding Team.

All school staff are encouraged to:

- understand this policy and seek clarification from management where required;
- consider this policy while completing work-related duties and at any time while representing Riverside Bridge School;
- support fellow staff in their awareness of this policy;
- support and contribute to Riverside Bridge School's aim of providing a mentally healthy and supportive environment for all staff.

All school staff have a responsibility to:

- take reasonable care of their own mental health and well-being, including physical health;
- take reasonable care that their actions do not affect the health and safety of other people in the workplace;
- raise concerns with their line manager if they feel there are work issues that are causing them stress and having a negative impact on their well-being.

The Senior Leadership Team have a responsibility to:

- ensure that all school staff are made aware of this policy;

- actively support and contribute to the implementation of this policy, including its goals;
- manage the implementation and review of this policy;
- champion good management practices and the establishment of a work ethos within Riverside Bridge School which discourages assumptions about long term commitment to working hours of a kind likely to cause stress and which enables staff to maintain a reasonable “work life balance”.
- promote effective communication and ensure that there are procedures in place for consulting and supporting employees on changes in the organisation, to management structures and working arrangements at both a school-wide and departmental level;
- encourage initiatives and events that promote health and well-being;
- ensure there are arrangements in place to support individuals experiencing stress, referring them to the school’s Occupational Health advisers where appropriate;
- collate management information which will enable the school to measure its performance in relation to stress management and employee well-being, such as:
 - sickness absence data
 - staff turnover, exit interviews
 - number of self-referrals to the Well-Being Team;
 - number of referrals to Occupational Health support
 - numbers of grievance and harassment cases
- seek the views of employees on the effectiveness of the School’s Emotional Well-being and Mental Health Policy and stress management arrangements using staff surveys and other appropriate questionnaires.

6.0 SAFEGUARDING TEAM

Staff at Riverside Bridge School with a specific and relevant responsibility in the areas of well-being and mental health are currently:

Safeguarding & Welfare Team



Miss C. O'Keefe
Designated Safeguarding
Lead



Mrs J. Hughes
Safeguarding and Welfare
Officer



Ms J. Kelly
Safeguarding and Welfare
Officer



Miss L. Amri
Deputy Designated
Safeguarding Lead

In school, these staff will:

- lead on and work with other staff to coordinate whole school activities to promote positive mental health;
- provide advice and support to staff and organise training and updates;
- keep staff up to date with information about what support is available;
- are the first point of contact and communicate with mental health services;
- lead on and make referrals to services.

In addition, the school is currently working towards a nationally recognised well-being and mental health award and as such, have a nominated “Well-Being Team” lead by Miss L. Smith, the school Organisational Lead and designed to developing our provision in this area. Members of the current Well-Being Team are elected on a two-year basis by school staff and include a teacher, a co-educator a midday supervisor, a member of the Senior Leadership Team and a member of the Safeguarding Team.

7.0 TEACHING AND LEARNING

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 Growth curriculum. The main focus being to help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

Personal Development

How to develop and maintain a variety of healthy relationships within a range of social/cultural contexts
 How to manage own and others’ emotions and behaviours
 How to recognise and manage emotions within a range of relationships
 How to recognise risky or negative relationships including all forms of bullying and abuse
 How to respond to risky or negative relationships and ask for help
 How to respect equality and diversity in relationships

Communication and Interaction

How to interact with staff and peers
 How to communicate information appropriately
 How to communicate preferences and make choices
 How to practise appropriate behaviour in different situations
 How to identify difficulties and ask for help

Healthy Living

How to follow routines including classroom routines and personal care routines
 What is meant by a healthy lifestyle
 How to maintain physical, mental and emotional health and well-being
 How to manage risks to physical and emotional health and well-being
 How to keep physically and emotionally safe
 How to manage change, such as puberty, transition and loss
 How to make informed choices about health and well-being and to recognise sources of help with this
 How to respond in an emergency

The majority of the support available to all pupils is planned for as part of our curriculum and everyday classroom provision. This level of support focuses on primary prevention and aims to develop the social, emotional and mental well-being competencies of all pupils either individually or as a group. All such strategies are provided for by the class teams according to each pupil’s individualised needs with input and support from other relevant school staff when and where necessary.

More formal teaching of emotional health and mental well-being as well as resilience building will be delivered where appropriate as part of the PSHE provision. 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.

8.0 IDENTIFYING, REFERRING AND SUPPORTING PUPILS WITH MENTAL HEALTH NEEDS

The School Approach is to:

- provide a safe environment to enable pupils to express themselves and be listened to;
- ensure the welfare and safety of pupils as paramount;
- identify appropriate support for pupils based on their needs;
- involve parents/carers when their child needs support;
- involve pupils in the care and support they have;
- monitor, review and evaluate the support with pupils and keep parents and carers updated.

Early Identification

At Riverside Bridge School, we recognise that emotional health and mental well-being is everyone's responsibility within the school and is therefore embedded within the culture and ethos of the whole school. A wealth of strategies and interventions are available to enhance all pupils' social, emotional and mental wellbeing, as well as those pupils exposed to more severe or multiple risks. This incorporates the whole school Total Communication approach, as well as ensuring that all pupils' basic needs are met to ensure that they are happy and safe. Any member of staff concerned about a pupil displaying signs that might mean they are experiencing mental health problems should take this seriously and talk to the Safeguarding Team.

These signs might include:

- talking or joking about self-harm or suicide;
- expressing feelings of failure, uselessness or loss of hope;
- isolation from friends and family and becoming socially withdrawn;
- becoming socially withdrawn;
- changes in activity or mood or eating/sleeping habits;
- lowering academic achievement;
- secretive behaviour;
- an increase in lateness or absenteeism;
- not wanting to do PE or to get changed for PE;
- wearing long sleeves in hot weather;
- changes in eating and sleeping habits;
- drugs or alcohol misuse;
- physical signs of harm that are repeated or appear non-accidental;
- repeated physical pain or nausea with no evident cause.

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

Some children, who may have more complex or enduring emotional health or mental well-being needs and/or who have experienced difficult life experiences such as bereavement, parental ill-health, family breakdown or moving into care, may be more at risk than others of developing social, emotional or mental well-being difficulties. Whilst the needs of these pupils remain embedded within the universal support available to all pupils across school; pupils who are displaying the early signs of emotional health or mental well-being difficulties may also require additional levels of support. For those pupils, staff may deliver specific 1:1 or small group

strategies and/or interventions to support such individualised needs. If some of those pupils continue to struggle, the involvement of external appropriately qualified professionals such as the Educational Psychologist may be required

If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures should be followed. If there is a medical emergency then the school's procedures for medical emergencies should be followed.

In the case of pupils looked after by the Local Authority, i.e. children in care, the virtual school Head will be made aware of information about any looked after child's physical, emotional or mental health that may have an impact on his/her learning and educational progress; this will be indicated in their Personal Education Plan [PEP].

Mental health issues can be ongoing for a long time. They can be highly impactful on a pupil's ability to access school. We need to ensure that all members of staff are realistic in their expectations of affected pupils, to ensure those pupils are not placed under undue stress which may exacerbate their mental health issues. Expectations should always be led by what is appropriate for a specific pupil at a specific point in their recovery journey rather than by what has worked well for others, so some degree of flexibility is essential.

Staff Identification

It is recognised at Riverside Bridge School that promoting staff health and emotional well-being should be an integral part of the whole school approach to mental health and well-being; training and signposting to materials about mental health and emotional well-being will be made available to all staff as they become available.

An open door policy to the Senior Leadership Team is always made available to staff in need of emotional support; we also have a full committed and supportive governing body and a dedicated school Well-Being Team.

All staff will receive regular training or guidance about recognising and responding to mental health issues as part of the regular child protection training.

Allocated school staff (Ms J. Hughes, Miss C. O'Keefe and Miss L. Smith) will attend the Mental Health First Aid Training in order to work closely with the children and young people to identify and signpost appropriate support and intervention.

For those staff members who require more in depth knowledge additional CPD will be suggested and provided. Where the need to provide some becomes apparent, we will host twilight training sessions for all staff to promote learning and understanding about specific issues related to mental health.

Suggestions for individual, group, or whole school CPD should be discussed with the Senior Leadership Team.

Disclosures by pupils and confidentiality

We recognise how paramount the emotional and physical safety of pupils is and when a pupil may choose to disclose concerns about themselves or a friend to any member of staff, all staff need to know how to respond appropriately to a disclosure. If a pupil chooses to disclose concerns about their own mental health or that of a friend, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and first thoughts should be of the pupil's emotional and physical safety, rather than of exploring 'Why?' staff should avoid asking any leading questions.

All disclosures should be reported immediately to the Safeguarding team, recorded on Sleuth and should include details such as:

- date
- name of the pupil(s) and member of staff to whom it was disclosed
- detailed summary of the disclosure;
- agreed next steps

Staff should be honest with pupils about confidentiality. They should let them know this and discuss with them that it might be necessary to pass the information on:

- who we are going to talk to;
- what we are going to tell them;
- why we need to tell them.

Staff should never share information about a pupil without letting them know. Ideally, we should receive their consent, though there are certain situations when information must always be shared with another staff member and/or a parent/carer. This would always include pupils up to the age of 16 who are in danger of harm.

If acting to safeguard a pupil against harm or look out for their welfare it is imperative to share any information that is deemed important.

In many cases, the parents/carers should be informed, and pupils may choose to tell their parents/carers themselves. If this is the case, depending upon severity and immediacy of risk, 24 hours should be given to share this information before the school contacts the parents/carers. We should always give pupils the option of the school informing the parents/carers for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, Parents/carers should not be informed, but the Safeguarding Team must be notified immediately.

Assessment, Interventions and Support

All concerns should be reported to the Safeguarding Team and recorded on Sleuth. Then implement our assessment system which is based on levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. The aim is to put in place interventions as early as possible to prevent problems escalating.

When a concern has been raised, the school will;

- contact parent/carers and meet with them.
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- agree a Mental Health/Pastoral Support Plan including clear next steps.
- discuss how the parents/carers can support their child.
- keep parents/carers up to date and fully informed of decision about the support and interventions provided.

Level of Need <i>based on discussions at the weekly Safeguarding meetings.</i>	Evidence-based Intervention and Support <i>This will be decided in consultation with key members of staff, parents and pupils.</i>	Monitoring
Specialist Support	CAMHS Referral assessment 1:1 or family support or treatment Consultation with school staff and other agencies LA Inclusion Advisory Service for SEMH	All pupils needing targeted individualised support will have an Individual Mental Health/Pastoral Support Plan drawn up setting out : <ul style="list-style-type: none"> • the needs of the pupils • how the pupil will be supported • actions to provide that support • any special requirements Pupils and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact through regular reviews and if needed a different kind of support can be provided. The Mental Health/Pastoral Support Plan is overseen by the Safeguarding Team
Targeted Support	Referral to Safeguarding Team Referral to a Mental Health First Aider Access to in-school based intervention Referral to School Nurse Referral to School Counsellor Small group intervention	
Universal Support	The first line of response is in the classroom with the class team; both teachers and co-educators. Our staff are encouraged to provide social and emotional support to all pupils as this is key for effective learning so as needs arise pupils will be given time and space to work through problems with trusted adults.	

Support for friends

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected; in these cases we will consider on a case by case basis what support might be appropriate including one to one and group support.

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

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 might need additional support. It is important to consider:

- what friends should and should not be told;

- how friends can support;
- things friends should avoid doing or saying;
- warning signs to look out for;
- how friends can access further support for themselves from the school;
- healthy ways of coping with the difficult emotions they may be facing.

Working with specialist services to get swift access to the right specialist support and treatment

Some children, who may have more complex or enduring emotional health or mental well-being needs and/or who have experienced difficult life experiences such as anxiety, depression, self-harm, eating disorders, bereavement, parental ill-health, family breakdown or moving into care, may be more at risk than others of developing social, emotional or mental well-being difficulties. Whilst the needs of these pupils remain embedded within the universal support available to all pupils across school; pupils who are displaying the early signs of emotional health or mental well-being difficulties may also require additional levels of support. For those pupils, staff may deliver specific 1:1 or small group strategies and/or interventions to support such individualised needs. If some of those pupils continue to struggle, the involvement of external appropriately qualified professionals such as the Educational Psychologist may be required.

We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the pupil's Mental Health/Pastoral Support Plan.

School referrals to a specialist service will be made by the Safeguarding Team following the assessment process and in consultation with the pupil and their parents/carers. Referrals will only go ahead with the consent of the pupil's parent/carer.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
LA Inclusion Adviser [SEMH]	David Larbi
Educational Psychologist	Accessed through the Safeguarding Team

9.0 INVOLVING AND SUPPORTING PARENTS/CARERS

We recognise the important role parents/carers have in promoting and supporting the mental health and well-being of their children, and in particular supporting their children with mental health needs.

Parents/carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health; in order to support parent/carers 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 they can talk to and how to get the support they need 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/carers can support positive mental health in their children through regular meetings/coffee morning/twilight sessions.
- keep parents/carers informed about the well-being/mental health curriculum children are learning about in school and share ideas for extending and exploring this learning at home.

Parents/carers will always be informed if their child is at risk of danger and pupils may choose to tell their parents/ carers themselves. Pupils are given the option of informing their parents and carers about their mental health need for themselves or go along with them.

Where it is deemed appropriate to inform parents/carers about their child's mental health and well-being, staff should be sensitive in their approach. It can be shocking and upsetting for parents/carers to learn of their child's issues; they may find it hard to take in much of the news that school is sharing and many may respond with anger, fear or upset. The school should always provide clear means of how contact can be made regarding further questions and the school should consider booking in a follow up meeting right away as parents/carers may have many questions as they process the information. When appropriate, the school may provide local emergency mental health crisis service contact telephone numbers for parents.

In order to support all parents/carers of children, Riverside Bridge School, we will:

- update the school resources to provide information about common mental health issues;
- ensure all parents/carers know who to talk to if they have any concerns about their own child or a friend of their child;
- make the school mental health policy easily accessible to all parents/carers on the school website;
- keep parents/carers informed about the Personal, Health and Social Education their children are accessing.

Riverside Bridge School make every effort to support parents and carers to access services where appropriate. The school's primary concern is for our pupils and in the rare event that parents/carers are not accessing services, the school will seek advice from the Local Authority. Information is also provided to parents/carers to access support for their own mental health needs.

We recognise that parenting can be a difficult job and sometimes parents/carers themselves may experience difficulties in their emotional well-being and mental health; this may then impact on their ability to parent positively. In such instances we will signpost parents/carers to external sources of support such as the G.P or mental health services.

10.0 INVOLVING PUPILS

When possible, Riverside Bridge School will endeavour to seek pupil's views about our approach, curriculum and promotion of whole school mental health activities; presently this is done through activities outlined as part of our ongoing work towards the nationally recognised well-being and mental health award.

We always seek feedback from pupils and parents/carers that have had support to help improve that support and the services they received.

11.0 WELL-BEING AND MENTAL HEALTH OF STAFF

At Riverside Bridge School, we recognise that promoting staff health and emotional well-being should be an integral part of the whole school approach to mental health and well-being; training and signposting to materials about mental health and emotional well-being will be made available to all staff as they become available. (refer to Staff Well-Being and Mental Health Policy

An open door policy to the Senior Leadership Team is always made available to staff in need of emotional support; we also have a full committed and supportive governing body and a dedicated school Well-Being Team.

12.0 STAFF CPD

At Riverside Bridge School we want all staff to be confident in their knowledge of mental health and well-being and be able to identify mental health needs early in children. We also want all staff to know what to do and where to access appropriate help in the event of a child in their class experiencing a mental health difficulty.

All staff will receive regular training or guidance about recognising and responding to mental health issues as part of the regular child protection training.

Allocated school staff will attend a Mental Health First Aid Training. In order to work closely with the children and young people to identify and signpost appropriate support and intervention.

For those staff members who require more in depth knowledge additional CPD will be suggested and provided. Where the need to provide some becomes apparent, we will host twilight training sessions for all staff to promote learning and understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD may also be discussed with the school's Senior Leadership Team, who may be able to highlight sources of relevant training and support for individual staff members as needed.

13.0 MONITORING AND EVALUATION

The mental health and well-being policy is on the school website and hard copies are available to parents/carers from the school office. Any mental health professionals will be given a copy of this policy before they begin working with the school as well as external agencies involved in our mental health work.

The policy will be reviewed every two years and any amendments made accordingly.

Prevalence of Mental Health and Emotional Well-being Issues

- 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.

Support on many mental health 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).

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 are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Anxiety is a normal body reaction with any situation that the young person finds difficult to cope with. When anxiety continues for a period of time the young person may become distressed or overwhelmed with this emotion

Possible school based actions:

- Find space to talk to the young person.
- Explore the reason why the young person has anxiety, if the young person knows why they are becoming anxious, ask the young person to talk to either yourself or the school councillors about why they are feeling anxious.
- Whole school approach with the teaching around the Zones of Regulation tool to help support the pupil and staff to understand and manage their emotions.
- Give the young person some resilience systems to manage their frustration.
- Record actions and advise on school health records System One
- Follow up your input with the young person a short time afterwards.
- Develop a support plan / Safety plan. if the problem or risk continues

Online support

[Anxiety UK: www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

Stress

The teacher may identify a child or young person who has stress based issues.

Possible school based actions:

- See the young person in a quiet and private area.
- Allow the young person to discuss any worries or concerns they may have.
- Praise the young person's when they demonstrate his or her strengths and abilities.
- Explore new stress management techniques with the young person.
- Look at resilience, systems with the young person which might help the young person to understand how to calmly respond to stressful situations.
- Offer follow up sessions as required.
- Develop a support plan / Safety plan if the problem or risk continues.
- The risks involved will be added to the pupil's individual risk assessment.
- Referral to be made to the LA Education Psychologist linked to the school via Behaviour Lead.

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.

Possible school based actions:

- See the young person in a quiet and private area.
- Allow the young person to discuss any worries or concerns they may have.
- Identify that you may need to discuss your concerns with other professionals if you have any with the young person.
- Whole school approach with the teaching around the Zones of Regulation tool to help support the pupil and staff to understand and manage their emotions.
- Look for feelings of sadness or withdrawal that last at least two weeks or severe mood swings that cause problems in relationships at home or school.
- The Young person may tell you that they are feeling low or sad without cause,
- Be aware of feelings of overwhelming fear for no reason — sometimes with a racing heart or fast breathing — or worries or fears intense enough to interfere with daily activities.
- Discuss health eating sleeping and good resilience systems. If your concern are still there.
- Discuss with your mental health lead in the team.
- Possible refer to the school nurse, for further assessment and support work.
- Speak with your school link and where required discuss with the parents your concerns.
- The Parents will need to take the young person to the GP; a CAMHs referral may need to be made.
- Develop a support plan / Safety plan.

- Referral to be made to the LA Education Psychologist linked to the school via Behaviour Lead.
- **Think Risk - be vigilant for suicidal expression**. The risks involved will be added to the pupil's individual risk assessment. If there is any concern in relation to risk to self-please follow the above action plan in relation to emergencies stated on page 7

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

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 Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

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

Self-harm/ Physical 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.

Sometimes a mental health condition leads to self-injury, also called self-harm. This is the act of deliberately harming your own body, such as cutting or burning yourself. Children with a mental health condition also might develop suicidal thoughts or attempt suicide. You may be asked to see the child or young person due to injuries sustained.

Possible school based actions:

- See the young person in a quiet and private area.

- Allow the young person to discuss any worries or concerns they may have.
- Identify that you may need to discuss your concerns with other professionals if you have any with the young person.
- The Young person may tell you that they are cutting themselves or harming themselves.
- Discuss good resilience systems.
- Whole school approach with the teaching around the Zones of Regulation tool to help support the pupil and staff to understand and manage their emotions.
- If your concern are still there. Discuss with your mental health lead in the team. Speak with your school link and where required discuss with the parents your concerns
- Develop a support plan / Safety plan. if the problem or risk continues
- Referral to be made to the LA Education Psychologist linked to the school via Behaviour Lead.
- **Think Risk - Be vigilant for suicidal expression.** The risks involved will be added to the pupil's individual risk assessment.

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

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. You may be asked to see the child or young person for another reason by the class teacher. The child or young person may then disclose to you that they are feeling suicidal. This is a risk base situation.

Possible school base actions

- See the young person in a quiet and private area.
- Allow the young person to discuss any worries or concerns they may have.
- Identify that you may need to discuss your concerns with other professionals if you have any with the young person.
- Whole school approach with the teaching around the Zones of Regulation tool to help support the pupil and staff to understand and manage their emotions.
- Discuss good resilience systems with the child or young person.
- Offer the young person time to talk.
- Make immediate contact with the class teacher to discuss your concerns.
- The school staff should make immediate contact with the parents
- The child or young person should be taken to the GP or A&E for a full mental health assessment.
- Develop a support plan / Safety plan.
- Referral to be made to the LA Education Psychologist linked to the school via Behaviour Lead.
- **Think Risk - Be vigilant.** The risks involved will be added to the pupil's individual risk assessment.

Online support

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

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

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

School Based Support

- **Referral to CAMHS (Child and Mental Health Service).** Suitable for all pupils in primary and secondary schools. Access is via a referral from the school with permission and consent from the parents. The HT/DHT/SENCO is able to make a referral and discuss the process with the pupil and parents. Meetings and support can be organised in school time, having access to a room and review meetings planned as appropriate. This is suitable for a range of family experiences and can include family therapy and play therapy together with counselling support.
- **Discussion with the School Nurse.** HT/DHT/SENCO talk together and discuss concerns with school nurse. With consent from the parents, the pupil is able to speak with the school nurse with/without parents present – depending on the needs of the child and request of the parents. This is suitable for dealing with any health issues and managing emotions of the pupil and family.
- **Referral to the Early Help Team.** A Referral form is completed. This can be carried out by the Safeguarding Team in consultation and with parental consent. Meetings can take place on the school site with parents fully involved. Several meetings take place with a review session to discuss the next steps. This is available to pupils in primary schools and can include support on Transition, managing change and issues around anxiety associated with bereavement and separation.
- Referral to be made to the LA Education Psychologist linked to the school via Behaviour Lead. The behaviour lead will liaise with the class team, parents and Educational Psychologist to create a plan of action.
- **In school, members of the Senior Leadership Team are available to support pupils experiencing short term issues.** However, SLT are not trained counsellors and may need to sign post to other agencies for more, long term support. Staff can support with managing behaviour and developing behaviour that fully supports learning. With more challenging behaviour, the school can refer to the TBAP Team with regards to behaviour issues or the Educational Psychologist if relating to lack of progress with learning.

For information about different intervention support available in school, please see the School SEN offer on the website.

Appendix C: Talking to pupils/students when they make mental health disclosures

The advice below is from pupils/students themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils/ students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a pupil/student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The pupil/student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil/student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil/student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil/student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil/student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil/student.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil/student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil/ student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil/student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a pupil/student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the pupil/student.

Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a pupil/student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the pupil’s/student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix D: Making a CAMHS referral.

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

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

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the 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.

Note: In some NHS Trusts the local CAMHS teams are based on the geographic location of the GP the child is registered at, not their home or school borough.

General considerations

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

Below are some bullet points where the referral information is poor:

- Emotional and mental well-being state/presentation – e.g. current presentation's impact upon: emotional well-being, socialising, behaviour, academia and general functioning
- How long the worry/concern has been present and when was it first noticed
- Child's current mental state; mood, appetite, sleep and concentration
- Interventions and support already tried or in place already (e.g. school pastoral support to include behavioural support, other agencies/services involved to include Children's Services and Early Help)
- Detailed risks to self or others

Reason for referral

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

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

Appendix E: School Base Risk Assessment Tool for Children and Young People

Name of Child or young person	Date Completed
Name of School	Time Completed

Assessment Categories

Background history and observations	Yes	No
• History of risk to self, you or others?		
• Has the young person previously made plans to harm self or others?		
• Has there been a difference in the young person's presentation?		
• Has the young person got a history of self-harm?		
• Has the young person history of mental health problems or known to CAMHS?		
If yes to any of the above, record details below:		
If previous self-harm: How long ago was the last attempt?		
Current presentation and causation if known		
Why is the young person presenting now? What recent event(s) precipitated or triggered this Presentation?		
Give details below:		

Suicide and Self Harm Risk Screening Tool - within this screen the greater number of positive responses suggests greater level of risk	Yes	No	Unknown	
Suicide plan/expressed intent				
Current suicidal thoughts/ideation				
Family history of suicide				
Depression				
Previous self-harm				
Poor school performance				
Hopelessness/helplessness				
Family concerned about risk				
Lack of social support				

Level of risk	Key assessment information	Actions
LOW RISK	<ul style="list-style-type: none"> Mental health problem may be present, but person has no immediate thoughts of plans regarding harm to self or others. May have already engaged in impulsive self-harming behaviour, but now regrets actions and has no a plan or thoughts relating to further self-harming behaviour. <p>Young person and parent/guardian is confident about maintaining his/her own safety and will provide support</p>	<p>Inform CAMHs of updated concern and of the schools updated risk assessment</p> <p>Provide relevant patient and carer's leaflets/information.</p>

Level of risk	Key assessment information	Actions
MEDIUM RISK	<ul style="list-style-type: none"> There is no plan to act on self-harming or suicidal thoughts. However, the young person's mental state is at risk of deterioration and they may be physically vulnerable in certain circumstances. 	<p>Advise family to take the child or young person to the A&E department.</p> <p>If young person known to CAMHS/ Social services inform the relevant team of the current concern.</p> <p>*Provide relevant patient and carer information.</p>

Level of risk	Key assessment information	Actions
HIGH RISK	<ul style="list-style-type: none"> May well have definite plans to engage in further self-harming behaviour, or to harm others. Has clearly identifiable risk characteristics, such as imminent thoughts or plans relating to self-harm (or harm to others) or suicide. May have already engaged in self-injurious or self-harming behaviour, and <i>on-going suicidal intent remains.</i> May lack capacity and competence to consent to or refuse on-going care and treatment. Young person likely to act upon thoughts of self-harm or injury at the earliest opportunity. Mental state will certainly deteriorate without intervention and will almost certainly be physically vulnerable. 	<ul style="list-style-type: none"> Refer to Hospital CAMHS for mental health assessment and a risk plan developed to address immediate or short-term risk indicators The young person's mental state will deteriorate and increase level of risk if not treated. Immediate action required, including an action plan developed to address risk factors. The parent or teacher must arrange for the child or young person to be taken to A&E urgently to be seen by the psychiatric lesion Nurse and the CAMHs on call service. For further assessment

Signed: Role.....

Print Name: Date:

Appendix 1 Protective and Risk factors (adapted from *Mental Health and Behaviour DfE March 2016*)

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the School	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the Community	<ul style="list-style-type: none"> • Socio-economic disadvantage 	<ul style="list-style-type: none"> • Wider supportive network • Good housing

	<ul style="list-style-type: none"> • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
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Appendix 2 Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs
Mental Health and Behaviour in School DfE March 2016

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self Harm

The DfE guide does not include specific information on suicidal thought

Suicidal Thoughts

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3 Where to get information and support

For support on specific mental health needs

Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org

Depression Alliance www.depressoinalliance.org

Eating Disorders www.b-eat.co.uk and www.inourhands.com

National Self-Harm Network www.nshn.co.uk

www.selfharm.co.uk

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

For general information and support

www.youngminds.org.uk champions young people's mental health and well-being

www.mind.org.uk advice and support on mental health problems

www.minded.org.uk (e-learning)

www.time-to-change.org.uk tackles the stigma of mental health

www.rethink.org challenges attitudes towards mental health