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MENTAL HEALTH POLICY

Author / Edited by	Mr A Fell
Date	March 2021
Executive summary	This policy has been reviewed and amendments made in order to comply with Trust requirements and those of the Local Authority
Review Body	School
Endorsed by	Governing Body
Review frequency & next review due	Every 3 years or as required – March 2024
Comments	This policy is available on our school website and is available on request from the school office. This policy will be reviewed in full by the Governing Body every 3 years or as required.

During the Coronavirus pandemic, the mental health of our students, families and staff have been at the core of our decision-making as a school, and this policy aims to embed this commitment to promoting and monitoring wellbeing within our culture. It also aims to set out a clear stepped approach to supporting students and staff during times when their emotional wellbeing is less than optimal.

1 POLICY STATEMENT

We aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We aim to use a common framework to encourage everyone within the community to recognise mental health early warning signs within themselves as well as others, and a common strategy to connect and seek support whenever these signs arise, as well as clear guidance as to how we manage disclosures so that we can safeguard the individual.

2 SCOPE

This document describes the Schools approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our health and safety, and safeguarding policies in cases where a student's mental health overlaps with or is linked to a medical issue, safeguarding concern, and the SEN policy where a student has an identified special educational need or is on the child protection register.

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 students suffering mental ill health and their peers and parents or carers.
- Outline legal considerations pertaining to minors and mental health.

3 LEAD STAFF

As a school community, we all have a responsibility to promote the wellbeing and mental health of students, however, staff with a specific, relevant remit include: The pastoral team and our three Mental Health trained staff:

Theresa Picksley / Gayle Prince and Caroline Wabe

Any member of staff who is concerned about the wellbeing or mental health of a student should speak to the Mental Health team named above first instance. If there is a fear that the child is in danger of immediate harm then the normal safeguarding and child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead, Head Teacher or designated Governor for Safeguarding. If the student presents a medical emergency then the

normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting emergency services if required.

Where a referral to Child and Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the Safeguarding team. Guidance about referring to CAMHS is provided in the Appendix.

4 INDIVIDUAL SUPPORT 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

5 TEACHING ABOUT MENTAL HEALTH

Our PSHE curriculum has a sustained focus on wellbeing issues and encourages a person-centred approach to exploring these. A curriculum which connects the facets of Health and Wellbeing Education with Relationships Education encourages students right from the beginning of their time at school to create and evaluate their support networks, understand how to approach people in our support networks to have a mental health conversation and how to read our own emotions and communicate them. We use distancing techniques and case studies when covering content so that any negative impact upon a student experiencing mental ill health is minimised.

6 SIGNPOSTING

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

We will display relevant sources of support in communal areas such as student reception, staff rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum, in assemblies and in form times.

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

7 EARLY WARNING SIGNS

Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties and could be due to a number of reasons. Students may still feel stigma around mental health problems or may be concerned about the consequences of telling someone. They may be unaware that they have a problem or be aware but feel that they have to cope with it on their own.

Adolescence can be a difficult developmental time and this period of change can result in the gradual onset of mental illness. It is important that warning signs are recognised and an appropriate, supportive response is put in place as soon as possible. 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 to the pastoral team.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness, or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

8 MANAGING DISCLOSURES

All members of the school community should be encouraged that they can start a wellbeing conversation no matter how small they may deem their concern to be.

When approaching a person to start a wellbeing conversation, the student or adult may express that their mental health is not optimal, but may not be able to describe how they are feeling. We should use our two filtering questions as a starter to this conversation;

1) Are you still able to enjoy the things you usually do?
2) Is there anything you're looking forward to?

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 the Appendix.

Any mental health discussion with a student which is considered to be low risk with no immediate safety concerns should be referred to the Pastoral team. The Tutor will contact parents/guardians/carers to arrange a meeting (face-to-face/over video call if possible) and will remind the young person of their support network as well as the importance of seeking support no matter how small their concern may seem to them. The Form Tutor will oversee a period of 'watchful waiting' over a period of no longer than four weeks. If after this period it is deemed that the student continues to need support, a referral should be made to a mental health professional.

All disclosures should be recorded on My Concern, and if there is a fear for the immediate safety or wellbeing of the young person, an immediate referral should be made to the Designated Safeguarding Lead and the Mental Health Lead.

9 CONFIDENTIALITY

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

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

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, for example, for students who are in danger of harm.

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 student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if;

- A child has self-injured or disclosed that they have considered self-injuring
- A child suggests or expresses they are having suicidal thoughts or have attempted suicide
- A child discloses disordered eating behaviours

Students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a Designated Safeguarding Lead must be informed immediately.

10 COMPACT OF CARE

Compact of Care is a Trust response to Suicide ideation. This document was produced by the Trust and outlines the processes that the school must follow for any student who has attempted suicide or has had or continues to have suicide ideation. The school endeavours to support the young person, their family and the school community in cases of attempted or ideation of suicide. The processes, delivered through a Compact of Care, are in place to facilitate the support and to encourage all parties and professional bodies involved with the young person to work collaboratively in the best interests of the young person at risk.

There are three phases to the Compact of Care:

1. Recovery Process

If there is immediate risk to the child, emergency medical care should be sought. If it is not an immediate risk the SLT on call and a member of the safeguarding team should be notified. If the student is in school, they will be sent home. A risk assessment needs to be carried out by SLT on-call to identify the need for a Recovery Process and time at home. All suicide ideation and attempts should be referred to CAMHs for guidance and to any social care involved with the student. A referral should always be made where there are concerns about the reasons for the young person's suicidal thoughts or intentions, such as abuse or neglect, or where young people are at high risk of suicide and refuse CAMHS support, and/or when parents or carers are refusing to engage. The initial risk assessment will trigger a recovery process period where they are to be at home or a place of safety for a minimum of one week, typically 2 weeks but longer may be considered.

Following the recovery period at home a two-part meeting is organised by the College. All professionals involved in the care of the young person should contribute and feed into the meeting.
The first part is a risk assessment. The second part of the meeting is a Risk Management Strategy meeting chaired by a member of SLT on the safeguarding team. The young person, their family, Pastoral manager.

A decision as to whether the young person can return to school is not made at the risk management meeting; decisions are made afterwards by the Headteacher.

2. Reintegration and Risk management

The Risk management strategy is implemented with regular review dates set to monitor the wellbeing and academic progress of the young person. The reviews should follow a similar format to the first meeting in that it is a two-part meeting organised by the school. All professionals involved in the care of the young person should contribute and feed into the meeting.

3. Monitoring of student wellbeing and academic progress

Once the young person has fully reintegrated back into school and are not considered a significant risk, review meetings continue to take place with the student, family and Pastoral Manager. The Risk Management strategy continues to be reviewed and amended accordingly. Updates from the meeting will be passed to the safeguarding.

11 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/via video call? This is preferable.
- Where should the meeting happen?
- 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 steps and always keep a brief record of the meeting on the child's confidential record.

12 EXTERNAL SUPPORT AND SIGNPOSTING

There are various mental health charities who provide helpful information for parents, and who offer tools to assist young people with their mental health outside school. The following resources can be helpful to review and are often signposted to students in school for support.

- GP – Your local GP is usually the first person to contact regarding concerns about a child's mental health.
- Kooth – Online, free counselling for young people.
- Childline – Free counselling for young people via phone or online.
- Calm Harm – Free app for self-harm
- Clear Fear – Free app for anxiety
- Mind – General mental health support and knowledge.
- Young Minds – General mental health support and knowledge.
- Samaritans – Suicide phone-line (116 123)
- A&E – Young people can be taken to A&E during a mental health emergency or crisis.

Appendix A: Further Information about common mental health issues

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

Self-harm
Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.
Online support
SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk
Books
Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression
Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.
Online support
Depression Alliance: www.depressionalliance.org/information/what-depression
Books
Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias
Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.
Online support
Anxiety UK: www.anxietyuk.org.uk
Books
Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

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

Suicidal feelings

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

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

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

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

Eating problems

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

Online support

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

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

Books

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

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

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

Appendix B: Guidance and advice documents

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)

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: Talking to students when they make mental health disclosures

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

Focus on listening

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

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

Don't talk too much

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

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

Don't pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

Never break your promises

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

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

Appendix E: What makes a good CAMHS referral?

Adapted from Surrey and Border NHS Trust

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?

- What are the parent or carer pupil's attitudes to the referral?

- **Basic information**
- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family?
- Will an interpreter be needed?
- Are there other agencies involved?

- **Reason for referral**
- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem or issues involved.

- **Further helpful information**
- Who else is living at home and details of separated parents if appropriate
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- 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?

APPENDIX G: STAFF WELLBEING

WHAT DO WE MEAN BY STAFF WELLBEING?

'Wellbeing' is the condition of feeling that our lives are balanced with good physical, mental and emotional health. When we experience positive wellbeing, we feel engaged and motivated, connected to others and better able to cope with life's ups and downs. When we feel this positive connection to our loved ones and to our community more broadly, as well as towards our work and to our wider responsibilities, we are able to show resilience and 'bounce back' from inevitable setbacks.

School staff are frequently juggling a multitude of tasks for a number of different stakeholders in a quick-paced and often reactive environment where there are huge pressures on time and resources. Knowing this, it is imperative that staff are taken good care of, both emotionally and

physically so that they can support students, families and colleagues more effectively. When staff feel valued, nurtured and understood, they are more able to talk about their wellbeing free of judgement or stigma, meaning that any mental health issues which arise are addressed more quickly with better outcomes for that person's personal and clinical recovery.
Staff Wellbeing is a priority in our school because;

- Staff who feel valued and who are invested in are more likely to be retained
- Enthused and engaged staff are more likely to have a positive impact on students and their educational outcomes
- Staff with positive wellbeing are more likely have improved job satisfaction and be more productive
- When staff can manage stress better and have developed healthy coping strategies, the likelihood of illness is reduced, as are absences from work

RECOGNISING EARLY WARNING SIGNS

Stress is a normal part of everyday life, but it becomes unhealthy when our outlet for managing stressful situations cannot meet the number of stressful situations or events we are experiencing. These can be some of the triggers which can impact on and become further impacted by feelings that our physical and emotional health are under threat;

- A major life change
- Unrealistic expectations of ourselves and others
- Limited resources and growing demands
- Unexpected detours and challenges

When working in a caring profession, we are much more likely to experience encounter stress (see next page) as a result of the number of people we in a normal day, as well as the unpredictability of each encounter.

Early Warning Signs	**You could try**
BEHAVIOURAL SIGNS • Feeling irritable and quick to anger • Difficulty paying attention or feeling more forgetful • Changes in appetite • Increased eating of high fat, salty or sugary foods • Lack of motivation • Tuning out SOCIAL SIGNS • Decreased desire to attend social events • Increased desire to stay in the classroom during break times • Voicing complaints more frequently/reactivity when there was little before PHYSICAL SIGNS • Difficulty falling asleep or staying asleep • More frequent headaches and/ or migraines • Stomach aches or feelings of nausea • Increased sweating/night sweats • Heart palpitations • Chest pains • Dizziness or shortness of breath • Clenching of teeth/grinding at night • Clenching fists/wringing hands • Agitated bouncing of legs/feet	-Start a wellbeing conversation with a loved-one or a Mental Health Champion - Access the Mental Health Champion Online Library -Arrange an appointment with your GP - Contact Validium for e-counselling or ask the Mental Health Champions for recommended therapists - Create positive self-talk affirmations - Buy a 'Six Minute Diary' to write in -Schedule in social events or factor in regular communications with friends and family -Attend one or 2 'me time' activities just for you each week to stop you from being tempted to work overtime -Download Headspace and practise a relaxation before bed - Practise 'Bubble Breathing' a long out breath like blowing bubbles which lowers your heart rate -Try a proprioceptive activity such as yoga, running or even pressing your thumb against each finger of your hand in a loop -Practise 'Loosy Limp' allowing your whole body to become heavy and relaxed like a rag doll

ALBRECT'S FOUR TYPES OF STRESS: HOW TO MANAGE COMMON PRESSURES

TIME STRESS

What is it?

Time stress occurs when we worry about time or lack thereof. We worry about the number of things we need to do, and the fear that we will fail to achieve something important. We might feel trapped, unhappy or even hopeless.

When do we experience it?

When we are worrying about meeting deadlines or rushing to avoid being late for all of our commitments.

How can we manage it?

- Create To-Do Lists as a reminder of what has been achieved
- Prioritise urgent tasks
- Use peak working time to concentrate on most important tasks
- Be polite but assertive about tasks which you don't have the capacity to complete

ANTICIPATORY STRESS

What is it?

Anticipatory stress describes the stress we experience when concerned about an event in the future. It can have a specific cause or can be vague and undefined such as an overall sense of dread that 'something will go wrong.'

When do we experience it?

When we have a presentation to deliver or an event to organise.

How can we manage it?

- Use positive visualisation techniques to reframe the event and imagine it going right
- Overcome the fear of failure by contingency planning
- Put extra time into practising and preparing to build confidence.
- Take five minutes daily to practice relaxation to help you focus on the present rather than an imagined future

SITUATIONAL STRESS

What is it?

We experience Situational Stress when we are in a concerning situation we have no control over. This could be an emergency or a conflict situation, or a loss of status or acceptance in the eyes of your group.

When do we experience it?

Being made redundant or making a major mistake in front of colleagues.

How can we manage it?

- Be aware of early warning signs of the stress response so that you can anticipate your reaction
- Learn how to communicate better by anticipating 'fight or flight' so if natural response is to retreat, learn how to think on your feet, if it's to get angry, learn how to self-regulate
- Practise conflict resolution skills with 'I Statements' and seeking 'win-win solutions'

ENCOUNTER STRESS

What is it?

This stress revolves around people and how we interact with them. It can happen as a teacher as our role involves lots of interactions with young people and their families who may be unpredictable or in distress. It can happen when we experience 'contact overload' and feel overwhelmed or drained from interacting with so many people.

When do we experience it?

Teaching a class with students who can be oppositional or defiant or being on duty in a noisy and busy environment

How can we manage it?

- When recognising that we are becoming overloaded and possibly cold or impersonal in our interactions, take a break or practice deep breathing exercises
- Focus on empathy so we can structure communications on the needs and wants of others