St Luke's Primary School

Positive Mental Health and Well Being Policy
2025

As a Rights Respecting School our philosophy is underpinned by the values and principles of the United Nation's Convention on the Rights of the Child (UNCRC).

Article 3: Prioritizing the best interests of the child in all decisions and actions.

Article 12: Encouraging pupils to express their views and ensuring their voices are heard.

Article 19: Providing a safe and supportive environment free from physical and mental violence.

Article 24: Ensuring access to mental health services and promoting the best possible health.

Article 28: Respecting children's dignity and rights within educational practices.

Article 29: Supporting the development of pupils' personality, talents, and abilities.

Article 31: Promoting rest, leisure, and participation in cultural activities.

Policy Statement:

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

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

In addition to promoting positive mental health, and preventative well-being, 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 children affected both directly and indirectly by mental ill health.

Scope:

This document describes our school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff.

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

The Policy Aims to:

- Promote positive mental health in all staff and pupils (Appendix D)

- 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
- Value well-being from a whole school perspective in line with our core statement
- Promote well-being for all students and staff

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

- Adam Turner, Headteacher / designated child protection / safeguarding officer
- Kath Hepworth – Deputy head / Deputy designated child protection / safeguarding officer/SENDCO
- Charlotte Walton – Assistant Headteacher / Deputy designated child protection / safeguarding officer/ Key Stage 2 Leader
- Lisa Evans – Mental Health & Well being Leader / Deputy designated child protection / safeguarding officer/ Jersey Pupil Premium Leader
- Terrie Wilton - lead first aider / ELSA

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Headteacher 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 child protection officer or DSL deputy. If the pupil 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 school SENDCO. 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

These are shared with staff and kept in the staffroom and inside medical cupboards in classrooms.

Teaching about Mental Health and Well-Being
The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

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.

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

The Importance of Preventative Well Being Initiatives in School

We need to promote well-being in school for the following reasons

- It underpins learning

- Prevention is better than cure

- Provides support in life events

- Develops skills to manage stress, self-esteem, resilience, friendships, emotional literacy, social awareness, communication, self -awareness, transitions, bereavement, and anger management.

- Supports brain development

- Promotes the importance of Professional love, care, and nurture.

Our Well Being Support includes:

Well-being facilitator from the Education Department
The Well Being Facilitator supports the school in a variety of ways. These include:

Whole Class Sessions
These are usually run by the Well Being Facilitator in partnership with the ELSA and class teacher. These focus on strategies to deal with stress, relaxation, peer massage, mindfulness and positive affirmations.

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Small Group Work

This gives an opportunity for a small group of children (usually 3-5) to work on themes including friendship skills, social skills and self-esteem.

1:1 work

This provides a more individualised programme of support focusing on a child's particular need.

Emotional Literacy Assistants (ELSA)

Emotional Literacy Assistants (ELSA's) run either individual, group or whole class sessions focusing on:

Social Skills

Emotions

Bereavement

Anger Management

Self Esteem

Friendships

Resilience and Listening Skills

FRIENDS programme

School Dog

Albie is a Cockapoo and is our school dog (part time due to his position being shared with another school). Research has demonstrated that therapy dogs properly managed in the school setting can make a measurable difference in terms of gaining various skills such as reading enhancement, and can also contribute critically to emotional and relational development. School counsellors are finding that the presence of a therapy dog can decrease anxiety and enable children to work through issues such as anger management and social problems. The introduction of a non-threatening therapy dog can serve as a catalytic vehicle for forming adaptive and satisfactory social interactions. Guided activities and group discussions help teach children how to handle interpersonal conflict and develop constructive responses.

What are the goals of a therapy dog program in school?

While therapy dogs have been widely used in recent years for reading enhancement, a therapy dog program can contribute so much more. Here is a summary of the areas where the proper use of therapy dogs in the school setting can contribute significantly and help to achieve important goals in children's development:

Dogs can assist well-being facilitators working with children who have anger management issues, bullying behaviour and other anti-social conduct.

GOAL Increase empathy/compassion.

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Dogs can assist well-being facilitators with children who are victims of bullying and related behaviours:
GOAL: Decrease retaliatory violence and improve self-esteem.

Dogs can assist well-being facilitators with children who have friendship issues.
GOAL: Help the children stay connected with social networks.

Dogs can help in the reduction of stress and anxiety among children in social settings that are stressful:
GOAL: Reduce anxiety levels and help children to decompress after traumatic circumstances

Dogs can contribute to the improvement of reading and comprehension skills of children having difficulties.
GOAL: Improve reading skills, comprehension and improve confidence and literary interest.

Integrating trained Pets as Therapy dogs into the emergency preparedness and response plans of a school system when a critical incident occurs can have major benefits.
GOAL Lessen the emotional trauma of a critical incident/event for children and adults.

Well-being/Intervention space
St Luke's School has designated spaces where many of the above interventions can take place.

Signposting
We will ensure that staff, pupils, and parents are aware of sources of support both within school and in the local community. The support 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 the Community Room and display boards and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of the pupil or parent seeking help by ensuring families understand:

- What help is available

- Who it is aimed at

- How to access it

- Why to access it

- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the SENDCO.

- Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental

- Changes in eating / sleeping habits

- Increased isolation from friends or family, becoming socially withdrawn

- Changes in activity and mood

- Lowering of academic achievement

- Talking or joking about self-harm or suicide

- Abusing drugs or alcohol

- Expressing feelings of failure, uselessness or loss of hope

- Changes in clothing – e.g. long sleeves in warm weather

- Secretive behaviour

- Skipping PE or getting changed secretively

- Lateness to or absence from school

- Repeated physical pain or nausea with no evident cause

- An increase in lateness or absenteeism

Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a 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?' Think TED (Tell, Explain, Describe) For more information about how to handle mental health disclosures sensitively see appendix E.

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All disclosures should be recorded in writing and held on the pupil'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 Headteacher who will store the record appropriately and seek support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we feel it is necessary for us to pass our concerns about a pupil on then we should discuss with the student:

- Who we are going to talk to

- What we are going to tell them

- Why we need to tell them

We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. However, if staff perceive that a child is at immediate risk of harm advice can be sought from CAMHS without consent.

It is always advisable to share disclosures with a colleague, usually the mental health 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 pupil. If appropriate, and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if a referral is being made. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the designated safeguarding lead, Adam Turner, must be informed immediately.

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? At school, at their home or somewhere neutral?

- Who should be present? Consider parents, the student, other members of staff.

- What are the aims of the meeting?

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

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

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step 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 get about this, if they have concerns about their own child or a friend of their child

- Make our mental health policy easily accessible to parents, add it to our website

- 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 pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told

- How friends can best support

- Things friends should avoid doing / saying which may inadvertently cause upset

- Warning signs that their friends help spot (e.g. signs of relapse)

- Additionally, we will want to highlight with peers:

- Where and how to access support for themselves

- Safe sources of further information about their friend's condition

- Healthy ways of coping with the difficult emotions they may be feeling

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe.

We will provide links to relevant information in our staffroom for staff who wish to learn more about mental health. The MindEd learning portal (www.minded.org.uk) 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 appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students. This includes training a mental health first aider.

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 and well-being.

Suggestions for individual, group or whole school CPD should be discussed with a member of SLT who can also highlight sources of relevant training and support for individuals as needed.

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Appendix A:

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 of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

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.

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Online support

SelfHarm.co.uk: www.selfharm.co.uk

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

Books

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

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

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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-edgechildline-spotlight/

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Books

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers

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

Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks

Appendix B:

Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff.
Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015).

PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges.
Department for Education (2014)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

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

NICE guidance on social and emotional wellbeing in primary education NICE guidance on social and emotional wellbeing in secondary education What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

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Appendix C:

Data Sources

<u>Children and young people's mental health and wellbeing profiling tool</u> collates and analyses a wide range of publicly 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

<u>ChiMat school health hub</u> 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

<u>Health behaviour of school age children</u> is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

Appendix D:

The Importance of Preventative Measures Sources or support at school and in the local community

School based support for staff
What do we do to promote the positive well-being of staff?

- Induction mentors

- Opportunities to socialise outside of school

- Facilitate teamwork and support

- Timetabled opportunities to talk about pupils

- Non-judgemental approach

- Value opinions

- Culture of collegiality

- Give staff time

- Respect confidentiality

- Professional culture of mutual respect

- Genuine community spirit valued

School Based Support for children
What do we do every day to promote the positive well-being of pupils?

- Greeting children as they arrive and leave

- Assemblies

- Range of communication methods between home and school

- Knowledge of families

- Rights Respecting Schools Steering Group

- Growth Mindset

- Talk Partners

- Individual feedback

- Pupil conferencing

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- Staff meeting time to discuss pupils
- Outdoor learning opportunities
- School Dog - Albie
- Smiley room
- Time to talk with a number of adults
- ELSA
- Check-in and check out
- Anti-bullying ambassadors
- Reduced timetable, alternative provision

More structured sources of support at school

What is it?	Who it is suitable for?	How it is accessed?	How this information is communicated to students / parents?
Heart Math	Children who need support to self-regulate, children with anxiety	Through SENDCO	Provision map shared with parents
Well-being support	Children who need support with internalised behaviour	Through termly Planning and Review Meeting (PARM) with well-being facilitator	Consent letter from parents, conversation with SENDCO
Circle of Friends	Children with friendship issues	Through SENDCO	Conversation with all parents and whole class
Early Help	Families who may benefit from a coordinated approach to meet their child's needs	Through SENDCO and trained early help facilitators in school	Meeting with parents and outside agencies
EAL support	Children new to the Island, with EAL to support transition	Through central EAL team	EAL team liaise with class teachers to communicate with parents

Well-being groups including Forest School, gardening, nurture, cooking	Children who need support with social and emotional development, or experiencing family changes	Through SENDCO	Conversation with parents
Respite holiday care	To support families during school holidays	Through liaison with After School Club, Pathways and local charities	Conversation with parents, meeting with agencies where appropriate

Local Support

There are many local support services or charities that might be accessed by school or by families, many of these have no cost. This list is by no means exhausted, but contains ones known to us.

The Jersey Online Directory www.jod.je has details of how to access support groups, services, organisations, and activities and includes a section dedicated to health and wellbeing. Other specific organisations are listed below:

- MIND Jersey
- Jersey Adult Mental Health Services (JAMHS)
- Jersey Talking Therapies
- Liberate
- NSPCC
- Samaritans
- Love Matters
- Women's refuge
- Childline
- Relate
- Parenting services
- Child and Adolescent Mental Health Services (CAMHS)
- Education Welfare Service
- Education Psychology

Appendix E:

Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

> "She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."

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

Don't talk too much

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

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

> "I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T — don't even pretend to, it's not helpful, it's insulting."

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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.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' — no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

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

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

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Appendix F:

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)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/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?

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- 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 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 to guide whether or not a CAMHS referral is appropriate.

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INVOLVEMENT WITH CAMHS		DURATION OF DIFFICULTIES	
	Current CAMHS involvement – **END OF SCREEN***		1-2 weeks
	Previous history of CAMHS involvement		Less than a month
	Previous history of medication for mental health issues		1-3 months
	Any current medication for mental health issues		More than 3 months
	Developmental issues e.g. ADHD, ASD, LD		More than 6 months

* Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

		MENTAL HEALTH SYMPTOMS
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

		HARMING BEHAVIOURS
	1	History of self harm (cutting, burning etc)

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	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

* If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies

Social setting – for these situations you may also need to inform other agencies (e.g. Child Protection)			
	Family mental health issues		Physical health issues
	History of bereavement/loss/trauma		Identified drug / alcohol use
	Problems in family relationships		Living in care
	Problems with peer relationships		Involved in criminal activity
	Not attending/functioning in school		History of social services involvement
	Excluded from school (FTE, permanent)		Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3

Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

*** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice ***

The States of Jersey Department for Education