# Positive Mental Health and Wellbeing Policy

**Queen's College, Taunton**

August 2020 V1

## Contents

## 1. Introduction

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)

1.1. At Queen's College, 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.

1.2. 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.

## 2. Scope

2.1. 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.

2.2. 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.

## 3. Aims

3.1. 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 or carers

## 4. Lead Members of Staff

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

- Andrew Free - Designated Safeguarding Lead

- Bex Jones-  SENCo

- Rachael Wilson -  Senior Nurse

- Pastoral Leads

  - Highgrove Nursery - Donna Kershaw

  - Pre-Prep - Sam Horner

- o  Junior - Dick Wilde

- o  Senior - Year Leaders

    - ▪ Year 7 - Kay Bloxham

    - ▪ Year 8 - Matt Worthy

    - ▪ Year 9 - Amanda Free

    - ▪ Year 10 - Claire Harrison

    - ▪ Year 11 - Megan Neenan

    - ▪ Year 12 - Martyn Aldridge

    - ▪ Year 13 - Sharon Wilde

- ● Claire Harrison -  Head of PSHME

- ● Carla Shearman - Head of Boarding

- ● School Counsellors

    - o  Michelle Howell

    - o  Denis Victor

4.2. Any member of staff who is concerned about the mental health or wellbeing of a student should speak to their form teacher (Junior school) Year Leader, Boarding House Parent or SENCo (Senior school)  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 Lead, the Head Teacher or the designated governor. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the Medical Centre staff and contacting the emergency services if necessary.

4.3. Where a referral to CAMHS is appropriate, this will be led and managed by the Designated Safeguarding Lead team.  Guidance about referring to CAMHS is provided in Appendix 7.

## 5.  Risk Assessment & Student Support Plans

5.1. It is helpful to draw up a Risk Assessment and subsequent Student Support 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

- ● Risks to the welfare of the student, other students and staff

- ● How people can be harmed

- ● Measures to control any risk identified in the student's risk assessment

- ● Medication and any side effects

- What to do and who to contact in an emergency
- Mentor: Student reviews - key points

## 6. Teaching about Mental Health

6.1. 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 PSHME curriculum and our tutor programme.

6.2. The specific content of lessons will be determined by the specific needs of the cohort we're 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.

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

## 7. Signposting

7.1. We will ensure that staff, students and parents are aware of sources of support within school and in the local community and  support that is available within our school and local community. Who support is aimed at and how to access it is outlined in Appendix 4.

7.2. 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

## 8. Warning Signs

8.1. 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 their Year Leader, Pastoral Leader, Boarding Houseparent, SENCo or Designated Safeguarding Lead team.

8.2. 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
- withdrawal from social media contact
- increasing coping behaviours e.g. hand washing
- struggling to make decisions
- giving away possessions

**9.** Managing Disclosures

9.1. 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.

9.2. 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.

9.3. Staff should listen rather than advise and our first thoughts should be about the student's emotional and physical safety rather than to explore 'Why?'. For more information about how to handle mental health disclosures sensitively see appendix 5.

9.4. All disclosures should be recording on CPOMS or on a cause for concern reporting form (appendix 8) and held on the student's confidential file. This written record should include:

- Child's Name and Year Group
- Date and time
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps
- Name of the person to whom the referral was made

9.5. This information should be shared with the Designated Safeguarding Lead who will store the record appropriately and offer support and advice about next steps. See appendix 6 for guidance about making a referral to CAMHS.

**10.    Confidentiality**

10.1. We should be honest with regard to the issue of confidentiality. If 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

10.2. 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.

10.3. Where we consider that a student is at risk of suffering significant harm and that there is no reason not to do so, information will be shared with the parent.

10.4. Parents must always be informed unless the school considers that the child or young person is suffering or is likely to suffer significant harm by doing so. The student may choose to tell their parents themselves. If this is the case, the student may 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.

10.5. 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 Lead must be informed immediately.

10.6. It is always advisable to share disclosures with a colleague, usually the Designated Safeguarding Lead. 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.

## 11.    Working with Parents

11.1. 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?

11.2. 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.

11.3. 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.

11.4. 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.

## 12.     Working with All Parents

12.1. 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 bulletins.

- Keep parents informed about the mental health topics their children are learning about in PSHME and share ideas for extending and exploring this learning at home

## 13.     Supporting Peers

13.1. 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 with 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 or saying which may inadvertently cause upset

- Warning signs that their friend may need help (e.g. signs of relapse)

13.2. 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

## 14.     Training

14.1. 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 students safe.

14.2. We will publish relevant information for staff who wish to learn more about mental health. The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue.

14.3. 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 students.

14.4. 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.

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

14.6. 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.

| | |
|---|---|
| **Effective date of the policy** | 31 August 2020 |
| **CLG Responsible Member** | Andrew Free, Deputy Head |

| | |
|---|---|
| **Authorised by** | Board of Governors |
| **Signed** | Mark Edwards, **Chair of Governors** |
| **Date** | 31st August 2020 |

**Appendix 1.  Further information and sources of support about common mental health issues**

**Prevalence of Mental Health and Emotional Wellbeing Issues**

- 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

1 Source: Young Minds

@CharlieWTrust www.cwmt.org.uk

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

@CharlieWTrust www.cwmt.org.uk

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/preventingabuse/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 2. Guidance and advice documents**

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (November 2018)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (February 2016)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2019). PSHE Association. Funded by the Department for Education

Keeping Children Safe in Education - statutory guidance for schools and colleges. Department for Education (September 2020)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2016)

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 documents written by Professor Katherine Weare. National Children's Bureau (2015)

**Appendix 3. 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 4. Sources or support at school and the local community**

**School Based Support**
List the full range of support available to students. For each include:
- What it is
- Who it is suitable for
- How it is accessed
- How this information is communicated to students

| | DSL Team | Counsellor | Year Leader / Tutor / Boarding Houseparent | SENCo / Student Support |
|---|---|---|---|---|
| **What is it** | Staff trained in child protection and safeguarding through the SSCP at Level 3 "Working together to safeguard children" | BACP trained counsellors | Staff with a specific responsibility for groups of students either in year groups, tutor groups or boarding houses | A central base with trained staff who have a responsibility for assessing need, providing support and monitoring the effectiveness of SEMH intervention support for students (and their parents/guardians where applicable). Team includes qualified SENCO, mental health first aider and ELSAs |
| **Who is it suitable for** | All students | All students | All students | All students |
| **How is it accessed** | Face to face, school email & school telephones | Face to face, school email and school telephones | Face to face, school email & school telephones | Face to face, school email, Year Lead and Teacher referrals; student self referrals; peer referrals |
| **How this information is communicated to students** | Safeguarding Posters & assemblies | Leaflets, referrals from school med centre, year leaders, teachers and self referrals as students hear about it via their peers and assemblies. | Year, tutor and boarding house meetings. Boarding house inductions | School website; posters; open drop in base at lunchtime. |

**Appendix 5. Local Support**

Local support services or charities that might be accessed by students or their families.

Somerset Mental Health Hub - a collaboration of voluntary, community & social enterprises promoting positive mental wellbeing & services to individuals with poor mental well-being, or those that care & support them.

Somerset Choices - An online directory of service providers in Somerset hosted by Somerset County Council, set up for adults, families and children. Both free and paid-for services are listed.

Mind in Somerset- A Somerset based charity delivering a diverse range of mental health services including Mindline Somerset – 01823 276892 – Open Tue, Wed, Fri, Sat, Sun (8pm-11pm) Mindline is an out of hours helpline in Somerset and South Devon and Torbay that is a confidential listening service providing a safe place to talk if you, or someone you know, is in distress. They can also give basic information about mental health and local services. Their listeners treat all callers, regardless of background, in a non-judgmental way with dignity and respect. When our lines are busy, or closed, our switchboard can connect you to our sister service, the Samaritans.

Samaritans (08457 909090 or 116 123) A national charity who support people experiencing mental distress."Whatever you're going through, we're here to help 24 hours a day. We won't share what you tell us with anyone else, and we won't judge you."

Chard Watch Project - A voluntary group that was set up to reach out and engage with adults who, because of various conditions and issues, are socially isolated and who face barriers within their community and surrounding areas.

Somerset Drug And Alcohol Partnership - A group of public sector organisations who work together to implement the national drugs and alcohol strategies in Somerset. It recognises that alcohol and drug misuse affects everyone in one way or another and that for the harm caused by alcohol/drugs to be minimised, tackling misuse is "everyone's business". It is made up of representatives from the police, probation, health and local authority.

N.H.S. Somerset Partnership - Mental Health - Caring for you in the heart of the community. This captures our aim to deliver care that is personal to the individual as close as possible to where they live – in local communities and in patients' own homes – and for our staff who deliver those services to be caring and compassionate.

Somerset Village Agents Project - Help to bridge the gap between isolated, excluded, vulnerable and lonely individuals and statutory and/or voluntary organisations which offer specific solutions to identified needs.

Somerset and Wessex Eating Disorders Association - (SWEDA) "We engage with people affected by eating disorders, including family, friends and carers, by offering hope and enabling access to support services to empower recovery. "

NHS Self-help guides - A collection of 16 self-help guides covering individual areas such as Controlling Anger, Obsessions and Compulsions, Anxiety, Alcohol and You, Self-Harm, Eating Disorders etc.

## Appendix 6. 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 a 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 7. What makes a good CAMHS referral?**

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 CAMHS 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?

- Details of any known protective factors

- Any relevant history i.e. family, life events and/or developmental factors

- Are there any recent changes in the pupil's or family's life?

- Are there any known risks, to self, to others or to professionals?

- Is there a history of developmental delay e.g. speech and language delay

- Are there any symptoms of ADHD/ASD and if so have you talked to the educational psychologist?

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

For further support and advice, our primary contacts are:

Somerset Safeguarding Children Partnership

Consultation line for DSLs & GPs – 0300 123 3078


Specialist CAMHS Community Team

Foundation House, Wellsprings Road, Taunton

Tel: 01823 368368

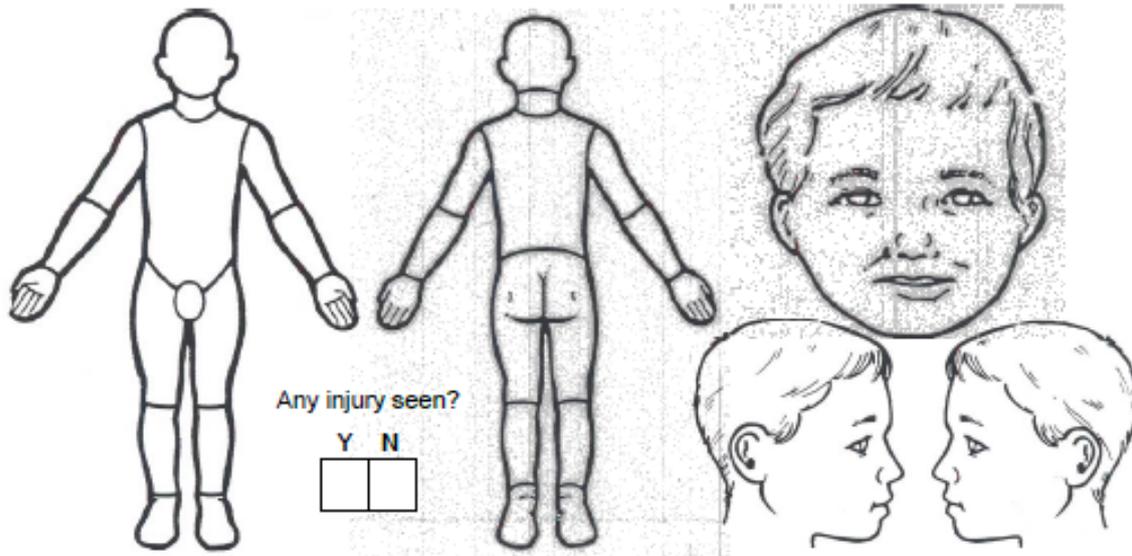## Appendix 8 . Cause for concern reporting form

**Queen's College**

Confidential | **Cause for Concern Reporting Form** | Confidential

| Child Name: | | Year Group / class: | |
|---|---|---|---|
| Date of report: | | Name of reporting person: | |
| Time: | | | |
| Date & time of incident | | Any witnesses? | |
| Location of incident | | | |

| Details of concern/event | |
|---|---|

| Signed: | | Date: | |
|---|---|---|---|

Any injury seen?

Y   N

# Queen's College
## Advice for recording a concern

When recording an incident include the date, time and place as well as the names of any potential witnesses to the event or disclosure. Keep observations factual. If recording conversations try to use exact words and not to rephrase. Avoid leading questions. Use the outlines provided to show injury sites. Size estimates can also be included.

## Safeguarding Lead

| | | | |
|---|---|---|---|
| **Referred DSL on:** | | **DSL on duty:** | |
| **Advice sought:** (when, from whom and what was advice given) | | | |
| **Concern/referral discussed with parent/carer?** (If not, state reasons why – If yes, note discussion with parent) | | | |
| **Referral made:** (If not, state reasons why – If yes, record to whom and any action agreed) | | | |
| **EHA required?** | Yes / No? | **By whom:** | |
| **Feedback to referring member of staff:** | Yes / No? | **By whom:** | |
| **Response to / action taken with pupil:** (what was done and by whom?) | | | |
| **Other action taken:** | | | |
| **Signed:** | | **Date:** | |