



Positive Mental Health and Wellbeing Policy

PURPOSE

This document describes Ark Ayrton Primary Academy’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors and sits alongside our RSHE Policy which details further how the PSHE curriculum promotes positive mental health and wellbeing through classroom based learning.

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Positive Mental Health and Wellbeing Policy

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 Organisation)

At Ark Ayrton Primary Academy, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using a graduated approach of universal, targeted and specialist intervention. We recognise that for a truly whole school approach, a positive mental health strategy needs to bound up in our whole school ethos and culture.

We achieve this by:

- *A commitment to relational and trauma informed practice, with regular training and CPD for staff.*
- *A whole school approach, using My Happy Mind resources, and regular circle time for children to learn about and talk about their feelings.*
- *A commitment to quality first teaching, making reasonable adaptations so that all can thrive in the classroom and feel a sense of achievement.*
- *A fair, firm and consistently applied Behaviour Policy, with additional support from an SEMH Lead in a dedicated room, for those who require further help.*
- *A trainee counsellor and trauma informed practitioner to work with identified children, make referrals to relevant agencies, and to support staff.*

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

Scope

This document describes Ark Ayrton Primary Academy's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors and sits alongside our RSHE Policy which details further how the PSHE curriculum promotes positive mental health and wellbeing through classroom based learning.

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers/carers

Lead Members of Staff

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

- Sophie Bennett-Acres – Head of School & Designated Safeguarding Lead
- Mandy Rutledge – Deputy Designated Safeguarding Lead
- Miranda Tabraham – Senior Mental Health Lead / Wellbeing Teacher
- Helen Ellis – SEMH Regional Lead
- Jennifer Davis / Nick Jacobs – Behaviour Support Mentor/ELSA
- Jemma Pullen, Rachel Smythe, Ash Cooke, Lisa Simpson - Mental Health First Aiders

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead 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, or Deputy. 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 Senior Mental Health Lead.

Ark Ayrton Primary Academy’s commitment to the eight principles for promoting whole school approach to mental health and wellbeing

In line with the DfE’s Guidance, our approach instils a commitment to the eight principles to promoting a whole school approach to mental health and wellbeing:



Ark Ayrton Primary Academy’s Graduated Approach to pastoral work

According to the Government’s publication, *Transforming Children and Young People’s Mental Health Provision: a Green Paper*, “School environments are well suited to ‘stepped’ or graduated prevention approaches where there is both universal and targeted interventions” particularly in the area of “addressing mild to moderate mental health problems”.

Ark Ayrton Primary Academy ensures that our pastoral provision applies a graduated approach, acknowledging that the universal needs of security and safety must be met before any learning can take place. Our approach to mental health and wellbeing does not operate in isolation, but is intrinsic to the way we foster positive relationships at every level, and create an environment so that all can flourish.

At Ark Ayrton Primary Academy, our graduated approach consists of the following provision:

Specialist: Play Therapy, workers from SDAS or other charities, CAMHS, MHST
Targeted: Time to Talk, ELSA, Behaviour Support, Lego Therapy
Universal: My Happy Mind, Circle time, Zones of Regulation

Further information is available in our SEND Information Report (insert link).

Individual Care Plans

At Ark Ayrton Primary Academy we adopt a trauma informed and relational approach which guides our safeguarding, interventions and interactions with students. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. However, all staff are well placed to observe children day-today and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

If there are concerns about a child, the Mental HealthLead will talk to the parent/carer and the child if appropriate to gather further information and discuss a suitable way forward. This may include discussing who the child can talk to in school and the nature of the difficulty.

Where a student’s mental health needs, or a formal diagnosis, require a greater level of support to be put in place, or where specialised services are involved in a young person’s care (for example, the student is working with CAMHS or MHST), the Mental Health Lead and Designated Safeguarding Lead will work collaboratively to identify next steps on a case by case basis. The SENCo will also be involved in the early stages of any referrals to ensure any unmet SEND needs are also considered.

Diversity, Equity and Inclusion

At Ark Ayrton Primary Academy, we are committed to providing a fully inclusive environment for all staff and students, as well as an ambitious and equitable education for all students. As such, we embrace diversity and inclusion as a fundamental pillar of our mental health provision. We believe that each student’s unique background and experiences shape their well-being. Therefore we acknowledge that our approach to promoting positive mental health and wellbeing is not a ‘one size fits all approach’, and we aim to foster an inclusive environment where every individual feels valued, respected and supported in their journey towards positive mental health. By promoting diversity, we aim to celebrate differences and create a space where all voices are heard and understood. Through open dialogue, empathy and cultural awareness we strive to ensure that every student feels safe and empowered to seek assistance when facing mental health challenges.

We acknowledge there are disparities in mental health concerns and treatment amongst those who are marginalised in our society. Research¹ highlights that people from ethnic minority communities, those that identify as LGBTQ+, and those from disadvantaged backgrounds often face unique challenges in accessing mental health services as well as experiencing more pronounced mental health concerns overall.

These disparities highlight the need for targeted interventions and sensitive mental health support. By recognising and addressing these specific challenges faced by marginalised communities, Ark Ayrton Primary Academy strives to implement inclusive practice that prioritise equity, representative and understanding. Through collaboration with community organisations, awareness campaigns, and tailored support services, we aim to bridge the gap and ensure that mental health resources are accessible and effective for all students, regardless of their background.

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 RSHE curriculum. The specific content of this curriculum will be determined by the contextual 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.

¹ www.mind.org

In order to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms, the Personal Development Entitlement will be informed by the following guidance and frameworks:

- DfE Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory Guidance 2019
- DfE Physical Health and Mental Wellbeing: Primary and Secondary 2021
- The National Curriculum 2014
- DfE Guidance on Personal, Social, Health and Economic (PSHE) Education 2021
- Keeping children safe in education - for schools and colleges 2021
- Equality Act 2010
- DfE Promoting fundamental British values as part of SMSC in schools 2014
- The prevent duty: for schools and childcare providers 2021
- Teaching Online Safety in Schools 2019

Signposting

We will ensure that staff, students and parents/ carers 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 as Appendix C.

We display relevant sources of support for staff in the staff room and details of the Safeguarding team are available around school.

Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental ill 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 to Miranda Tabraham, the Mental Health Lead, or the Designated Safeguarding Lead. Concerns from staff are also logged on Edaware.

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 in writing and held on the student's confidential file on the academy's safeguarding platform Impero Edaware.

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 Miranda Tabraham, Mental Health Lead, or the Designated Safeguarding Lead who will offer further support and advice about next steps for the individual.

Confidentiality

We should be honest with regards to the issue of confidentiality. Under common law, information given in confidence should only be passed to a third party with the agreement of the person disclosing it. This applies to the student/teacher relationship. Ark Ayrton Primary Academy **staff cannot, however, offer absolute confidentiality**. Where there are child protection issues, the staff member should refer the matter to the Designated Child Protection Lead within the Academy and follow the Academy's confidentiality procedures. Staff should make clear the level of confidentiality that can be given, before the disclosure is made.

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

We should never share information about a student without first telling them.

It is always advisable to share disclosures with a colleague, usually the Designated Safeguarding Lead, Sophie Bennett-Acres, or Senior Mental Health Lead, Miranda Tabraham. 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.

As a guiding principle, parents/ carers will be informed if a young person is having panic attacks, self harming, restricting nutrition, engaging in substance abuse, or engaging in sexual activity before the age of consent. Given the responsibility that parents/ carers have for the conduct and welfare of their children, staff will always encourage the young person to share information with their parents/ carers wherever safe to do so. Where students choose to tell their parents/ carers themselves, they should be given 24 hours to share this information before the school contacts parents/ carers. We should always give students the option of us informing parents/ carers for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues as to why their parents should not be informed, then parents/ carers should not be informed and Sophie Bennett-Acres, the Designated Safeguarding Lead must be informed immediately.

Working with Parents/ Carers

Where it is deemed appropriate to inform parents/ carers, we recognise the need to be relational in our approach. Before disclosing to parents/ carers we will 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/ carers, the student, other members of staff.
- What are the aims of the meeting?

We recognise that it can be shocking and upsetting for parents/ carers to learn that their child is experiencing mental ill health or has had an experience that has impacted negatively on their wellbeing. As part of our partnership with Ark Ayrton Primary Academy families, we will provide support to parents/ carers from the outset by highlighting further sources of information (in particular, those aimed at parents/ carers) that might be useful in navigating the experience alongside the young person.

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/ carers often have many questions as they process the information. Ark Ayrton Primary Academy staff will finish each parent/ carer meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential Impero Edaware record.

General Support for Parents/ Carers

At Ark Ayrton Primary Academy, we value the relationship between the Academy and parents and carers. We know that children have the best chance at success in their education and in their lives beyond it if their school and their parents or carers work together to consistently motivate, challenge and support them.

In order to facilitate parents/ carers to support young people's emotional and mental health we will:

- Make our mental health policy easily accessible to parents/ carers via the academy website
- Highlight sources of information and support about common mental health issues on our school website, including providing parent advice guides
- Ensure that all parents/ carers 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
- Share ideas about how parents/ carers can support positive mental health in their children through workshops
- Keep parents/ carers 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 ill health, 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 the needs of the peers involved; support may include identifying with the young person and their parent/ carer:

- 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 needs additional help from adults or specialised services (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
- How to speak with their own parent/ carer about their friend's experience
- How to communicate boundaries with their friend

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.

Where the need to do so becomes evident, we will host additional training sessions for all staff to promote learning or understanding about specific issues related to mental health as part of the our INSET and CPD offer.

Additionally:

- Relevant information on mental health conditions, student wellbeing, and mental health information services will be accessible to all staff
- Staff will be signposted to the [MindEd learning portal](#) which 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.
- Several staff are Mental Health First Aiders and the school has a Wellbeing group for staff, as well as access to the Senior Mental Health Lead for specific support.

Suggestions for individual, group or whole school CPD should be discussed with Miranda Tabraham, Senior Mental Health Lead or Julie Truscott, Assistant Head for Teaching & Learning who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in July 2024.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed Miranda Tabraham Senior Mental Health Lead via email info@arkayrtonprimary.org

This policy will always be immediately updated to reflect personnel changes.

Appendix A: Further information and sources of support about common mental health issues²

Prevalence of Mental Health and Emotional Wellbeing

- 1 in 6 children and young people aged 5-16 suffer from a diagnosable mental health disorder – that is around 5 children in every class (July 2021). This is a significant increase from 1 in 9 in 2017.
- 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 because of self-harm. Over the last 10 years this figure has increase by 68%.
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time
- Young people in the lowest income bracket for 4.5 times more likely to experience severe mental health problems than those in the highest income bracket and find it harder to access services to support.
- 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 order.
- 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 primary at parents but they are listed here because we think they are useful for school staff too.

Support on all of these ssues can be access via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for free e-learning opportunities) MindEd (www.minded.org.uk).

Please also see our mental health partner's website, Place2Be at www.place2be.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 specialist needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

Alumina www.self-harm.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: Jessical Kingsley Publishers

Carol Fitzpatrick (2012) *A short Introduction to Understanding and Supporting Children and Young People who Self-Harm*. London: Jessical Kingsley Publishers

Depression

² Research from Mind.org.uk

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 to motivate to engage in day-to-day activities

Online support

Young Minds www.youngminds.org.uk

Kooth www.kooth.com

Books

Christopher and Susan Marton (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 experience at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or month 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

Charlie Waller Memorial Trust <https://www.charliewaller.org/resources/supporting-a-child-with-anxiety>

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 leave 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.uk

Books

Zoe Wilson and Ashley Fulwood (2022) *FAQs on OCD*, London, Sheldon Press

Amita Jassi and Sarah Full (2013) *Can I tell you about OCD? A guide for friends, family and professionals*. London, Jessica Kingsley Publishers

Suicidal ideation

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

Books

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 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 preschools 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 www.beateatingdisorders.org.uk

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

Appendix B Guidance and advice documents

[Promoting and supporting mental health and wellbeing in schools and colleges](#), DfE, 2022

[Mental health and behaviour in schools](#), DfE, 2018

[Preparing to teach about mental health and emotional wellbeing](#), PSHE Association, 2021

[Keeping Children Safe in Education](#) (KCSIE) 2023

[Supporting pupils at school with medical conditions](#), DfE, 2015

NICE guidance: [Social, Emotional and Mental health in primary and secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document, NCB, 2015

Place2Be's Whole School approach to mental health and wellbeing audit tool (insert link)

[Mental Health resources for children, students, parents, carers, and school/college staff](#), DfE, 2021

[Editable Student Care Plan](#) (to be used as first wave of targeted intervention)

Appendix C: Source or support at school and in 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

ELSA support

- Emotional literacy support, helping children to identify feeling and emotions and provides an opportunity for children to speak about how they are feeling. Provides sessions on a half termly basis or an ad hoc check in if needs be
- Suitable for any child who maybe experiencing anxiety, loss, anger and a wider range of emotions
- Accessed through staff recognising the need for the child during our multidisciplinary team meetings, or through the child self-referring
- Communicated to children through visible posters throughout the school and regular visits to classes

Behaviour support worker

- Helping children to identify feeling and emotions and provides an opportunity for children to speak about how they are feeling. Provides strategies on how to regulate their feelings and emotions. Sessions on a half termly basis, an ad hoc check in if needs be or when a child is presenting with a big feeling of anger, upset or sadness
- Suitable for any child who maybe experiencing difficulty in regulating
- Accessed through staff recognising the need for the child during our multidisciplinary team meetings, or through the child self-referring
- Communicated to children through visible posters throughout the school and regular visits to classes

SEMH Lead

- Leads, co-ordinates and monitors provision for key children with SEMH
- Suitable for any child working outside of the behaviour policy
- Accessed through staff recognising the need for the child during our multidisciplinary team meetings
- Communicated to parents through relational plans

Home school link worker

- Works with identified parents and children to support with barriers to learning
- Suitable for children who are struggling to come into school
- Accessed through staff referrals and triaging at our multidisciplinary meeting
- Communicated to children through SENCo

Play Therapist

- Weekly sessions which focus on a child's individual needs, based on the number of ACES a child has and whether they need further support
- Suitable for children who have experienced significant trauma or who are higher risk than others
- Accessed through staff referrals and triaging at our multidisciplinary meeting
- Communicated to children through SENCo

Counsellor

- Weekly sessions which focus on a child's individual needs, based on the number of ACES a child has and whether they need further support
- Suitable for children who have experienced significant trauma or who are higher risk than others
- Accessed through staff referrals and triaging at our multidisciplinary meeting
- Communicated to parents

My Happy Minds (EYFS)

- Helping children in EYFS learn all about the brain and how it works and why they feel different feelings. It introduces all children to different feelings and emotions
- Suitable for all children as a proactive strategy
- Accessed through their curriculum
- Communicated to children through their learning

Zones of Regulation

- Helping all children to be able to identify how they are feeling and to seek support if they need it. A strategy to enable children to be able to self regulate their feelings and emotions
- Suitable for all children as a proactive strategy
- Accessed through their curriculum
- Communicated to children through their learning

Local Support

Talking Change

Off the Record

Appendix D: Talking to Students when they make mental health disclosures³

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 mark 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, 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 simple 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 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.

³ Taken from Charlie Waller Memorial Trust

Offer support

“I was worried how he’d react, but my Dad just listened then said, ‘How can I support you?’ – no one had asked me that before and it made me realise that he cared. Between us we thought of some really practical things he 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.

Acknowledgment 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 ask 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 it is handled within the school’s Safeguarding and Child Protection policy, 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?⁴

If the referral is urgent it should be initiated by phone so that CAMHS can advise of next best 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 already 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)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent/carers and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent/carers given consent for the referral?
- What are the parent/carers and 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/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 development 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 development details 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 our primary contacts are:

CAMHS Duty Line : 0300 123 6632

MHST (Mental Health in Schools Team) : Robyn Gray, school link. 0300 123 5062

⁴ Adapted from Surrey and Border NHS Trust