St Wilfrid's R.C. College

Mental Health

School Policy & Guidance

January 2022

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Positive Mental Health Policy: St Wilfrid's RC College

Last Updated January 2022

Policy Statement

> *Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)*

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

In addition to promoting positive mental health, we aim to recognise and respond to mental ill-health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students affected both directly and indirectly by mental ill-health.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors, to ensure that all staff are familiar with St Wilfrid's approach to mental health and our procedures around it.

This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, and the SEND policy where a student has an identified special educational need.

The Policy Aims to:

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

Lead Members of Staff

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

- Designated Teacher for Safeguarding
- Deputy Designated Teacher(s) for Safeguarding
- Senior Mental Health Lead
- Heads of House
- Head of Sixth Form

- Heads of Year
- CPD lead
- PSHE lead
- School Counsellor
- HR Manager

*The primary role of **all staff** is to ensure the safety of our students.*

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the child's Head of House, or Head of Year in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed, with an immediate referral to the designated safeguarding officer (identified on posters throughout the school building). If the student 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 (Child and Adolescent Mental Health Services) is appropriate, this will be led and managed by Heads of House/ Heads of Year. Guidance about referring to CAMHS is provided in Appendix F.

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are taught within our developmental PSHE curriculum, embedded within subject schemes of work where relevant and appropriate, and promoted in school assemblies.

Mental health education within school is intended to develop students' understanding of mental health and emotional wellbeing, and provide them with the tools to self-care.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

[1] Teacher Guidance: Preparing to teach about mental health and emotional wellbeing

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. Details of support available within our school and local community, including who it is aimed at and how to access it, is outlined in Appendix D.

We will display relevant sources of support in form classes and communal areas such as school corridors, the Café, and Sixth Form common rooms, and will regularly highlight sources of support to students within tutor time, in assemblies and in relevant parts of the curriculum. There is a mental health noticeboard located in 'The Street' which will be updated as required. This is detailed in the school. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

Warning Signs

We will ensure that all members of staff are able to discuss mental health matters and have the confidence to address issues when presented.

School staff may become aware of warning signs which indicate a student 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 heads of house.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing disclosures

A student 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 student 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 E.

All disclosures should be recorded in writing using CPOMS (Child Protection Online Monitoring System) and passed on to the designated safeguarding officer, who will offer support and advice about next steps.

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

Pastoral Team: See Appendix F for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a student on then we should discuss with the student: ▪ 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 student 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. Any information disclosed by students up to the age of 16 that suggests they are in danger of harming themselves or others must be shared with the designated safeguarding officer.

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

Parents must always be informed if we believe that students are at risk to themselves or others, and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students 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 designated safeguarding officer must be informed immediately.

Training

As outlined in the school mental health action plan on page 4, we want all our staff to feel confident talking about mental health and recognising and responding to mental health issues. 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 students safe. We also will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

The MindEd learning portal[2] provides free online training suitable for staff wishing to know more about a specific issue.

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

Suggestions for individual, group or whole school CPD should be discussed with the Head of Teaching and Learning, who can also highlight sources of relevant training and support for individuals as needed.

[2] www.minded.org.uk

Pastoral Team/ SEND Co-ordinator

The following guidance is intended primarily for the Pastoral Team/ SEND Co-ordinator.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

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

Working with Parents and Carers

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

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

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

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

Supporting Parents and Carers

Parents and carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. We will work closely with parents and carers where possible to offer guidance. In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children

through information evenings.

Supporting Peers

When a student 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 student 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

We will make use of peer mentoring to support positive relationships between pupils. We have several students in Year 11 and Year 13 that have certification as Peer Mentors, having been trained by the Anna Freud National Centre for Children and Families. They are available to support students as outlined above.

Supporting Staff

Mentally healthy schools are places where everybody's mental health matters and at St Wilfrid's steps are taken to promote the physical and emotional wellbeing of staff as well as students. We have a staff well-being focus in our strategic development plan and our senior and middle leaders strive to inspire those that they line manage to take appropriate steps to safeguard and promote their wellbeing. Staff are powerful role models to students and it is essential that we promote our own wellbeing as we know that it is to the benefit of our students. Any member of staff that feels they may need some support may speak confidentially to their line manager or any member of the senior leadership team who can advise of the plethora of support that is available from BCCET HR, The Road Centre Counselling, The Anna Freud National Centre for Children and Families and other friendly professionals.

School Counselling

There are many support mechanisms available in school for children that require further support and we have counsellors on site every day of the week:

- Bishop Chadwick Catholic Education Trust counsellors visit each Monday, providing one-to-one counselling and offering emotional support, working with the specific needs of each individual.
- The Healthy Minds Team provide a confidential NHS service for young people to improve mental health outcomes every Tuesday and Thursday.
- The Road Centre provides an established, professional counselling service in school every Wednesday and Friday, offering a bespoke service to meet the needs of each individual.

We can also offer specific emotional and mental wellbeing support to students remotely (online) through a video call at home with the Anna Freud National Centre for Children and

Families. This is beneficial for those that do not wish to meet a counsellor in person during the school day.

For further information about counselling in school or to make a referral for your child, please contact their Head of House. Children may self-refer but we will need to seek the consent of the parent/carer for it to occur.

Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in January 2024. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to our mental health lead via email to admin@st-wilfrids.org. This policy will always be immediately updated to reflect personnel changes where necessary.

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

Prevalence of Mental Health and Emotional Wellbeing Issues[3]

A survey published by NHS Digital found one in six children in England had a probable mental disorder in 2021 – a similar rate to 2020 but an increase from one in nine in 20171.

Mental Health of Children and Young People in England 2021 showed that among six to 16 year olds, the proportion with a probable mental disorder remained at one in six (17%) in 2021. Among 17 to 19 year olds, the rate was also one in six (17%).

Figures were statistically similar2 in 2020 and 2021. In 20203, the rate of probable mental disorders was also one in six for both these age groups4.

Both years showed an increase from 2017, when one in nine (12%) six to 16 year olds and one in ten (10%) 17 to 19 year olds had a probable mental disorder.

This report looks at the mental health of children and young people in England in 2021 and how this has changed since 2017 and 20205. Views on family life, education and services and experiences during the coronavirus (COVID-19) pandemic have also been collected. The findings draw on a sample of 3,667 children and young people aged between six and 23 years old, who were surveyed in 2017 and 20216.

The survey was carried out earlier this year by the Office for National Statistics (ONS), the National Centre for Social Research (NatCen)7, University of Cambridge and University of Exeter.

This publication reports individual level change in mental health over time for the same group of children and young people. Some change may be due to different rates of mental health conditions being present at different ages. It shows 39% of children now aged six to 168 experienced a deterioration in their mental health between 2017 and 2021, while 22% saw an improvement.

Among young people now aged 17 to 23, 53% experienced a decline in mental health since 2017 and 15% experienced an improvement over that time.

Girls now aged between 11 and 16 were more likely to have experienced a decline in mental health (43%) than boys the same age (34%). This trend was also seen among those now aged 17 to 23, where young women were more likely to have experienced deterioration (61%) than young men (44%).

Other topics covered in the report included:

Eating problems: The proportion of 11 to 16 year olds with possible eating problems increased from 7% in 2017 to 13% in 2021. Rates were higher for older age groups. Among young people aged 17 to 19, the proportion with a possible eating problem rose from 45% in 2017 to 58% in 2021.

Sleep problems: In 2021, over a quarter (29%) of six to 10 year olds, over a third (38%) of 11 to 16 year olds, and over half (57%) of young people aged 17 to 23 were affected by problems with sleep on three or more nights of the previous seven. Across all age groups, levels of sleep problems were much higher in those with a probable mental disorder.

Loneliness: In 2021, 5% of 11 to 16 year olds and 13% of 17 to 22 year olds reported feeling lonely often or always. Rates were higher in girls and young women than in boys and young men, and in those with a probable mental disorder, compared with those unlikely to have one.

Substance use: In 2021, most 11 to 16 year olds reported that they had not used alcohol (94%), cigarettes (98%), or cannabis or other drugs (99%) in the previous seven days. While rates of cigarette and drug use remained similar in 2020 and 2021, the proportion of 17 to 22 year olds who had had an alcoholic drink in the previous seven days fell from 56% in 2020 to 43% in 2021.

The report also covers a number of wider topics within the context of the coronavirus (COVID-19) pandemic.

Social media: In 2021,17% of 11 to 16 year olds using social media agreed that the number of likes, comments and shares they received had an impact on their mood, and half (51%) agreed that they spent more time on social media than they meant to. Girls were more likely to agree with both statements than boys. Responses were similar in 2017 and 2021.

Family connectedness and functioning: Children and young people aged between 11 and 23 with a probable mental disorder had lower levels of family connectedness than those unlikely to have a mental disorder. Looking at family functioning, in 2021 16% of six to 16 year olds were living in a family with reported problems with functioning. The prevalence of family functioning problems were similar in 2020 and 2021.

Household circumstances since August 2020: For 8% of children aged six to 16 in 2021, parents reported having recently fallen behind with bills and for 4%, parents could not afford to buy enough food or had needed to use a food bank more. Children with a probable mental disorder were more likely to live in households that had fallen behind with bills, rent or mortgage during the pandemic - 13% of parents of six to 16 year olds with a probable mental disorder reported this, and 9% had become more likely to be unable to afford to buy food, or had used a food bank. This compares with 7% and 3% respectively of those unlikely to have a mental disorder. These findings were similar to levels in 2020. Black and Black British six to 16 year olds were about three times more likely to live in a household that had recently fallen behind with bills, rent or mortgage (19%) than children in the White British group (6%).

Perceived impact of coronavirus restrictions: In 2021, 13% of 11 to 16 year olds and 24% of 17 to 23 year olds felt their lives had been made ‘much worse’ by coronavirus restrictions. In contrast, 4% of 11 to 16 year olds and 2% of 17 to 23 year olds felt these had made their

lives 'much better'. Children and young people with a probable mental disorder were about twice as likely to report that restrictions made their lives much worse, compared with those unlikely to have a mental disorder.

School absence: Overall, 11% of six to 16 year olds missed more than 15 days of school for any reason during the 2020 Autumn term. Children with a probable mental disorder were twice as likely to have missed this much school (18%) as those unlikely to have a mental disorder (9%).

Learning resources: There was an increase in the proportion of 6 to 16 year olds with a laptop or tablet they could work on at home – this rose from 89% in 2020 to 94% in 2021. The proportion receiving regular support from school or college also increased, from 74% in 2020 to 80% in 2021.

Special Educational Needs and Disabilities (SEND) support: In 2021, the parents of 46% of six to 16 year olds with SEND reported a reduction in the support their child received due to the coronavirus pandemic.

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).

[3] Source: www.digital.nhs.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

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 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)

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)

Appendix C: Data Sources

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.

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

School Based Support

All staff and students should be familiar with the school's pastoral structure. Information regarding this can be found on posters in communal areas throughout the school such as the Café and corridors.

For most students, their primary source of support will be their form tutor. In addition, any concerns about a students' wellbeing should be referred to their Head of House or Head of Year. Safeguarding issues must be passed directly to the Designated Safeguarding Officer. Students in need of specific and continuous academic or emotional support may receive guidance from a Sixth Form Academic Mentor, or a 'Blue Support' Mentor.

In addition, pastoral staff may wish to refer students to any of the following sources of support, available in school:

School Counsellor
School Nurse
Educational Psychologist

Students experiencing emotional wellbeing issues may benefit from guidance towards non clinical sources of support. Where students are not at risk to themselves or to others, this may be more appropriate than clinical referral. There are primarily four different avenues staff may wish to explore with students: physical activity, relaxation, social support and creative outlets.

To support staff in promoting student self-care, extra-curricular provision within school is

listed below. Please note that this list is by no means comprehensive, and is subject to change according to staff availability. If you wish to refer a child to one of these activities, please contact the teacher in charge.

- Breakfast Club every morning. Contact SEND Coordinator
- Homework Club every day after school until 4.10pm. Contact Learning Support Assistants. Students are given support if they need it, may use the computers and printing facilities and equipment such as pens, pencils, colouring pens, paper.
- Social Skills Group Monday after school until 4.10pm. Contact SEND Coordinator. This is for select students only.
- Games Club weekly. Contact Learning Support Assistants. This is for students who feel uncomfortable in the yard or find it difficult to socialise. Students play boardgames.
- Active lunch every lunchtime - timetable in PE Corridor (e.g. dodgeball, trampolining, table tennis). Contact PE Department.
- Sport groups/clubs. Contact PE Department.
- Spelling Bee. Contact English Department.
- Music: Keyboard Club, Homework Support, Choir, Band, Orchestra. Contact Music Department.
- MFL French Club. Contact MFL Department.
- STEM Club. Contact STEM Coordinator.
- Drama Club.
- Technology Club. Contact DT Department.
- Zoology Club. Contact Science Department.

Peer mentoring may be offered by Sixth Form students trained in cognitive behavioural therapy (CBT) as part of their enrichment programme. See Head of Sixth Form or Heads of Year 12/13 for further details.

Local Support

South Tyneside Lifecycle Primary Care Mental Health Service
Website: http://www.southtynesidelifecyclementalhealth.nhs.uk/home-page-child

Lifecycle aims to help people experiencing mild to moderately severe mental health problems. Their Community Child and Adolescent Mental Health Team (CAMHS) offers support and advice to help young people learn skills to manage the way they feel.

The service supports children in the following age brackets:

· Early Years (0-5 years)
· Children (6-13 years)
· Young People (14-17 years)
· Young Adults (18-25 years)

Lifecycle offers evidence-based treatments for a variety of common mental health issues, these may include:

· Low Mood and Depression
· Worry and Anxiety

· Controlling Anger
· Bereavement/Loss
· Bullying
· Eating Difficulties

· Self-Harming Behaviours
· Relationship & Family Difficulties

The service aims to help children and young people at the earliest possible stage, in order to support children, young people and families to develop skills and promote positive wellbeing and reduce the risk of further distress.

Parents, carers and young people aged 16 and over can make a self-referral to this service. Tel: 0191 283 2937

Washington Mind's Young People Service
Advice and contact details for further sources of support on matters including mental health, bulling, self-harm, education and sexual health.
Website: http://youngpeople.wellbeinginfo.org/young-people/

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

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

Don't talk too much

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

The 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

> *"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 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

> *"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 on the 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 student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

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

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a 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

> *"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 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

> *"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 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 student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix F: What makes a good CAMHS referral?

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 *****