Raeburn Primary School

Positive Mental Health Policy

'Mental health is everyone's business'

Adopted by the Governing Body on……..

Signed by Chair of Governors……

Review Date……

Contents

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)*

> *A mentally healthy school is one that adopts a whole-school approach to mental health and well-being. It is a school that helps children flourish, learn and succeed by providing opportunities for them, and the adults around them, to develop the strengths and coping skills that underpin resilience. A mentally healthy school sees positive mental health and well-being as fundamental to its values, mission and culture. It is a school where child, staff and parent/carer mental health and well-being is seen as 'everybody's business'.*
>
> *(Mentally Healthy Schools)*

At Raeburn, we passionately believe that mental health is everyone's business, therefore we aim to promote positive mental health for all children and staff, as praised in our most recent Oftsed inspection. We pursue this aim using both whole-school approaches and specialized, targeted approaches to help vulnerable pupils. We acknowledge the importance of a positive link between physical and mental health, therefore we adopt the philosophy that a healthy mind + a healthy body = a healthy life.

We are a larger than average two form entry primary school in the heart of Bromborough. There are approximately 420 children on roll, meaning there are 14 classes of children.

The school also has an on-site pre-school (Raeburn's Little Owls) and a before and after school club (Raeburn's Wrappers). Raeburn has lower than average SEN and Pupil Premium with numbers averaging around 5%. Our children come from diverse backgrounds, with varying needs.

We aim to to build resilience, develop independence and improve confidence with a positive, caring environment. We believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical, spiritual and moral development of the individual child.

In addition to promoting positive mental health, we aim to recognise and respond to mental health difficulties. 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 children affected both directly and indirectly by mental ill health.

Scope

This policy describes the school's approach to promoting positive mental health and well-being. It is intended as guidance for all staff, including non-teaching staff and governors. The policy has been developed using consulatation from a range of stakeholders including staff, governors, parents/carers, pupils and external agencies such as CAMHS and the Charlie Waller Memorial Trust.

This policy should not be read in isolation but read in conjunction with other policies, such as our behaviour policy, SEND policy and safeguarding policies where issues may overlap. The main focus of the policy is on universal and preventative mental ill health, a secondary focus on early intervention and targeted needs and also includes provision for pupils with specialist needs. Detailed information about our work to promote positive mental health can be found in Appendix C.

The Policy Aims to:

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

Lead Members of Staff

Wilst all staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit inclue:

Jennifer Bushell – Headteacher/Designated Safeguarding Lead (DSL)

Laura Coll – Deputy Headteacher/Deputy Designated Safeguarding Lead

Amy Hutchinson – Mental Health Lead/Mental Health First Aider

Beverley Heyward- Business Manager/Deputy Designated Safeguarding Lead

Amy Hutchinson - SENDco

Tracey Woods – Mental Health Support Mentor

– Nominated Governor for SEMH

John Hughes – Nominated Governor for SEND and Safeguarding

Jo Ineichen – PSHE Lead

There is also a mental health working party set up to help plan, organise and evaluate the promotion of positive mental health at Raeburn. The members of staff involved are; *Helen Asher, Jo Ineichen, Tracey Woods, Simon Thomas, Emma Wonderley, Michaela Johnson*

Referrals

Any member of staff who is concerned about the mental health or well-being of a child should speak to the mental health lead or the SENDOco/Headteacher in the first instance. If there is a fear that a child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead (DSL) or deputy DSL. If the child presents with 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 Headteacher or Deputy Headteacher, in consultatation with the mental health lead. Guidance about referring to CAMHS is provided in Appendix F.

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 to help.

Raeburn is open to a range of methods of assessment and report.

Teaching about Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The core themes and objectives are taken from the PSHE Association's Programme of Study (2015) and are supported by PSHE and mental health resources such as SEAL , PSHE Association Teaching Mental Health, Christopher Winters Project, Anna Freud and Place 2 Be. This will ensure that we teach mental health and well-being issues in a safe and sensitive manner which helps rather than harms.

The 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 children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. The environment is also created to promote positive mental health

with calming music playing in classrooms and around school and time for reflection and mindfulness encouraged throughout school life. Additionally, we ensure that there are regular opportunities for exercise for all throughout the school day.

Signposting

We will ensure that staff, children and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix 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 childs within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of child help-seeking by ensuring children understand:

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

Warning Signs

School staff may become aware of warning signs which indicate a child is experiencing mental health or emotional well-being issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the headteacher/deputy head teacher AND the mental health lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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 child 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 child 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 child's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see Appendix D.

All disclosures should be recorded in writing, using the school's Record of Concern form and held on the child's confidential file. This written record should include:

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

This information should be shared with the mental health lead who will store the record appropriately and offer support and advice about next steps. See Appendix E for guidance about making a referral to CAMHS.

Confidentiality

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

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

It is always advisable to share disclosures with a colleague, usually the mental health lead or headteacher. This helps to safeguard our own emotional well-being as we are no longer solely responsible for the child, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if disclosures regarding mental health are made and children may choose to tell their parents themselves. If this is the case, the child should be given the opportunity to share this information before the school contacts parents. We should always give children the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed at first, but the Designated Safeguard Lead must be informed immediately and they will then advise the appropriate course of action.

Working with Parents

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? If alternative venues are being considered, please discuss this with the Headteacher.
- Who should be present? Consider parents, the child, 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 agreed next steps and always keep a brief record of the meeting on the child's confidential record.

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 go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a child 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 with the child 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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 to enable them to keep childs safe.

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 to developing situations with one or more childs.

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 headteacher and/or mental health lead, who can also highlight sources of relevant training and support for individuals as needed.

The Charlie Waller Memorial Trust provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions.

Staff Well-being

The headteacher, in partnership with the mental health lead and nominated governor, will take responsibility for promoting staff well-being. Additionally, the mental health working

[1] www.minded.org.uk

party will have a key role in promoting the positive well-being of staff. A range of strategies have been researched and trialled and this work will be ongoing. Evidence of this is found on the staff well-being noticeboard, located in the staffroom.

Policy Review

This policy will be reviewed every 2 years as a minimum. 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 the headteacher or mental health lead.

This policy will be disseminated to staff at full staff meetings, included in the staff handbook and referenced during staff training and CPD. Parents and carers will be signposted to the policy on the school website and hard copies will also be available in school. The policy (and review) will be presented at full governors' meetings.

This policy will always be updated to reflect personnel changes.

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

Prevalence of Mental Health and Emotional Well-being Issues [2]

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

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.
Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

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

Online support

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

Books

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

[2] Source: Young Mings

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

Supporting Mental Health in Schools and Colleges - Department for Education (2017)
Promoting children and young people's emotional health and well-being - Public Health England (2015)

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2016)

Counselling in schools: a blueprint for the future - departmental - ad vice for school staff and counsellors. Department for Education (2017)

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

Keeping children safe in education - statutory guidance for schools - and colleges. Department for Education (2016)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2017)

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 well-being.
Department of Health (2009)

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

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

1:1/Small group Well-being Support

Raeburn employs a member of staff for half a week to provide target support to children who have been referred using our school referral system. During these sessions, our well-being support mentor focuses on a range of areas, including;

- Effective communication
- Building confidence
- Positive affirmations
- Raising self-esteem
- Accepting differences in peers
- Consequences of actions
- Breaking negative thought cycles
- 'Pause' button, and stopping and thinking before acting
- Treating others as you wish to be treated yourself
- Acts of kindness
- Understanding empathy and its purpose in everyday life
- Respect
- Compassion for oneself and other
- Peer pressure
- Mindfulness
- Breathing exercises
- The ability to calm oneself down
- Physical symptoms of negative emotions and feelings
- The impact of effective sleep and diet
- The importance of exercise
- Stress management
- Self-encouragement
- Self-awareness
- Self-worth

Cheshire and Wirral NHS Next Step

Raeburn has a license for a trained member of staff to deliver the Next Step intervention. Children are identified by the tools referred to earlier in this policy and participate in approximately 6 sessions. Next step is a goal-setting tool designed to support anyone who cares for children and young people. It is a tool that helps young people to communicate on their own terms, in their own environment.

Created by both young people and mental health experts, the colourful toolkit provides the perfect platform to enable safe and structured conversations with young people who may be struggling with their emotional health and well-being.

Next Step is a set of 52 unique cards, with each card representing a particular mood, thought, action or goal. In a one-to-one scenario, Next Step will take you and a young person on a journey, encouraging them to discuss their thoughts and feelings and empowering them to set their own goals. The Next Step online application allows you to record and measure how a child or young person is progressing with an emotional issue.

Group Intervention

During daily additional needs group times, there is provision for social, emotional and mental health needs e.g. social skills training, emotional literacy and Lego Therapy

Positive Mental Health

At the end of the week, each class holds a 'Positive Parting' session, where children share one good thing that has happened that week. It is a chance to focus on the positive things in life, 'Every day may not be good, but there is something good in every day'. This will coincide with 'Talk Time'- a chance for the class to share ideas/worries/thoughts with their class's school council rep. Additionally, each class has a 'Jolly Jar' full of positive, happy quotes that children can take from. They can also add nice or jolly things that have happened to them to the jar, anonymously, which can then be shared with the class. This compliments the 'Worry Bin/Monster'in each classroom, which is a non-threatening way of sharing worries with the class teacher. Mindful Monday takes place at the start of each week in each classroom, where teachers provide a range of mindful activities such as; breathing techniques, grounding activities, colouring, sensory work etc. As a school, we will actively celebrate annual mental health days to raise the profile of mental health across in the school.

Healthy Minds, Healthy Bodies

Each year, Year 5 children will have the opportunity to become a 'HMHB ambassador' to strengthen the link between physical and mental health and increase and champion pupil voice.

Aims:

•Be the youth voice for emotional and physical wellbeing in their school and community
•Promote the positive values of sport and emotional wellbeing
•Be a role model and champion for PE and school sport and Mindfulness
•Increase participation opportunities and healthy lifestyles for everyone

Appendix D: 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 to themselves they have a problem, 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 E: What makes a good CAMHS referral? [3]

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.

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?

[3] Adapted from Surrey and Border NHS Trust

- 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?

For further support and advice:

- Wirral Specialist CAMHS advice line: 0151 488 8453
- Staff also have access to a shared drive containing a range of CAMHS intervention packs on subjects such as anxiety, depression, attachment etc.