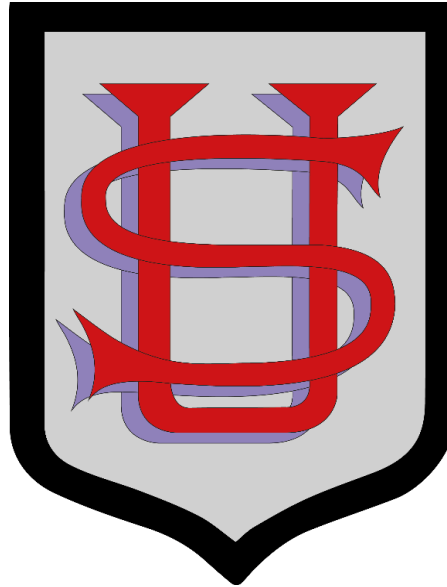


LONDON BOROUGH OF HAVERING



**ST. URSULA'S  
CATHOLIC PRIMARY SCHOOL**

POSITIVE MENTAL HEALTH POLICY

*“With God at the heart of our St Ursula’s family, we welcome all as we learn  
and grow together”*

Autumn 2022

*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 member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

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

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

**This policy should be read in conjunction with our medical and safeguarding 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.**

## **Aims**

At St Ursula's, we aim to create a safe and welcoming environment through our approach to both the classroom and playground settings. Through this holistic approach, we hope to help children acquire social and emotional skills that they will continue to harness beyond our school.

- Promote positive mental health throughout the school community
- 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 pupils and their parents/carers suffering mental ill health

## Lead Members of Staff

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

Designated Safeguarding Lead	Mr K. Ashburn
Safeguarding Team	Mrs L. Butler Mrs L. Claydon Mrs M. Walsh Mrs J. Bell Mrs R. Marshall
Wellbeing Team	Mrs L. Clark Mrs D. Whittet Miss G. Gilligan Mrs C. Kent Mrs J. Bell Mrs M. Walsh Mrs L. Claydon
Lead First Aiders	Mrs J. Carragher Mrs J. Bell Mrs M. Walsh
Pastoral Leads	Mrs J. Bell Mrs M. Walsh
Wellbeing Lead	Mrs L. Clark
PSHE and SMSC Lead	Mrs D. Whittet

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Pastoral Leads in the first instance, Mrs Bell in Key Stage 1 or Mrs Walsh in Key Stage 2. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the school's Safeguarding Team. 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 Mrs L Butler, with support from Mrs Bell or Mrs Walsh.

## Wellbeing Recovery Action Plans

Wellbeing Recovery Action Plans can be used as a tool to develop coping strategies/mechanisms with children and young people. A Wellbeing Recovery Action Plan should be a child-lead activity that the child is involved in and should contain:

- Strategies/tools for coping when the child is at crisis point (e.g. listen to my favourite song). Support the child in thinking of these themselves and centre them on things that make the individual feel happy or safe. Try to have a range of strategies that can be used anywhere, anytime.
- Warning signs both internal and external, physical and emotional (e.g. I clench my fists). The aim is to encourage the child to recognise their own physical and emotional responses and as a result, manage their wellbeing independently, early on.

If a child is posing a significant risk of harm to themselves or others or a child receives a diagnosis pertaining to their mental health, it is helpful to draw up an individual care plan. 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

Wellbeing Recovery Action Plans can also be offered to staff members as an additional source of support.

## 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 developmental Wellbeing curriculum (*Bounce Back*) and our embedded PSHE curriculum.

The specific content of lessons are determined by the PSHE association programme of study and the specific needs of the cohort we're teaching 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 and others.

The Wellbeing curriculum has been adopted from the *Bounce Back* scheme of work and has been adapted to progressively build upon children's understanding. During this time, teachers will lead discussion fuelled lessons that are paired with an activity that aims to embed the learning based on ten key themes/units throughout the academic year:

1. Core Values (exploring morality)
2. Social Values (understanding empathy)
3. People Bouncing Back (building resilience)
4. Courage (managing fears)
5. Looking on the bright side (positive perspectives)
6. Emotions (managing emotions)
7. Relationships (relationship building)
8. Humour (appropriate humour)

9. Being Safe (acceptable behaviour)

10. Success (growth mind-set)

Key Stage 1 will have one 45-minute session every week and Key Stage 2 will have three half-hour sessions a week. Please see the Wellbeing Curriculum policy to see more details.

## **Signposting**

We will ensure that all stakeholders 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 section 8.

We will display relevant sources of support in communal areas such as staff rooms and toilets and will regularly highlight sources of support to pupils within relevant areas of the curriculum, and when early intervention is possible. Whenever we highlight sources of support, we will increase the chance of pupil help seeking by ensuring pupils understand:

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

## **Sources of Support**

### **School Based Support**

Our school aims to offer a variety of support through whole class sessions, small group work and one to one intervention where necessary. Through constant discussion during our PSHE, English, SMSC, science and RE lessons, we aim to create a culture of open dialogue in classrooms, which will in turn encourage children to be open about their feelings.

The junior school also operates a 'Calm Café' 3 lunch times a week where pupils can come if they need a break from the playground, a calm safe place or somewhere to get some head space. As well as this, various year groups run the 'Talk about' intervention, which encouraged children to communicate and improve self-confidence. As a whole school, we will be implementing the rising stars Character Education scheme, which also encourages resilience.

Our pastoral care leads, Mrs Walsh and Ms Bell also operate an open door policy for children, staff and parents alike.

### **Local Support**

We work in partnership with a range of organisations and groups offering support, including the CAHMs partnership, a group of providers specialising in children and young people's mental health and well-being. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention and participation.

## **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 immediately with the Safeguarding Team.

### Possible warning signs include:

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

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

## Managing Concerns and Disclosures

- 1.0 All staff will have access to and understand the process for logging a concern about a child. All concerns are logged using the My Concerns online system.
- 2.0 In the event that there are concerns about a child, the Designated Safeguarding Lead will access the London Borough of Havering MASH indicators of need and the London Child Protection Procedures 5<sup>th</sup> edition to inform their decision-making process with regard to the presenting safeguarding concerns.
- 3.0 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
  - 3.1 All members of staff will develop their understanding of the signs and indicators of abuse and of their responsibility for referring any concerns.
- 4.0 All staff should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside of these environments.
  - 4.1 All members of staff will read Keeping Children safe in Education 2018, part 1 and Annex A. Senior Leadership will support all staff in understanding this key document and implementing it in their practice.
  - 4.2 All members of staff will be expected to know how to access edition 5 of the London Child Protection Procedures at <http://www.londoncp.co.uk/>.
    - All members of staff will know how to respond to a pupil who discloses abuse. It is vital that our actions do not abuse the child further or prejudice further enquiries, for example: Stay calm, listen to the child and if you are shocked by what is being said try not to show it.
    - Do not promise confidentiality; you can however promise privacy, reassure the child they have done the right thing. Explain who you will have to tell and why.
    - If a child is making a disclosure, the pace should be dictated by the child. Do not ask leading questions, for example ‘what did they do next?’ It is our role to listen, not to investigate. Use open questions such as ‘is there anything else you wish to tell me?’
    - Accept what they are telling you; do not make judgements.

- Reassure the child that they have done the right thing in telling you. Do acknowledge how hard it was for them to tell you.
- Do not criticise the perpetrator; this may be someone they love.
- Tell them what you will do next and with whom the information will be shared.
- Pass this information on immediately to your Designated Safeguarding Lead.

## Confidentiality

- 5.0 We recognise that all matters relating to child protection are confidential.
- 6.0 The Headteacher or Designated Safeguarding Lead will disclose personal information about a student to other members of staff on a need to know basis only.
- 7.0 However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

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8.0 When considering sharing information the staff will:

- 8.1 Remember that GDPR is not a barrier to sharing information, it provides the framework
- 8.2 Be open & honest with the person from the outset about how information may be shared
- 8.3 Seek advice, do not fail to share information because you are unsure what to do
- 8.4 Share with consent where appropriate & respect the wishes of those who refuse consent unless you believe that there is a risk of harm to child if the information is not shared
- 8.5 Consider safety and well-being of the child and base information sharing decisions on this
- 8.6 Ensure all information shared is Necessary, Proportionate, Relevant, Accurate, Timely & Secure. Ensure any third party or hearsay information is identified and that you have consent to share it
- 8.7 Keep a record of your decision and reasons for it. Record what you have shared, with whom and the purpose.

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## Whole School Approach

### Approaching 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 pupil, and 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 mental health concern 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.

### Supporting Parents

In order to support parents we will:

- A monthly newsletter will be released signposting parents to useful tools and resources to support their own and their child's wellbeing.
- A section of our school website will be dedicated to mental health and wellbeing. It will highlight sources of information and support about common mental health issues, as well as inform parents/carers on the provisions in place to support children, staff and parents.
- 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
- 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 in either one to one or group settings and will be guided by conversations by the pupil 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 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

## Supporting Staff Mental Health

Staff are encouraged to talk to trusted colleagues if they have any worries or concerns (this includes personal and professional). If staff would prefer to speak with someone outside of work, the Wellbeing Team or senior leadership team can signpost them to appropriate support or resources. This includes counselling, designated charities and other services.

All social media and social messaging group conversations should only be used for social and domestic purposes – they must not pertain work related issues. Staff are discouraged to check their emails outside of school hours and at weekends.

'Mental Health Weeks' will be implemented at busy times in the school year. During these weeks, staff can expect:

- Work planned to ensure reduced marking or stamping of books to lighten staff workload.
- Staff will be encouraged to leave earlier to ensure a positive work-life balance.
- Non-essential meetings will be discouraged.

Staff Wellbeing days will be a termly event. Activities and events will be planned into these days to boost staff morale and encourage positive relationships among colleagues.

All provisions for staff will be shared with all stakeholders. The Wellbeing Team can support teachers with individuals and provide resources, advice and strategies. If a colleague is concerned about the mental health of a fellow colleague, they are able to make a member of the safeguarding team aware.

**Focus on listening:** If a colleague has come to you, it is 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 are thinking will make a huge difference and marks a huge first step in recovery. This may be the first time they are speaking to someone.

**Do not talk too much:** The person should be talking at least three quarters of the time. 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 explore certain topics they have touched on more deeply, or to show that you understand and are supportive. Do not feel an urge to over-analyse the situation or try to offer answers. For now, your role is simply one of supportive listener.

**Do not pretend to understand:** The concept of a mental health difficulty can seem complex if you have never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but do not explore those feelings with the sufferer. Instead listen hard to what they are saying and encourage them to talk and you will slowly start to understand what steps they might be ready to take in order to start making some changes.

**Do not be afraid to make eye contact:** It is important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it does not feel natural to you at all). If you make too much eye contact, the person may interpret this as you staring at them. Making an effort to maintain natural eye contact will convey a very positive message.

**Offer support:** Never leave this kind of conversation without agreeing next steps. 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 are working with them to move things forward. This could simply be you arranging another opportunity to listen.

**Acknowledge how hard it is to discuss these issues:** 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.

**Don't assume that an apparently negative response is actually a negative response:** Despite the fact that a person has confided in you, and may even have expressed a desire to get on top of their mental health, that doesn't mean they'll readily accept help. Their mental health may ensure they resist any form of help for as long as they possibly can. Do not be offended or upset if your offers of help are met with anger, indifference or insolence, it is the illness talking, not the person.

## 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 pupils safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal and Creative Education provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and regular CPD sessions will be planned half-termly to promote learning or understanding about specific issues related to mental health.

The Wellbeing Team will monitor this carefully and where possible, will ensure that new training opportunities targeted towards mental health are available to all staff, on a regular basis.

## Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in October 2022.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

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

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

### Prevalence of Mental Health and Emotional Wellbeing Issues

- One 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 one in every 12, 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](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) Minded ([www.minded.org.uk](http://www.minded.org.uk)).

### **Self-harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

#### **Online support**

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://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](http://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](http://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 do not 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](http://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 Connors (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 – POPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

On the edge: Child Line spotlight report on suicide: [www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/)

#### **Books**

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

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

### **Eating problems**

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging).

Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

#### **Online support**

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eatingdifficulties-in-younger-children](http://www.inourhands.com/eatingdifficulties-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 (2019)

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

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

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 D: 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 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/carers' attitudes to the referral?

### ***Basic information***

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

### ***Reason for referral***

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

### ***Further helpful information***

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

- Details of any known protective factors
- Any relevant history i.e. family, life events and/or 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?