



Mental Health and Wellbeing Policy

Reference: 4.3

Version: 1.1

Adopted: March 2017

Next Review: March 2020

LGB Chair Signature: Date:

Headteacher Signature: Date:

Western Primary School Mental Health and Wellbeing Policy

Success at Western

Educating and investing in children, encouraging them to grow up to lead safe, happy, healthy and successful lives, is at the heart of what we do at Western Primary School.

As a school, we place great emphasis on the success stories of every child by targeting support through extended services, multi-agency working and by building effective relationships between school, parents, children, young people and the community.

Equal Opportunities

This school believes that all individuals regardless of gender, sexual orientation, race, abilities, cultural and social background should be given the opportunity to achieve their full potential. The school is committed to working towards equality and to combat discrimination, extremism/ radicalisation and harassment.

Our curriculum promotes positive images through the themes pupils are learning about.

Through regular monitoring and evaluation of the school, we ensure that this statement remains constantly at the forefront of all we do.

SMSC

We aim to promote a curriculum that ensures that the development of pupils' spiritual, moral, social and cultural understanding plays a significant part, not only in their ability to learn and achieve, but also in the way that they make sense of and are part of the wider world. Our curriculum provides children with opportunities to explore and develop their own values whilst recognising that those of others may differ.

Inclusion and Special Needs

All children, including those in all vulnerable groups and SEN, have their progress monitored accordingly to ensure access to a broad and balanced curriculum. The Special Needs and Inclusion Policies give details as to how Inclusion Passports/provision maps are used to focus on individual needs for these children. TAs are sometimes used to support these children during lesson time or to give specific help with Inclusion Passport objectives.

Early Years

The principles of the early years underpin teaching and learning in this department of the school. The children experience a range of activities in all areas of provision which cater for the needs of all pupils.

The School's Vision

At Western Primary School we seek to develop in our children a love of learning that will last a lifetime. We are committed to providing a stimulating environment, combining high standards and a broad, rich curriculum with the understanding that every child approaches learning in a unique way. In a happy and safe atmosphere, our children have the freedom to engage and discover with a focused and experienced team supporting every child in striving to meet and exceed their personal goals. Educating our children with a fusion of excellence and enjoyment, Western Primary School is privileged to be part of this crucial stage of childhood, encouraging our children in creating their own success stories.

The principles of the EYFS underpin teaching and learning in the Early Years department of the school. The children experience a range of activities in all areas of provision which cater for the needs of all pupils.

Expectations

At Western Primary School we expect children to be – calm, polite, friendly, caring, considerate, courteous, helpful, responsible, independent, respectable, self-reliant and respectful of themselves, others, belongings and the environment.

In an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly by mental ill health.

“A boy in year 10 was suffering badly from anorexia and ended up in A&E – when staff were debriefed several of us realised that although we were very concerned about him, we had all assumed someone else was dealing with it – but nobody was. We now have a policy with a named member of staff who all these concerns are passed to.”

Adolescent suicide rates are the highest they have been for 30 years and there are over 350 million diagnosed cases of depression in the world. Up to 40% of pupils, have experienced childhood adversity on average, in some cases/schools it can be as high as 85%. We are likely to be dealing with these issues in every classroom, in every school we are ever to work in.

The YIPPEE project (Jackson and Cameron 2014) investigating children and young people across five different European countries, reported that children in all countries saw school as a safe haven, where they felt secure – except for one country.

Sadly, that one exception was the United Kingdom.

Guidance and advice documents, including advice from the Department for Education and Public Health are included in Appendix B.

Aims

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. 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.

At Western we recognize that a pupil's happiness and well-being are the foundation for their success and that effective pastoral care underpins school life. We are nurturing not just the academic progress of the child but looking after the 'whole person'.

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.

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.

Objectives

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

Lead Members of Staff from: The Inclusion Team

Whilst all staff have a responsibility to promote the mental health of students, the Head Teacher is the designated Child Protection Officer and the SENCO and the Inclusion team work together to support the mental health needs of school staff, children and their families.

Any member of staff who is concerned about the mental health or wellbeing of a student should record their concerns on CPOMs. This will automatically notify the SENCO and Inclusion team. 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 child protection officer. 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 is appropriate, this will be led and managed by the SENCO. 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 included as part of our developmental PSHE curriculum, which includes a variety of recommended interventions and practices including “Planting Positivity” which is a program that brings awareness to positive and negative thinking and provides strategies to cope with Anxiety, fear, depressive and negative thinking.

The specific content of lessons will be determined by the specific needs of the cohort we teach 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 good practice in teaching PSHE (SEAL documentation etc..) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, students 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 D.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. 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

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 on CPOMs.

Possible warning signs include:

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

Managing Disclosures

A 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 on CPOMS.

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 SENCO who will offer support and advice about next steps. 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 feel 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, this being 'students up to the age of 16 who are in danger of harm'.

It is always advisable to share disclosures with the SENCO/ Head Teacher 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 as all our children are under 16 years of age but 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 child protection office point of contact, Cheryl Smith must be informed immediately, so they can then inform the external Child Protection Office.

Working with All Parents

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

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a 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

Training

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 will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The [MindEd learning portal](#)¹ 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.

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 SENCO who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 3 years as a minimum.

Next Review ~ March 2020

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

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](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

Self-harm

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

Online Support

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

[National Self-Harm Network](http://www.nshn.co.uk): 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](http://www.depressionalliance.org/information/what-depression): 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 Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

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

Online support

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

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

SENCO

The SENCO co-ordinates all the provisions in school.

Family Support Worker

At Western we believe that families, parents and carers of our pupils should feel as included and supported by the school as their children are. The family support worker's role in school is to provide support, advice and information to families and to listen to any concerns you may have about your child's education, behaviour or wellbeing.

All support is confidential and impartial and her role is not to preach but to work with you to get the right support that benefits you all as a family.

Help and support may include:

- Helping to improve the home/school link.
- Strategies for parents/carers to improve behaviour in the home
- Support for those families undergoing changes such as family breakdown
- Signposting and help to access services from external agencies and community services
- Organising family support workshops that cover topics including building respect and resilience in your child, communication, discipline and managing behaviour.
- Helping to fill in benefit application forms.
- Helping to manage school attendance and offering support for those families with absence and lateness issues.
- Support to access benefit/housing/SEN or EHCP
- 1:1 advice and support
- A listening ear.

The family support worker is in the playground most mornings but is also available for more confidential meetings. Please contact her at school on 01423 502 737 or by email at admin@western.n-yorks.sch.uk

The Quiet Room

The Quiet Room has supported the pastoral needs of children since 1999 and is an integral part of school where we recognise that attachment and being valued as an individual are central to learning.

To this end, the Quiet Room provides:-

- A nurturing and homely environment in which children can explore their emotional needs in a confidential, calm, secure, and supportive situation using a wide range of resources.
- Someone to talk to and be listened to in a place where children are helped to communicate effectively.
- Immediate support in unpredictable circumstances.
- Assistance with physical development which supports self-esteem.

Children attend sessions 1:1, in pairs or occasionally small groups depending on their needs.

As well as ensuring that the Quiet Room is a comfortable place in which to talk confidentially, The Quiet Room Co-ordinator also provides a wide range of activities which support the creative teaching and learning in the classroom, and which bring benefits in terms of raised self-esteem, social skills, turn taking and communication.

The Quiet Room offers: Play Therapy, Art Therapy, Creative Therapy and Talk Therapy (PACT!)

Counselling and Emotional Wellbeing

Counselling and emotional wellbeing sessions are offered in school.

SALT

The in-school SALT support worker offers assistance with supporting children on NHS set SALT targets and social and emotional communication skills through socially speaking programs and Lego Therapy. She also offers Planting Positivity – a program devised and written by Jenni Eden.

Planting Positivity is a 9 week program for helping pupils see their thought processes more clearly. It allows pupils to change their thinking to improve how they feel and to improve their achievements.

Planting Positivity offers guidance, tips and strategies to improve children's perceptions of situations and circumstances.

It is suitable for upper key stage 2 and a watered down, simplified version is available for Ley Stage 1 if certain children require assistance.

The course is accessed by weekly sessions in the autumn term with year 5 and 6 pupils and with follow on booster sessions when needed, throughout the year.

The information is delivered in 7 presentations and with 2 practical sessions.

Learning Support

A team of teaching assistants offer learning support across the school. It is suitable for children with specific SEN or for children who have gaps in their knowledge or those who are not making appropriate progress.

Pupil progress meetings are held termly to ensure provisions are put in place to support where it is needed. This can be ongoing support or shorter bursts of intervention.

Please see SEN policy for further information.

Local Support

Harrogate offers a huge amount of support for those in the town and in the surrounding areas.

Information can be sourced in The Junction

There is a booklet called:

Harrogate and Area Council for Voluntary Service

"Where to Turn" – a directory of voluntary & community Organisations throughout Harrogate and surrounding area

This information can also be sourced at www.harrogate.org

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 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?²

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.

For further support and advice, our primary contacts are:

CAMHS Single Point of Access at:-

tewv.northyorkshirecamhsreferrals@nhs.net

Or contact the service on:- **0300 0134778**
