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FIDES et OPERA

BROMLEY
HIGH SCHOOL

GDST
GIRLS' DAY SCHOOL TRUST

Positive Mental Health & Wellbeing Policy

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 Bromley High School, we aim to promote positive mental health and wellbeing for every member of our staff and pupil body by using both whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we aim to promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

Scope
This policy describes the school's approach to promoting positive mental health and wellbeing. It also outlines our procedures for responding to mental health issues. The policy is intended as guidance for all staff including support staff, volunteers and SGB members. It should be read in conjunction with our First Aid and Medical Treatments Policy (in cases where a pupil's mental health overlaps with or is linked to a medical issue) and the SEND policy (where a pupil has an identified special educational need).

Policy Aims:
- Promote positive mental health and wellbeing in all staff and pupils.
- Increase understanding and awareness of common mental health issues.
- Alert staff to early warning signs of mental ill health.
- To provide support to staff
- Provide support to staff working with young people with mental health issues.

Lead members of staff
Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:
- Taiana Hathway – Deputy Head, Pastoral and Designated Safeguarding Lead
- Christina Bird– Deputy Designated Safeguarding Lead (Senior School)
- Kelly Powell – Designated Safeguarding Lead and Deputy Head, Pastoral , Junior School
- Claire Dickerson – Deputy Designated Safeguarding Lead and Head , Junior School
- Debbie Hemingway – School Nurse
- Liz Pattinson – School Counsellor
- All Heads of Year
- Cath Pradic – Head of Pupil Personal Development

Promoting Positive Mental Health

The skills, knowledge and understanding needed by our pupils 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 needs of the cohort, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We 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.

Responding to Mental Health Issues

Mental ill health is a part of life in just the same way as physical ill health, it's OK to talk about it and it's OK to ask for help. All staff at the school have a role to play in pastoral care: pupils should feel that there is a range of staff they could talk to at any time if they have issues or concerns. Alongside the PSHE curriculum, a number of additional initiatives aim to promote positive mental health and pupil wellbeing:

• Pupils have been involved in the Positive Schools Project since Sept 2017 and Year 7 PSHE lessons will continue to be devoted to the understanding of the science behind emotions. This gives pupils knowledge and understanding about how the brain processes emotion, and why we think, feel and behave as we do. This is combined with a set of tools and techniques that can help to 'rewire the brain' and improve psychological wellbeing (e.g. mindfulness, worry-filter, inner coach). Pupils become more emotionally literate and confident that they can positively influence their own mood-state. The aim of the course is to develop resilience, adaptability and self-reflection along with an understanding of how to be mentally healthy and form productive relationships. The remaining Year groups will revisit key tools within Wellbeing Week and form time activities throughout the year.
• Mindfulness activities during form time and Wellbeing Weeks for staff and pupils.
• HOYS and nominated staff trained in Mental Health First Aid
• Clubs, societies etc.
• The school counsellor runs half termly sessions on key mental health topics including managing anxiety, eating disorders and clean sleep.
• Wellbeing Hub offered at lunchtime for support and friendship.
• Sixth form YMHFA Pastoral Prefects programme.
• Tutors, Heads of Year, the School Nurse and the Pastoral Deputy have formal responsibility for the pupils in their care, and can provide advice and support
• Counselling is available to pupils of all ages and a drop-in service operates each Wednesday and Thursday lunchtime.
• Confide facility
• Worry box (Junior school)

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 Taiana Hathway or Kelly Powell.

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

Any member of staff who is concerned about the mental wellbeing of a pupil should speak to Taiana Hathway (Senior School) or Kelly Powell (Junior School) in the first instance. If there is a fear that the pupil is in danger of immediate harm, then an immediate referral is required. 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 Taiana Hathway or Kelly Powell, depending on the age of the pupil. Referrals to CAMHS have to be made through the school counsellor, Bromley Well-Being and guidance is detailed in Appendix F.

Managing disclosures

A pupil may choose to disclose concerns about herself or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure and should follow the same procedures as listed in the safeguarding policy - 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 pupil'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 pupil's confidential safeguarding 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 will be shared with the Nurse or school counsellor, as appropriate, who will offer support and advice about next steps. See Appendix F.

Confidentiality

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

- 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 pupil without first telling her. 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, for instance for pupils up to the age of 16 who are at risk of harm.

It is always advisable to share disclosures with a colleague, usually the Nurse, as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, 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 and discuss with her who it would be most appropriate and helpful to share this information with.

Parents must always be informed if the girl is under 16 years of age and pupils may choose to tell their parents themselves. If this is the case, the girl should be given at least 24 hours to share this information before the school contacts parents. We should always give 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 must be informed immediately.

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 girl, 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
- Specific requirements for school visits/trips etc

In addition, care plans may be supported by a further risk assessment for school trips and visits so that effective support can be given and to allow pupils to maintain access to the extensive range of co-curricular activities offered by the school.

Teaching about Mental Health
The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our curriculum.
The specific content of lessons will be determined by the needs of the cohort being taught but there will always be an emphasis on enabling pupils 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.

Signposting
We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, at whom it is aimed and how to access it is outlined in Appendix D.
As well as information and useful links posted on Firefly, we display relevant sources of support in classrooms and communal areas such as common rooms and notice boards and regularly highlight sources of support to pupils in relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring they understand:

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

Partnership with Parents & external agencies
The school commits to work alongside CAMHS and GP advice, along with early intervention with SLAM hospitals. The school recognises that it is not in a position of clinical delivery, but that it does have a big role to play in affording pupils support to establish healthy coping strategies for promoting positive mental health. Parents may access Place2Be support pages on topics related to mental health. The GDST offers parent webinars on related issues, and the school promotes other opportunities for parents to learn (e.g. Bromley Y parent and pupil webinars). Parents would be asked to follow the normal communication pathways to the school, by emailing the child's tutor or Head of Year if they wish to discuss their child's mental health.

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 in newsletters and on the portal
- 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 and wellbeing policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through information evenings and events
- 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.

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 pupil, 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 are sharing. Sharing sources of further support aimed specifically at parents can also be helpful too (e.g. parent helplines and forums).
We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record on CPOMS or safeguarding file.

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 guided by conversations by the pupil who is suffering and her parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told?
- How friends can best support?
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling.

Training
As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to keep pupils safe.
Key pastoral staff are trained as Mental Health First Aiders and Taiana Hathway, Deputy Head, Pastoral, is the Mental Health Lead.

The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. www.minded.org.uk

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 pupils.
Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.
Suggestions for individual, group or whole school CPD should be discussed with our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

The Charlie Waller Memorial Trust provide funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. For further information email admin@cwmt.org (tel:01635 869754)

Links to other policies
This policy operates in conjunction with:
• Safeguarding and Child Protection Policy
• GDST Inclusion Policy
• GDST Equal Opportunities Policy
• SEND Policy
• Anti-Bullying Policy
• PSHE schemes of work

Monitoring, evaluation and review
The effectiveness of this policy and the school's positive mental health and wellbeing strategies will be continuously evaluated through monitoring of pastoral cases and referrals to the school counsellor, and in collaboration with pupils via the pupil council. This policy will be reviewed every 2 years as a minimum. This policy will be reviewed and updated as appropriate on an ad hoc basis as the need arises.

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. Although some pages are aimed primarily at parents they are also useful for school staff.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and 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. BHS has [roduces some advice on dealing with self-harm which may be accessed here.

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
University of Oxford: Coping with self-harm, a guide for parents and carers (available from the school)

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, ability and motivation to engage in day-to-day activities.

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

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

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

Online support
Anxiety UK: www.anxietyuk.org.uk

Books
Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions
Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support
OCD UK: www.ocduk.org/ocd

Books
Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

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

Online support
Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating disorders

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 (2015)

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

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

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

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

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

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

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

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

School Based Support
All staff have a responsibility to promote the mental health of pupils, although the following people have a specific remit:
Senior School:

- Taiana Hathway– Deputy Head, Pastoral and Designated Safeguarding Lead
- Debbie Hemingway – School Nurse
- Cath Pradic – Head of PSHE and Head of Year 8
- Liz Pattinson– School Counsellor
- Jo Higgins – Head of Year 7
- Lisa Broadbent– Head of Year 9
- Nick Mahoney – Head of Year 10 and head of Upper School
- Lindsay Garlick – Head of Year 11
- Christina Bird – Head of Sixth Form and Deputy Designated Safeguarding Lead (Senior School)
- Maxine Bowles – SENDCo Senior school

Junior School

- Kelly Powell – Deputy Head, Junior school and Designated Safeguarding Lead
- Victoria Huntley – EYFS and KS1 Phase leader
- Wendy Shearman – Phase leader, Y3 and 4
- Liz Pattinson– School Counsellor
- Emily Rushton -SENDCo, Junior school

Bromley High School also operates a peer support scheme who work with Year 7 pupils who have been identified by their tutors or Head of Year as needing support with organisation, transition and managing workload etc. The mentors have been trained to refer any pastoral concerns to the form tutor, Head of Year or Deputy Head, Pastoral.

The subject mentoring programme (Big Sisters) run by sixth form pupils for our Year 10 operates under the same principles.

Local Support
There are a wealth of local support networks and charities that pupils and parents can access, some of which are listed below:
Bromley Well-Being (formerly Bromley Y) 0208 464 9003
Bromley Drug and Alcohol service (BDAS) 020 8289 1999
Young Minds 0808 802 5544
Metro (sexuality, identity, gender and diversity) http://www.metrocentreonline.org
The Candle Project (bereavement service) 020 8768 4500
WGN (Women and Girls' Network) 020 7610 4345; 0808 801 0660

Appendix E: Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help during initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on safeguarding 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 pupil 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 pupil 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 pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil 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 you 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 pupil 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 pupil 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 pupil.

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 pupil 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 but it meant so much to me 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 pupil 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 pupil.

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 pupil 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 pupil.

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 pupil 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 pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix F: What makes a good CAMHS referral? *(Adapted from Surrey & Border NHS Trust)*
In Bromley, all CAMHS referrals need to go through Bromley Well-Being. If the referral is urgent it should be initiated by phone so that Bromley Well-Being 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 evidence what intervention and support has been offered by the school and the impact of this so be relevant evidence, reports and records must be available.

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 / 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 address and telephone number of referred child/children
- who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family (consider if an interpreter is necessary).
- 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 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.

Involvement with CAMHS		Duration of difficulties	
	Current CAMHS involvement*		1-2 weeks
	Previous history of CAMHS involvement		Less than a month
	Previous history of medication for mental health issues		1-3 months

	Current medication ofr mental health issues		More than 3 month
	Developmental issues (eg ADHD, AD, SEND)		More than 6 months

* Ask for consent to telephone CAMHS for discussion with clinician involved in care of pupil

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)

Impact of above symptoms on functioning – circle the relevant score and add to the total:

Little / none Score = 0	Some Score = 1	Moderate Score = 2	Severe Score = 3

Harming Behaviours		
	1	History of self harm (cutting, burning etc)
	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 urgent referral and immediate risk management strategies

Social setting – for these situations you may also need to inform other agencies (eg 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 (permanent)			Current child protection concerns

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

One / none Score = 0	2 or 3 Score = 1	4 or 5 Score = 2	6 + 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

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

Individual safety care plan in school

Name:

My warning signs (physical signs i.e. palpitations, headache. My thoughts i.e. want to self-harm, hearing voices. My behaviour i.e. wringing of hands, pacing)		
Physical signs	*Thoughts*	*Behaviour*
My coping mechanisms (things I do to distract myself i.e. listen to music)		
My personal network (people I would ask for help) in school		
1. 2. 3. 4. 5.		
Safe Place in School (time out)		
Location: Staff supervisor(s):		
Other actions agreed in school, for example, use of alert cards, modifications to timetable		
My professional or agency contacts if applicable		
Person eg CAHMS: Contact No: Counsellor: Other:		

Medication (Name, dose and when administered) if applicable
Parent/guardian Contact
Name: Relationship: Emergency contact No:

Date written:

Review Date:

I/we agree to abide by the personal safety plan and any specific risk assessment.
I/we will inform Mrs Hathway of any self-harm incidents and any changes in health care.
In addition to Mrs Hathway and Mrs Bird, I/we consent to this information being shared with (<u>delete and complete as appropriate</u>):

- **all staff**
- **only the following staff:**

My tutor
My teachers
List any other staff:

Pupil Signature: **Parent/guardian signature:**

Date: **Date:**