MENTAL HEALTH & WELLBEING POLICY 2019
The Bridge Federation

Mental health and emotional well-being policy guidance

This policy guidance is designed to support schools to develop and implement practical, and effective mental health policies and procedures that promote a safe and stable environment for the many children affected both directly and indirectly by mental ill health. In every standard classroom, three children will suffer from a diagnosable mental health condition and the school has an important role to play, acting as a source of support and information for both children and parents. This policy guidance acts as the school's central reference point for mental health.

Date: **May 2019**
Date to be reviewed: *May 2021*

Where can the policy be found? How it is made available to members of staff, parents and visiting speakers?
This Policy is found on the school website, sharepoint and Staff Induction Folders

Section one
The mental health and emotional well-being policy guidance

Aims of the policy
The policy aims to:

- promote positive mental health in all staff and children
- increase understanding and awareness of common mental health issues
- alert staff to early warning signs of mental ill health
- provide support to staff working with young people with mental health issues
- provide support to children suffering mental ill health and their peers and parents/carers
- provide appropriate support to parents suffering mental ill health

A clear vision, and values that are understood and consistently communicated

Why does mental health and well-being matter in schools?

Schools play a crucial role in developing pupil mental health, and a positive school environment and ethos promote emotional wellbeing across the community. There are a variety of ways that schools can support both children and parents through:

- establishing consistent systems and interventions;
- enabling children to develop a sense of belonging;
- ensuring children feel safe and have the opportunity to ask for help;
- providing support for parents that need additional help;
- providing a consistent whole school vision and culture integral for developing children's positive mental health and resilience.

A child's mental health will affect them for the rest of their life; it influences their overall health, happiness and productivity into adulthood. Promoting and protecting mental health in school children is therefore one of the most

important things we can do for them. Half of all lifetime mental health problems develop by the age of 14, affecting approximately three children in every classroom. Untreated problems in early life lead to adult mental illness.

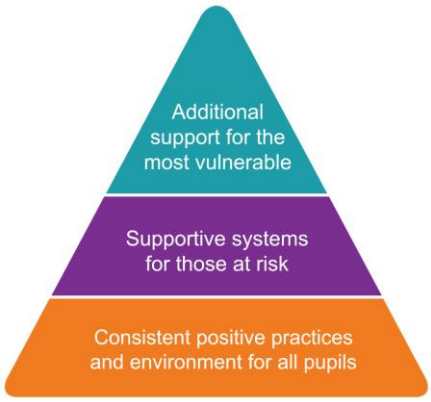
As well as lifetime well-being there are immediate benefits to positive emotional health. Children are happier, make friends and sustain relationships, are aware of and understand others, face problems and setbacks and learn from them, enjoy their play and leisure time and, most importantly for schools, they learn better.

The factors that influence whether or not a child develops an emotional or behavioural problem are complex but broadly fall into two categories: risk and resilience. We cannot always protect children from risks (for example parental substance misuse, bereavement or refugee status), but we know that individuals respond differently to difficult life events, failure and mistakes. Building resilience is about supporting and enabling children to cope better with what life throws at them. Risks don't in themselves cause illness, but they are cumulative, whereas resilience is developmental.

The ESCC MHEW audit framework for schools is a whole school approach that effectively supports children's mental health and resilience[1]:. The eight components reflect different aspects of school life that promote positive mental health. The evidence strongly indicates that the framework is most effective when all of the components are embedded in school culture.

We are working to ensure that the framework is put into practice across the whole school community; by staff, parents and children.

Our structures and practices consistently support all children's mental health across the school community. We continually consider how children's individual needs are met through a stepped approach, ensuring that practices are consistent for all children, whilst providing additional support for the most vulnerable children.



Roles and responsibilities in school
Who has responsibility for each of the following roles: child protection / safeguarding, mental health lead, first aid, pastoral care, CPD, PSHE

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

	Salehurst CE Primary	**Staplecross Primary**
Designated Child Protection/Safeguarding Officer	Liz Avard	
Mental Health Leads	Liz Avard, Kate Robertson, Jo Meeds	

[1] *ESCC gratefully acknowledges learning from Brighton & Hove City Council, Islington MHARS: A framework for mental health and resilience in schools, and Public Health England.*

Deputy Child Protection/Safeguarding Officer	Kate Robertson	Jo Meeds
PSHE Subject Leader	Shanna Buffery	Kizzy Glazier
SENCO	Bill Gratwick	
Pastoral support staff	Pauline Stephenson Michelle Boast	
Pastoral support governor (for staff)	Philippa Burton	
Mental Health and Emotional Well-Being Governor	Philippa Burton	

Role of the mental health lead
There is an expectation that all schools should have an individual responsible for mental health in schools. The mental health lead will; provide a link to expertise and support regarding specific children; identify issues and make effective referrals; and contribute to leading and developing whole school approaches around mental health. For small primary schools it is expected that the role of the mental health lead will be integrated with the safeguarding/other officer.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection office of staff or the head teacher. The referral should be made on the existing Welfare Concern Form, with the addition of a ticklist of Early Signs attached. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by **the SENCO**. Guidance about referring to CAMHS is provided in Appendix 6.

Signposting
How does the school signpost to sources of support for mental health and wellbeing?
What information will be provided for children seeking help?

We will ensure that staff, children 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 4.

We will display relevant sources of support in communal areas such as common rooms and toilets 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 pupil help-seeking by ensuring children understand:

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

Specific help for vulnerable children

Warning signs
What are the warning signs that indicate a pupil is experiencing mental health or emotional wellbeing issues?
Who should concerns be reported to?

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with **Liz Avard, Jo Meeds or Kate Robertson**, our mental health and emotional wellbeing leads as part of the reporting system using the Welfare Concern Form and ticklist of warning signs.

Possible warning signs include:

- physical signs of harm that are repeated or appear non-accidental
- changes in eating / sleeping habits

- increased isolation from friends or family, becoming socially withdrawn
- increased difficulty in separating from adults (clinginess)
- changes in activity and mood
- lowering of academic achievement
- talking or joking about self-harm or suicide
- abusing drugs or alcohol
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing – e.g. long sleeves in warm weather
- secretive behaviour
- skipping PE or getting changed secretively
- lateness to or absence from school
- repeated physical pain or nausea with no evident cause
- an increase in lateness or absenteeism

Managing disclosures
How does the school manage disclosures made by children?
How does the school expect staff to respond to children who disclose a mental health concern?

A pupil 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 pupil 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 student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix 5.

All disclosures should be recorded in writing and held on the student's confidential file. This written record should include:

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

This information should be shared with the **Liz Avard, Jo Meeds or Kate Robertson** who will provide store the record appropriately and offer support and advice about next steps. See appendix 6 for guidance about making a referral to CAMHS.

Confidentiality
What is the school's confidentiality policy? See GDPR and Child Protection Policies

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

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

We should never share information about a pupil outside this team without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Should a situation arise where sharing information with a parent would put the child at risk of harm.

It is always advisable to share disclosures with a colleague, usually the **Mental Health leads,** this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our

absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if **the school has concerns regarding their child's emotional and mental health** and children may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours 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 **Liz Avard, Jo Meeds or Kate Robertson** must be informed immediately.

Supporting a child with mental health needs

Team Around the Child

We are committed to ensuring that a pupil with mental health needs receives appropriate support at an early stage. We use **East Sussex Mental Health and Emotional Well-Being Team** guidance to ensure that a student's needs are appropriately met, and that there is careful joint planning to meet children's specific needs. We initiate Team Around the Child (TAC) meetings to support coordinated working, information sharing and early intervention. The pupil and family are at the centre of the process, and one action plan is produced using **the East Sussex Mental Health and Emotional Well-Being Team guidance.**

Support networks that enable child to develop social relationships

Supporting peers

How does the school support the peers of those experiencing mental health issues?

When a pupil is suffering from mental health issues, 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 pupil 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

Effective partnerships with parents

How does the school work in partnership with the parent/carers of children experiencing mental health issues?

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 pupil, other members of staff
- What are the aims of the meeting?

It may 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 understanding and compassionate.

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

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.
It is very important for us to ensure that there is joint planning and decision making with each child's parents. Parents will be contacted by a member of staff to inform them of any updates, in order for them to be a key part of their child's planning.

How does the school work in partnership with all parent/carers in regards to supporting their children's emotional and mental health?

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

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- 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
- Promote joint planning and decision making with each child's parent

How does the school provide appropriate support to parents who need additional help?
For example:

We will ensure that parents suffering from mental ill health and/ or need appropriate support, are provided with additional support. We are mindful that parents with mental health issues may worry about discrimination, and the effect their illness has on their child. Therefore we will be sensitive when approaching parents with mental health needs. In order to support parents with additional needs, we will:

- Keep parents informed about services and sources of help around emotional wellbeing
- Provide details of counselling services available for parents, if required
- Refer parents to specialist services, in consultation with parents
- Provide additional support such as help to complete forms and paperwork
- Support parents in developing their parenting skills
- Provide accessible information, explanation, guidance and signposting

Support and training for all staff to build skills, capacity and own resilience

What professional development does the school provide to support and train staff in recognising and responding to mental health issues?
For example
As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep children safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a

specific issue. Staff should also familiarise themselves with the 'Guide for East Sussex schools: Supoprting children in their mental health',

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

Where the need to do so becomes evident, we will host twilight 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 Senior Leadership Team.

A curriculum that teaches life skills, including social and emotional skills

Section two
Mental health within PSHE

Mental health within PSHE is developmental and appropriate to the age and needs of every pupil. It is part of a well planned programme, delivered in a supportive atmosphere, where we aim for all children to feel comfortable to engage in open discussion and feel confident to ask for help if necessary.

Establishing a safe and supportive environment
How do teachers establish a safe and supportive environment?
for example:

- Boundaries for discussion and issues of confidentiality are discussed before mental health lessons begin.
- Each class/group works together to establish its own ground rules about how they would like everyone to behave in order to learn.
- Distancing techniques such as role play, third person case studies and an anonymous question box are employed when teaching sensitive issues.

Good practice in teaching and learning
What strategies do teachers use to promote good practice in teaching and learning?

- Using the correct terminology makes clear that everybody understands and avoids prejudiced or offensive language.
- Lessons contain a variety of teaching methods and strategies that encourage interaction, involvement and questioning: working individually, in pairs and groups; discussions; role play; prioritising; quizzes; research; case studies; games; circle time; visiting speakers.

Inclusion
How are lessons about mental health made inclusive?

All children, whatever their experience, background or identity are entitled to good quality education about mental health that helps them build a positive sense of self. Respect for themselves and each other is central to all teaching. The PSHE programme and approach is inclusive of difference: gender identity, sexual orientation, ability, disability, ethnicity, culture, age, faith or belief or any other life experience.

Things to consider:

- Staff approach mental health education sensitively, knowing that their children are all different and have different family groupings.
- Mental health lessons cater for all children and the teachers and teaching materials are respectful of the rights of children with disabilities and how children choose to identify themselves.
- Links with the school's inclusion policy.

Mental health in the curriculum
Both schools in the Federation have discrete PSHE lessons which follow a long term plan and draw upon a range of resources, including the SEAL and Jigsaw materials. PSHE sessions are aimed at developing good emotional literacy in pupils as well as resilience and self-reflection with regard to their own mental well-being.

Assessment
Lessons are planned starting with establishing what children already know. In this way, teachers can also address any misconceptions that children may have.
How do teachers do this?

- brainstorms and discussions
- draw and write activities to find out what children already know
- continuums/diamond nine and other activities to find out what children feel is important to them

Assessment is the process where an individual student's learning and achievement are measured against the lesson objectives
How is children's progress in mental health education assessed?

Children's understanding of mental health education is assessed using such tools as:

- student reflective assessment sheets at the end of each topic
- written or oral assignments
- quizzes
- student self-evaluation
- reflective logbooks
- one to one discussion

Monitoring and evaluation
Monitoring is to ensure teaching is in line with school policy and that children are taught what is planned for different year groups. Evaluation helps to plan future lessons and enables teachers to review the programme to improve the teaching and learning.

The PSHE coordinator is responsible for the monitoring and evaluation of mental health lessons. A range of methods are used including:

- lesson observations
- what individual teachers added to or deleted from the lesson content
- children completing end of topic evaluations
- teachers completing end of topic evaluations
- annual PSHE review
- data collected from initial need assessment is compared to same assessment at end of topic.

Resources
Both schools draw on a wide range of current resources, including SEAL and the Jigsaw schemes.

https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and

Appendix 1

Mental health and emotional wellbeing policy and guidance

This is a summary of **The Bridge Federation** Mental health and emotional wellbeing policy and guidance. For further details please see the full policy together with appendices. The purpose of this policy is to act as a central reference point to inform school staff, parent/carers and health professionals of the school's approach to mental health and wellbeing. This summary will be circulated to all staff. Senior staff and staff teaching PSHE should read the whole document.

Why does mental health and wellbeing matter in schools?

A child's mental health will affect them for the rest of their life; it influences their overall health, happiness and productivity into adulthood. Promoting and protecting mental health in school is therefore one of the most important things we can do for them.

Roles and responsibilities in school

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

	Salehurst CE Primary	**Staplecross Primary**
Designated Child Protection/Safeguarding Officer	Liz Avard	
Deputy Child Protection/Safeguarding Officer	Kate Robertson	Jo Meeds
PSHE Subject Leader	Shanna Buffery	Kizzy Glazier
SENCO	Bill Gratwick	
Pastoral support staff	Pauline Stephenson Michelle Boast	
Pastoral support governor (for staff)	Philippa Burton	
Mental Health and Emotional Well-Being Governor	Philippa Burton	

Staff continuing professional development

The SRE and PSHE policies and schemes of work are reviewed regularly and any training needs that arise from the review are then addressed. Review of the policies entails looking at current legislation, good practise and the needs of the pupils within the school, as well as the training needs of staff using such resources as the MindEd learning portal

Confidentiality

Staff working with children cannot offer unconditional or absolute confidentiality. Staff have an obligation to inform children of this and to pass information on to the school's child protection lead if what is disclosed indicates that a student is at risk of harm.

If children disclose to visitors then the visitor should report this to staff for school follow up.

Working with and supporting parents and carers

The school will provide support and information for parents and carers of all children within the school about how they can support their children's emotional and mental health. In regards to children who have identified mental health issues where it is deemed appropriate to inform parents, the school are sensitive in their approach. The school always highlight further sources of information and give the parents/carers leaflets to take away where possible.

Mental health within PSHE

STAPLECROSS – taken from the SEAL materials

PSHE	**Term 1 -** New Beginnings **Term 2 -** Getting on and falling out.	**Term 3 -** Going for goals **Term 4 -** Good to be me	**Term 5 -** Relationships **Term 6 -** Changes
Global Dimension	**Term 1 -** Social Justice **Term 2 -** Conflict Resolution	**Term 3 -** Human Rights **Term 4 -** Sustainable Development	**Term 5 -** Values and Perceptions/Diversity **Term 6 -** Interdependence

British Value	**Term 1 -** Friendship **Term 2 -** Cooperation	**Term 3 -** Responsibility **Term 4 -** Honesty	**Term 5 -** Respect **Term 6 -** Courage

The aims of personal, social and health education and citizenship are to enable the children to:

- know and understand what constitutes a healthy lifestyle
- be aware of safety issues
- understand what makes for good relationships with others
- have respect of others
- be independent and responsible members of the school community
- be positive and active members of a democratic society
- develop self-confidence and self-esteem, and make informed choices regarding personal and social issues
- develop good relationships with other members of the school and the wider community

SALEHURST

Salehurst CE Primary School use the Jigsaw scheme of work across all year groups.	
Term 1	Being me in my world
Term 2	Celebrating difference
Term 3	Dreams and goals
Term 4	Healthy me
Term 5	Relationships
Term 6	Changing me (RSE)

Dissemination, monitoring and review

The mental health and wellbeing policy is made available to staff and parent/carers **via the federation website, sharepoint and staff induction folder.**

Visitors working with children are given a copy of the policy and curriculum and work within its framework. The mental health and wellbeing policy will be monitored by **the DSL** and reviewed on **a biannual basis.**

Appendix 2

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues[2]

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

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

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

Self-harm

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

Online support

SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk

Books

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

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

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

[2] Source: Young Minds

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

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

Books

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

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

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

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

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

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

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

Suicidal feelings

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

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

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

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

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

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 3

Guidance and advice documents

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

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)

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)

Islington MHARS: A framework for mental health and resilience in schools – Health and Wellbeing Team, Islington Council (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing PSHE Association. Funded by the Department for Education (2015)

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Delivering Psychological services in schools to maximise emotional wellbeing and early intervention. McConnellogue, Hickey, Patel and Picciotto, in The Child and Family Clinical Psychology Review: What good looks like in psychological services for children, young people and their families (2015), British Psychological Society

Appendix 4

Sources of support at school and in the local community

In the first instance, both schools offer a caring and nurturing environment as part of their vision and ethos. An integral part of this ethos is the modelling by all adults of how we treat each other, within the context of both schools' Christian ethos. All pupils are encouraged to develop resilience, resourcefulness, reciprocity and responsibility in their attitudes to their learning and emotional development in all aspects of school life as skills that they can take with them into their teenage and adult lives.

School Based Support

	Salehurst	Staplecross
Social Skills/ Friendship Groups	✓	✓
Talkabout Programme	✓	✓
Pindora's Box	✓	✓
Growth Mindset groups	✓	
Collective Worship	✓	✓
Forest School	✓	
THRIVE specialist teacher		✓
Nurture provision	✓	
ELSA trained practitioner		

Local Support

DRAGONFLIES (FSN) – charity who provide support for bereavement other forms of loss

Young Carers – contacted via ESCC Children's Services

B-eat
Help lines, online support and self-help groups for adults and young people to beat eating disorders. Young people's live chat Tuesday and Thursday, 5 - 6pm.

Tel: 0845 634 7650 or text 07786 20 18 20
Email: fyp@b-eat.co.uk
Website: www.b-eat.co.uk

Childline
Adults, children and young people can phone Childline at any time when in a crisis. The service also offers phone and email counselling and message board support as well as tips and advice on a wide range of issues, including exam stress and bullying.

Tel: 0800 1111 (24 hours a day)
Website: www.childline.org.uk

Appendix 5

Talking to children when they make mental health disclosures

The advice below is from children themselves, in their own words, together with some additional ideas to help you in initial conversations with children 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

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

Don't talk too much

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

Don't pretend to understand

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

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

Offer support

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

Acknowledge how hard it is to discuss these issues

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

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

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

Never break your promises

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the 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 6

Referring to CAMHS

CAMHS is not an emergency service. If you think there is a risk of immediate harm to a pupil or to others you should go to the Accident and Emergency department of the nearest hospital, or contact the GP or the police, as necessary.

CAMHS Referral Guidance for Locality Teams

This document provides an overview of the **referral guidance** and **contact details** for the Child and Adolescent Mental Health Service (CAMHS) in East Sussex

East Sussex CAMHS Team contacts :

Hastings and Rother CAMHS	Team	**01424 758905**
(Weekdays from 9 am to 5 pm)		
Hailsham and Eastbourne CAMHS	Team	**01323 446070**
(Weekdays from 9 am to 5 pm)		
Ouse Valley CAMHS	Team	**01273 402510**
(Weekdays from 9 am to 5 pm)		

The Consultation Line is staffed by the CAMHS Clinician between12 and 1pm, Monday to Friday.
07786 110175
This number is for professionals only to seek advice regarding making a referral to CAMHS or appropriate alternative support services.
Please leave a message if the line is engaged when you call and your call will be returned asap.
If your call is concerning an urgent matter or you know it concerns an open case please do not use the consultation line.
Dial the number for the base most appropriate to your area on the numbers above and ask to speak to the Duty Clinician (urgent) or the clinician involved with the young person(non-urgent). Please note Duty calls for Ouse Valley should be directed to the Hailsham Team.

Leave a message if the Duty Clinician is engaged with another clinical matter. They will return your call as soon as possible.

Out of Hours Consultation support can be obtained from :

The Urgent Help Team based at the Chalkhill Adolescent Inpatient Unit, Haywards Heath

Telephone: **01444 472 670**
Mobile: **07788 564 997**
Available: weekdays 5pm to 8pm
weekends and bank holidays 10am to 6pm

The on-call Duty Consultant Child Psychiatrist

Telephone: 01323 440 022
weekdays 5pm to 9am
Available: weekends and bank holidays 24 hours a day

Primary Mental Health Workers

Primary Mental Health Workers (PMHWs) are available for consultations. PMHW's are experienced CAMHS workers who offer primary care staff consultation with regard to children with mild to moderate difficulties. As part of consultation, PMHW's can advise on management of concerns, whether a referral is appropriate for CAMHS and/or suggest sign-posting to other relevant provisions. PMHW's provide support to schools (including some direct work with young people), support to Early Help Keyworker service and GP drop ins.

Contact them at the appropriate locality team for further information.

Child Protection — If you have child protection concerns please contact Children's Social Services at the Single Point of Advice, (SPOA) telephone 01323 464 222.

Who can make a referral? — GPs and other health professionals (paediatricians, school nurses and health workers), social workers, schools, other professionals and also self-referral. Referrals for emotional wellbeing can be made via SPOA on 01323 464 222

Information Needed for an Appropriate Referral — When considering making a referral, please meet with the child or young person in question to consider whether they have an emotional wellbeing or mental health disorder. Please include the following information :

- What interventions have been tried in supporting the child/young person?
- Are any other services involved?
- How long have the difficulties being present?

There is a CAMHS referral form available on DSX or electronically from CAMHS

CAMHS website — ***www.turnyourfrownupsidedown.org.uk***

Sussex Partnership NHS
NHS Foundation Trust

CORE PURPOSE

The core purpose of CAMHS is the specialist assessment and treatment of **moderate to severe mental health disorders** and associated risks in all young people under the age of 18 years. **The following list is not exhaustive and, if you have any concerns, please contact the CAMHS Consultation Line (please see over).**

ACCESS

This service can be accessed via :-

- the completion of the referral form
- Via PMHW services
- to make an Emergency Referral please call the Duty Clinician (contact details overleaf) in the first instance. Following this please send in a typed or written fax summarising the relevant information.

INDICATORS OF MODERATE OR SEVERE MENTAL HEALTH DISORDER

- Significant mental health problems which are present in at least two areas of functioning i.e. significant impairment of personal, family, academic or social functioning
- A lack of sufficient response to universal and targeted interventions (at Tier 1 and Tier 2)
- Primary Mental Health Worker (PMHW) information

If you are concerned about the safety of a child or young person, risk to themself or others, please telephone the Emergency Services for an Ambulance and/or the Police.

EMERGENCY GUIDANCE (CAMHS response within 24 hours)

The following presentations may indicate a mental health emergency:

- Symptoms of severe depression with active suicidal ideation (see opposite)
- Severe psychotic symptoms (see opposite)
- Anorexia with a BMI below 14 and a pattern of rapid weight loss (> 1 kg per week for at least two consecutive weeks) – please also see adjacent Eating Disorders section

If you believe a child or young person needs to be seen by our service as an emergency, contact the Duty Clinician (using the details overleaf). An assessment will be undertaken, if deemed clinically indicated within 24 hours. If the emergency occurs outside of office hours contact the out of hours service (over).

URGENT GUIDANCE (to be seen within 7 days)

The following may indicate the need for an urgent review by CAMHS :-

- Psychotic symptoms (see opposite)
- Severe depression (see opposite)
- Eating disorder with BMI below 15 and a pattern of rapid weight loss (> 1 kg per week for at least two consecutive weeks)

If you believe a child or young person needs to be seen by our service as a matter of urgency please contact the CAMHS Duty Clinician (contact details overleaf). *An assessment will be undertaken, if deemed clinically indicated, within seven days.*

ROUTINE GUIDANCE (to be seen within four weeks)

Anxiety Disorders
- Excessive anxiety and worry
- Recurrent unexpected panic attacks
- Phobias (fear and avoidance of a specific situation lasting for more than six months)
- The above problems affect daily functioning or school attendance

Attention Deficit Hyperactivity Disorder
Referrals are considered for children **over 6 years** old whose education appears compromised by symptoms of inability to focus or abnormally high activity levels. There is an expectation that learning difficulties and social adversity (particularly parenting issues) will have already been assessed and addressed before referral.

Autistic Spectrum Disorders
Referrals for diagnostic assessment are considered for children aged 11 years and above who present with a history of impaired social communication, social interaction and inflexible social imaginative play. Difficulties need to be present across all environments, including home and school. There is an expectation that learning difficulties and social adversity will have already been assessed and addressed prior to referral. We are not currently commissioned to work with behaviour problems secondary to Autism Spectrum Disorders however co-existing mental health problems will be considered. Children aged 10 years or younger, with suspected Autistic Spectrum Disorders, can be referred to the Child Development Centre.

Depression
- Core symptoms – depressed mood, loss of interest and enjoyment, increased fatigability
- Physical symptoms – poor sleep, altered appetite or weight
- Cognitive symptoms – reduced self-esteem and self-confidence, guilt and worthlessness, bleak and pessimistic views of the future
- Suicidal ideation – ideas or acts of self-harm (please consider level of intent and current thoughts)
- Co-existing – depression often occurs alongside other mental health problems (especially anxiety)
- Bipolarity – Bipolar symptoms

Eating Disorders
- Anorexia – at least 10 to 15% deficit from ideal weight, self-induced weight loss, body image distortion, fear of fatness, absence of three consecutive menstrual cycles, high risk physical signs and symptoms – ***see adjacent Emergency Guidance***
- Bulimia – engaging in binge and purge behaviour, preoccupation with eating; fear of fatness, craving for food
- It is advisable to ring for a consultation early if you have any concerns about a young person's weight

Gender Identity
- Gender dysphoria and trans-sexuality.

Obsessive Compulsive Disorder and Tics
- Obsessions and/or compulsions
- Complex motor and vocal tics (consider CDC)
- Trichotillomania (compulsive hair pulling)

Post Traumatic Stress Disorder
- Symptoms occurring more than three months after a recognised traumatic event
- Flashbacks; intrusive memories; avoidance of trauma reminders
- Problems sleeping, irritability; anger outbursts; poor concentration; easily startled; emotional "numbness"

Psychotic Illness
- Positive symptoms – paranoia, odd beliefs, abnormal perceptions (i.e. hallucinations in all sensory modalities)
- Negative symptoms – deterioration in self care and daily personal, social and family functioning
- Disinhibited behaviour, over activity, pressure of speech, agitation

Self Harm
- Self harm with co-existing mental health symptoms and serious physical risk to self.

Suicidal Ideation
- Strong wish to kill self or die; persistent thoughts of suicide; detailed plan; previous attempts; suicide note; few or no protective factors.

CAMHS IS UNABLE TO DEAL WITH CERTAIN DIFFICULTIES
CAMHS does not see individuals with the following difficulties unless there is evidence of co-existing moderate or severe mental health disorder, **nor does it provide general counselling**:-
- Behaviour problems (including problems secondary to the impact of an Autistic Spectrum Disorder)
- Bereavement
- Bullying
- Drug and alcohol misuse (East Sussex U19SMS)
- Enuresis, encopresis and faecal incontinence
- Fussy eating
- Learning Disability in the absence of a significant mental health problem
- Parental divorce and separation
- Peer relationship problems
- Phobias which do not significantly impair day to day life.
- Sleep issues (refer to sleep clinic)

PMHWs are available for consultations on these issues.
The above list is not exhaustive, if you have any concerns please contact the CAMHS Consultation Line for a further discussion