Mental Health & Well-Being Policy

Introduction

1. Why mental health and well-being is important
At IncludEd, we aim to promote positive mental health and wellbeing for our whole school community (young people, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that a young person's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events. In 2017, about 1 in 10 children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on 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 children 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 children's wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that our pupils are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that our 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 to 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 pupils' wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

2. Purpose of the policy
This policy sets out:

- How we promote positive mental health.
- How we prevent mental health problems.
- How we identify and support pupils with mental health needs.
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent or address mental health problems.
- Key information about some common mental health problems.
- Where parents, staff and children can get further advice and support.

3. Definition of mental health and wellbeing
We use the World Health Organisation's definition of mental health and wellbeing:

" 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 wellbeing is not just the absence of mental health problems. We want all of our pupils 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
- learn and achieve

4. How the policy was developed
In developing this policy we have taken account of:
- Children and Young People's Mental Health: State of the Nation 2016.
- Education, Education, Education, Mental Health 2016 (secondary).
- Promoting children and young people's emotional health and wellbeing, Public Health England 2015.
- Preparing to teach about mental health, PSHE Association 2015.
- Mental Health and Behaviour in Schools, DfE 2014.
- Supporting children with medical conditions, DfE 2014.

5. Links to other policies
This policy links to our policies on Safeguarding, Medical Needs, Anti-Bullying, SEND and Equalities. Links with the School's 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.

6. A whole school approach to promoting positive mental health
We take a whole school approach to promoting positive mental health that aims to help our pupils to become more resilient, happy and successful and to prevent problems before they arise.

This encompasses seven aspects:

Policies & Procedures

1. Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands.

2. Helping pupils to develop social relationships, support each other and seek help when they need it.
3. Helping our pupils to be resilient learners.
4. Teaching our pupils social and emotional skills and an awareness of mental health. 5. Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents and carers.
7. Supporting and training staff to develop their skills and their own resilience.

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

7. Staff roles and responsibilities, including those with specific responsibility We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some of our pupils will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (see appendix 1 on risk and protective factors).

The Head works with other staff to coordinate whole school activities to promote positive mental health and wellbeing. Our PSHE curriculum and our Emotional Confidence and Well-Being Programme covers subjects surrounding mental health Advice and support is given to staff and there are regular training and updates. The Head works closely with the pastoral team at MSPRU to liasie with mental health services, and make individual referrals to them. We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some of our pupils will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs and their families.

Sources of relevant support include:

- Our Safeguarding/Child Protection Lead
- MSPRU
- MSPRU pastoral officer

- MSPRU SEND Team who help staff understand their responsibilities to children with special educational needs and disabilities (SEND), including children whose mental health problems mean they need special educational provision.
- School Nurse
- CAHMS
- 42nd Street
- School staff
- Drama Therapy

Many of our pupils work with CAMHS who provide 1:1 therapy and group work to children who are referred. Support can be offered in school or at an external venue.

8. Supporting children' positive mental health

We believe that IncludEd has a key role in promoting pupils positive mental health and helping to prevent mental health problems. IncludEd has developed a range of strategies and approaches including:

Pupil-led activities:

- campaigns
- lessons and resources to raise awareness of mental health
- peer mediation and peer mentoring – children working together to solve problems and planned sessions where identified adults mentor a designated child.

Transition support:

- to mainstream/specialist schools which includes pupils having a staff mentor to support a smooth transition to their new school.

Class activities:

- daily group or individual mentoring sessions
- emotional confidence and well-being programme to help pupils learn personal, social and emotional, communication and problem solving skills
- curriculum based activities
- whole school focus on doing things which make us feel good
- displays and information around the school about positive mental health and where to go for help and support
- staff mental health leaflet
- small group activities:
    - Friendship Group
    - Managing Emotions Group
    - Nurture groups
    - Conflict and Resilience Talks

Policies & Procedures

Through PSHE we teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

At IncludEd we work with pupils to:

- recognise, name and describe feelings and emotions
- recognise negative effects of social media and how to stay safe online
- adopt simple strategies for managing feelings
- recognise how their behaviour affects other people
- learn about empathy and understanding other people's feelings
- cooperate and problem solve
- motivate themselves and persevere
- learn techniques to manage anger and calm down
- reflect on their behaviour
- learn about change and loss, separation, divorce and bereavement and the associated feelings
- how to stay bullying
- recognise and respond appropriately to a wide range of feelings in others
- recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them
- build on their resilience and how to motivate themselves and bounce back if they fail at something.
- recognise the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), as well as how to respond and ask for help if they are victims of this themselves.

9. Identifying, referring and supporting children with mental health needs

Our approach:

- Provide a safe environment to enable pupils to express themselves and be listened to.
- Ensure the welfare and safety of pupils are paramount.
- Identify appropriate support for pupils based on their needs.
- Involve parents and carers when their child needs support.
- Involve pupils in the care and support they have.
- Monitor, review and evaluate the support with the pupil and keep parents and carers updated.

Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- SDQ (Social Difficulty Questionnaires)
- Analysing behaviour, exclusions, attendance.
- Staff report concerns about individual pupils to the relevant lead persons.
- Termly pupil progress review meetings
- Regular meetings for staff to raise concerns
- Parental information and health questionnaire on entry to the school.

- Gathering information from a previous school at transfer.
- Enabling pupils to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.

All staff at IncludEd have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the Head.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn.
- Changes in activity or mood or eating/sleeping habits.
- Falling academic achievement.
- Talking or joking about self-harm or suicide.
- Expressing feelings of failure, uselessness or loss of hope.
- Secretive behaviour.
- An increase in lateness or absenteeism.
- Not wanting to do PE or get changed for PE.
- Wearing long sleeves in hot weather.
- 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.

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

Disclosures by children and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our pupils is paramount and staff listen rather than advise. Staff make it clear to the pupils that the concern will be shared with the Safeguarding Lead and MSPRU and recorded, in order to provide appropriate support to the pupil.

All disclosures are passed on to MSPRU and are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support

All concerns are reported to the Safeguarding Lead and MSPRU Safeguarding Lead. We 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. Our aim is to put in place interventions as early as possible to prevent problems escalating.

<table>
<tr><th>Need
The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children</th><th>Evidence-based
Intervention and Support
the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children
For example:-</th><th>Monitoring</th></tr>
<tr><td>Highest Need</td><td>CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies
Other External agency support
Other interventions e.g. art/drama therapy.

If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report</td><td rowspan="2">All children needing targeted individualised support will have an Individual Care Plan drawn up setting out
● The needs of the children
● How the pupil will be supported
● Actions to provide that support
● Any special requirements
Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a pre and post SDQ and if needed a different kind of support can be provided..</td></tr>
<tr><td>Some Need</td><td>Access to in school nurture group, family support worker, school nurse, art.drama therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends</td></tr>
<tr><td>Low Need</td><td colspan="2">General support E.g. School Nurse drop in, class teacher/mentor,</td></tr>
</table>

Support for pupils
We recognise that some children will need ongoing support for Social, Emotional & Mental Health Needs on a regular basis. We are careful not to “label” children with diagnoses without prior and sensitive consultation with family/carers and other relevant professionals. We have a duty of care to support our pupils and will seek

advice from medical staff and mental health professionals on the best way to support them. We will carry out a risk assessment and produce an Individual Care Plan to support children to integrate successfully in school.

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

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders.

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 children' Individual Care Plan. School referrals to a specialist service will be made by the Head of MSPRU following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil's specific needs.

Main Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Educational Psychologist	Accessed through the Head. MSPRU SEND Team

SEND and mental health

Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases the child may benefit from being identified as having a special educational need (SEN).

11. Involving parents and carers

Promoting mental health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting children who do have mental health needs.

On first entry to the school, our parents meeting includes a discussion on the importance of positive mental health for learning. We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see appendix 1). It is very helpful if parents and carers can share information with the school so that we can better support their child from the outset. All information will be treated in confidence. To support parents We provide information and websites on mental health issues which can be accessed

from our website. We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also aim to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available. When a concern has been raised, the school will:

- Contact parents and carers and meet with them (*In almost all cases, parents and carers will be involved in their children's interventions, although there may be*

circumstances when this may not happen, such as where child protection issues are identified).
- 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 Individual Care Plan including clear next steps.
- Discuss how the parents and carers can support their child.
- Keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

Parents and carers will always be informed if their child is at risk of danger and children may choose to tell their parents and carers themselves. We give children the option of informing their parents and carers about their mental health needs for themselves or of accompanying and supporting them to do so.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

12. Supporting and training staff
We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help. A number of our staff have completed the one day course on mental health first aid.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing.

13. Monitoring and Evaluation
The mental health and wellbeing policy is on the school website and hard copies are available to parents and carers from the school office. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work. The policy is monitored at an annual review meeting led by the Head and the Advisory Panel and input from the MSPRU SEND Team.

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

	Risk factors	**Protective factors**
In the child	● Genetic influences ● Specific development delay ● Communication difficulties ● Physical illness	● Being female (in younger children) ● Secure attachment experience ● Outgoing temperament as an infant ● Good communication skills, sociability

	• Academic failure • Low self-esteem • SEND	• 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	• 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	• 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	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships	• 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	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • 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

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

Appendix 3: Talking to students when they make mental health disclosures

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

Don't talk too much

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

The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the 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

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

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

Don't be afraid to make eye contact

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

Never break your promises

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

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

Appendix 4: What makes a good CAMHS referral?[1]

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

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

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

General considerations

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

Basic information

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

Reason for referral

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

1

Further helpful information

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

The screening tool on the following page will help guide you as to whether or not a CAMHS referral is appropriate.

INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement – **END OF SCREEN***
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

*** Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care**

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS		
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3

HARMING BEHAVIOURS		
	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

*** If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies**

	Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)		
	Family mental health issues		Physical health issues
	History of bereavement/loss/trauma		Identified drug / alcohol use
	Problems in family relationships		Living in care
	Problems with peer relationships		Involved in criminal activity
	Not attending/functioning in school		History of social services involvement
	Excluded from school (FTE, permanent)		Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1 Score = 0	2 or 3 Score = 1	4 or 5 Score = 2	6 or more Score = 3

Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

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

Appendix 5: Where to get information and support for support on specific mental health needs

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

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' PocketbooksAppendix B: Guidance and advice documents

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

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

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

Policies & Procedures

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

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)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

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

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

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing.

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