

## Saltash Community School Positive Mental Health Policy



This policy should be read in conjunction with the school's child protection and safeguarding policy.

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

At our school, we aim to promote positive mental health for every member of staff and students. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable people. 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 staff and students affected both directly, and indirectly, by mental health.

### The Policy Aims to:

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

### Lead Members of Staff

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

- Senior Mental Health – Lead Linda Griffin
- Designated Safeguarding Lead – Matt Oakes
- Senior Deputy Safeguarding Leads – Sarah Moss, Dani Pearce
- Deputy Safeguarding Leads – Mike Allen, Angela Bee, Jen Childs, Heather Crook, Amy Feldwick, Linda Griffin, Helen Hodson, Kate Littleldyke, Emma Metters, Scott Wieprecht
- Mental Health First Aider – Scott Wieprecht
- TIS practitioners – Jen Childs, Amy Feldwick
- School Nurse – Victoria White
- Compassionate Friends – Lisa Blackmore, Lorraine Booth, Kayleigh Bunney, Amy Feldwick, Lucia Gallie, Emma Gue, Dave McKie, Helen Markie, Emma Roberts and Tom Ward
- Emotional Literacy trained staff – Helen Lawther, Alice Pollard, Lesley Porch, Sarah Warwicker, Debi West

As a school we work closely with mental health and wellbeing specialists and have an allocated school counsellor/wellbeing practitioner every day based within the school.

Any member of staff who is concerned about the mental health or wellbeing of a student or colleague should speak to the Senior Mental Health Lead in the first instance.

**Students:** If there is a fear that they are in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to one of the safeguarding team. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff, emergency services will be contacted if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the appropriate Head of Year. (See Appendix F)

### **Individual Safety Plans**

It is helpful to draw up an individual safety plan for students causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

- Details of a student'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 to keep students safe

**Staff:** If there is a fear that they are in danger of immediate harm, then emergency services will be contacted, if necessary.

### **Individual Safety Plans**

It could be helpful to draw up an individual safety plan for staff who receive a diagnosis pertaining to their mental health. This would be drawn up involving the member of staff and any relevant health professionals. This could include:

- Details of the 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 to keep the member of staff safe

### **Teaching about Mental Health**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum and Tutor Programmes. The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. As with all PSHE and Tutor Programme content, the curriculum is delivered in an age appropriate manner.

### **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 Appendix D.

## Warning Signs

School staff may become aware of warning signs which indicate an individual is experiencing poor mental health or emotional wellbeing. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns around colleagues with Linda Griffin, our Senior Mental Health Lead or Amy Feldwick, Wellbeing Champion. For students, concerns should be communicated to Linda Griffin, Senior Mental Health Lead, one of the Designated Safeguarding Leads (Mike Allen, Angela Bee, Jen Childs, Heather Crook, Amy Feldwick, Linda Griffin, Helen Hodson, Kate Littledyke, Emma Metters, Matt Oakes, Scott Wieprecht) or a member of the appropriate Student Support Team (Year 7: Amy Feldwick, Dave McKie, Year 8: Lu Gallie, Shaun Allin, Year 9: Emma Metters, Eileen Sloggett, Year 10: Heather Crook, Lesley Porch, Year 11: Scott Wieprecht, Year 12 and 13: Nick Evans).

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
- Drop in academic achievement/work performance
- 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/work
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## Managing disclosures

A student or colleague 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 an individual chooses to disclose concerns about their own mental health or that of a friend, 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 person'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 passed on to Linda Griffin, our Senior Mental Health Lead, one of the Dedicated Safeguarding Leads (Mike Allen, Angela Bee, Jen Childs, Heather Crook, Amy Feldwick, Linda Griffin, Helen Hodson, Kate Littledyke, Emma Metters, Matt Oakes, Scott Wieprecht) or a member of the appropriate Student Support Team (Year 7: Amy Feldwick, Dave McKie, Year 8: Lu Gallie, Shaun Allin, Year 9: Emma Metters, Eileen Sloggett, Year 10: Heather Crook, Lesley Porch, Year 11: Scott Wieprecht, Year 12 and 13: Nick Evans) who will offer support and advice about next steps.

## **Confidentiality**

We should be honest with regards to the issue of confidentiality. No adult must ever guarantee confidentiality to any individual including parents, children and colleagues. Staff should make children or colleagues aware that if they disclose information that may be harmful to themselves or others, then certain actions will need to be taken. If we feel it is necessary for us to pass on our concerns, then we should discuss with them:

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

Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, obtaining consent may not be possible or in the best interest of the person e.g., where safety and welfare of that person necessitates that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt. If the information given relates directly to the safety and welfare of a child, then the Designated Safeguarding Lead must be informed immediately. They should then contact MARU. Information on individual child protection cases may be shared by the Designated Safeguarding Lead (or deputy) with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

It is always advisable to share a Mental Health disclosure with the Senior Mental Health Lead (Linda Griffin), this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student or colleague, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the person and discuss with them who it would be most appropriate and helpful to share this information with.

We should always give students the option of us informing parents for them or with them. Students may choose to share information with their parents themselves.

## **Working with Parents**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear, or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. We should always 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 an agreed next step and always keep a brief record of the meeting on the child's confidential record. (CPOMs red form/mental health)

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. To support parents, we will:

- Highlight sources of information and support about common mental health issues on our

school website

- Ensure that all parents are aware of who to talk to, and how to go 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 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/Colleagues**

When a student or colleague is suffering from mental health issues, it can be a difficult time for their peers/colleagues. Others 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. To keep everyone safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the person who is suffering and, in the case of students, their parents with whom we will discuss:

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

Additionally, we will want to highlight with peers and colleagues:

- 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 to enable them to keep students safe.

We will host relevant information on our website, on the k:drive and in the Mental Health Monthly Newsletter for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. Training opportunities for staff who require more in-depth knowledge will be considered as part of our appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students/colleagues. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with Linda Griffin, our Senior Mental Health Lead, who can also highlight sources of relevant training and support for individuals as needed.

**Last Reviewed: April 2022**

Linda Griffin

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

Below, we have sign-posted information and guidance about the issues most seen in school-aged children and adults. 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)).

Suggested reading for teenagers can be accessed here: <https://livespiffy.co.uk/collections/books-for-teenagers>

### Anxiety, panic attacks and phobias

Anxiety can take many forms, 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 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

### 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

### 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/eating-difficulties-in-younger-children](http://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

### **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](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 Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

### **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

## **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](http://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/](http://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

## Appendix B: Guidance and advice documents

- [Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (2015)
- [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)
- [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)
- [Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2014)
- [Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2014)
- [NICE guidance on social and emotional wellbeing in primary education](#)
- [NICE guidance on social and emotional wellbeing in secondary education](#)
- [Supporting students at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. 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)
- [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.
- [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 of support at school and in the local community

### School Based Support

The student support team (Year 7: Amy Feldwick, Dave, McKie, Year 8: Emma Metters, Eileen Sloggett, Year 9: Heather Crook, Lesley Porch, Year 10: Scott Wieprecht, Karen Snowdon, Year 11: Sam Rogers, Shaun Allin, Year 12 and 13: Emma Childs) are available throughout the day. Students can self-refer at break and lunchtimes or after school; with the permission of the relevant teacher it may be appropriate to access student support during lesson time. The team will assess each case on individual needs via a form of triage and allocate the most appropriate support accordingly. For some students, normal lessons may not be appropriate, and they may spend some time in the Recovery Space in the Pastoral Hub.

Interventions to support positive mental health:

- Adjusted curriculum
- Circle of friends
- Mentoring
- Timeout cards
- TIS interventions

A wide range of external agencies can be accessed through the Pastoral Hub and the student support team:

- Barnardos Children's Charity (A wide range of support for young people)
- Child and Adolescent Mental Health Services (CAMHS) (Referral service for an assessment)
- Child in Need (CHIN) Core Group
- Children in Care (CiC)
- Children Linked to and Experiencing Abusive Relationships (CLEAR) (Specialised therapies and counselling for those impacted by abuse and other emotional trauma)
- Careers South West (Supporting with 'next steps' and Career plans)
- Counsellors
- Diabetic Nurse
- Dietician
- Early Support Coordinator (Support for disabled children and young people)
- Educational Psychologist
- Epilepsy Nurse
- Family Support Worker
- First Light (ISVA) (Domestic Abuse and Sexual Violence Support for All)
- Gweres Kernow (supporting children and young people who display concerning or harmful sexual behaviours).
- Headstart Kernow (building resilience and mental wellbeing for children and young people)
- Hypnotherapy
- Intercom Trust (Lesbian, Gay, Bisexual, Trans+ charity)
- Invictus trust (Cornwall based charity for Adolescent Mental Health)
- Jeremiahs Journey (Plymouth based charity for grief following the death of someone significant)
- Jigsaw Trust (Charity for individuals with autism)
- Kooth (Online mental Wellbeing community)
- Kernow Young Carers (Run through Barnardo's)
- NSPCC National Society for the prevention of Cruelty to Children
- Outlook Southwest Psychological Therapy for 16+

- Penhaligon's Friends Bereavement Counselling (Cornwall based charity)
- Physiotherapist
- Police
- Safeguarding Officer
- School Nurse
- SEND Nurse (Special Educational Needs and Disability)
- Social Worker
- Specific Family Support Worker
- Team around the Child (Multi Agency support)
- Targeted Youth Support Worker (support for young people aged 13-18)
- Trauma Informed Schools (TIS)
- We are with you (Charity providing free support around issues with drugs, alcohol or mental health)
- Womens Rape and Sexual Abuse Centre (WRSAC)
- Youth Offending Team (YOT)
- Youth Worker

## **Local Support**

### **Phone Services**

- ChildLine Telephone Support – 0800 1111 – (24 hours a day, 7 days a week support).
- Mind - 0300 123 3393 info@mind.org.uk Text: 86463 (9am to 6pm, Monday to Friday (except for bank holidays)).
- Night Link Emotional Support Service – 08088000306 (5pm – midnight) (18yrs or over) (Free phone listening service)
- Papyrus (Prevention of Young Suicide) Hope Line 0800 068 4141. Text Line 07786209697. Email pat@papyrus-uk.org (9am – 10pm weekdays 2pm – 10pm weekends)
- Samaritans telephone support – 116 123
- TEXT shout to 85258 for support in a crisis
- TESS text support (girls/young women affected by self-harm) – 07800472908 (7pm – 9.30pm every day except Saturdays)

### **Websites**

- Kooth – on-line counselling/support for young people [www.kooth.com](http://www.kooth.com)
- Mind - [www.mind.org.uk](http://www.mind.org.uk)
- Minded for families, children and young people – [mindedforfamilies.org.uk](http://mindedforfamilies.org.uk)
- Outlook South West – psychological therapy services for people aged 16 and above [www.outlooksw.co.uk](http://www.outlooksw.co.uk)
- Mindout LGBTQ mental health service <https://mindout.org.uk/>
- Pride counselling – Professional therapy for the LGBTQ community <https://www.pridecounseling.com/>
- Samaritans [www.samaritans.org](http://www.samaritans.org)
- Savvy Kernow – health/well-being/help/advice <https://www.supportincornwall.org.uk>
- Stonewall – Support for LGBTQ+ community <https://www.stonewall.org.u>
- Young Minds – [www.youngminds.org.uk](http://www.youngminds.org.uk)

### **Smart Device Apps** - Here are some apps you can download on your smart devise

- Calm Harm - An app to support you in managing self-harm urges with a variety of techniques
- SAM (self-help and anxiety management) – An app designed to help people manage their

anxiety levels and identify different triggers

- Sanvello – Uses Cognitive Behavioural Therapy, mindfulness and relaxations based techniques to help with anxiety, depression and stress
- Self-Heal – Supports reduction of self-injury. Offers short and long term coping strategies.
- Sleepio – A six week tailored programme accessed online designed to treat insomnia and in doing so help with anxiety and depressions.
- Smiling Mind – A meditation app that aims to bring balance to individual’s lives, to assist with depression, anxiety and stress, to manage unhelpful thoughts.
- Stay Alive – Offers support both to those experiencing thoughts of suicide and to those concerned about someone else.
- Stop-breathe and think – A meditation app featuring a range of exercises at varying lengths.
- Voda – The LGBTQIA+ mental wellness app
- weBelong - A social media app for emos, hippies, lgbtq+ or misfits to connect together

## Social Media



- Allsorts Youth Project @allsortsyouth
- Dr Pooky Knightsmith @PookyH
- Heads Together @heads\_together
- Mental Health First Aid England @MHFAEngland
- Mental Health Foundation @mentalhealth
- Mind @MindCharity
- Mindout @mindoutLGBTQ
- Natasha Deveon @\_NatashaDevon
- Rethink Mental Illness @Rethink
- Samaritans @samaritans
- SANE @CharitySANE
- School Mental Health @SchoolMHealth
- Time to change @TimetoChange
- Young Minds @YoungMindsUK



- [Allsorts Youth Project](#)
- [Blurt Foundation](#) Dedicated to helping those affected by depression
- [Mental Health Foundation](#) Empower vulnerable groups through educating them on Mental Health awareness
- [Mind](#) Mental Health Charity
- [Mindout](#) LGBTQ Mental Health Service
- [Stonewall](#) Campaign for equality
- [The Invictus Trust](#) A charity for teenage Mental Health in Cornwall, providing services, support and information
- [The self-esteem team](#) School talks on Mental Health, LGBTQ+, drugs, anxiety
- [Young Minds](#) The UK's leading mental health charity for young people

## Appendix E: Talking to students when they make mental health disclosures

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

### Focus on listening

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

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

### Don’t talk too much

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

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

### Don’t pretend to understand

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

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

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

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

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

### **Never break your promises**

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

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

## **Appendix F:**

### **CAMHS**

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 student by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

#### **General considerations**

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

For further support, the primary contacts are:

**Existing Referrals and Enquiries**

Contact the CAMHS Access Team on: 01872 322277

Email: [cpn-tr.earlyhelphub@nhs.net](mailto:cpn-tr.earlyhelphub@nhs.net)

New County Hall

Early Help Hub

North Wing 3<sup>rd</sup> Flor

Truro

TR1 3AY

**New Referrals**

Contact the Early Help Hub on: 01872 322277

Email: [earlyhelphub@cornwall.gov.uk](mailto:earlyhelphub@cornwall.gov.uk)

The website for professionals is [www.cornwall.gov.uk/earlyhelphub](http://www.cornwall.gov.uk/earlyhelphub)

The website for parents is [www.cornwall.gov.uk/earlyhelp](http://www.cornwall.gov.uk/earlyhelp)