



Bristol Brunel
Academy

Positive Mental Health Policy

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1. History of most recent policy changes

Date	Page	Change	Origin of Change (e.g. TU request, Change in legislation)	Actioned by
3rd December 2020	Whole Document	Creation of new policy		Lou Coles, SENDCo Colin Clements, Safeguarding Officer Vic Boynton, Vice Principal
February 2021	Whole Document	Review of Policy		Lou Coles, SENDCo Vic Boynton, Vice Principal
January 2022	Whole Document	Review of Policy		Lou Coles, AAP Learning Support SENDCO Jen Cusack Vice Principal

2. Aims

2.1 Policy statement

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

At Bristol Brunel Academy, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole academy 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. In an average classroom, three young people will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

2.2 Scope

This document describes the academy's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and academy councillors.

This policy should be read in conjunction with our Safeguarding Policy.

The Medical Policy should also be read in cases where a student's mental health overlaps with or is linked to a medical issue, and the Inclusion Policy where a student has an identified learning or special educational need.

2.3 Aims

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 in students.
- Provide support to staff working with young people with mental health issues.
- Provide support to students suffering mental ill health and their peers and parents/carers.
- Signpost staff to sources of support for staff mental health and well-being needs.

3. Legislation and guidance

- [Keeping Children Safe in Education 2021 Statutory Guidance for Schools and Colleges](#)
- [Mental health and behaviour in schools – November 2018](#)
- [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing – updated March 2019](#)

Further guidance can be found in Appendix B.

4. Lead members of staff

All staff have a responsibility to promote the mental health of staff and students. ~However, we also have a Mental Health Team which includes staff focused on students requiring individual support as well as staff with a broader remit. Staff with a specific, relevant remit include:

- Colin Clements - Designated Young Person Protection/Safeguarding Officer
- Lou Coles - Mental Health Lead and Associate Assistant Principal/SENDCO
- Andrew Buck - Associate Assistant Principal/student mental health project
- Sophie Elsbury / Chloe Drake - Mental Health Team
- Zakera Chowdhury - School Counsellor and mental health team
- Jess Fawkes - School Counsellor and mental health team

- Andrew Howard and Alex Pearce - Heads of PSHE
- Tara Paisey and Abbi Bainton - Assistant Principals for Core Aim 4
- Jen Cusack – Vice Principal

Any member of staff who is concerned about the mental health or wellbeing of a student should record their concerns on CPOMS¹ in the first instance and speak to the relevant pastoral year lead. If there is a fear that the student is in danger of immediate harm then the normal young person protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead, or, in their absence, the Deputy Safeguarding Leads or the Principal. If the student 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.

The BBA School Counsellors are registered members of the British Association for Counselling and Psychotherapy (BACP) and therefore are required to have clinical supervision. While the BACP inform and support, the School Counsellors should still follow all elements of academy policy as employees of BBA.

Where a referral to CAMHS² is appropriate, this will be led and managed by Lou Coles, mental health lead. Guidance about referring to CAMHS is provided in Appendix F.

5. Safety Plans

It is helpful to draw up a 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/carers 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 academy can play

6. 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 developmental PSHE curriculum.

¹ CPOMS – Child Protection Online Management System.

² CAMHS – Child and Adolescent Mental Health Service

The specific content of lessons will be determined by the specific needs of the cohort 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.

The academy will follow the [PSHE Association Guidance](#) to ensure that mental health and emotional wellbeing issues are taught in a safe and sensitive manner which helps rather than harms.

7. Signposting for students

The academy will ensure that staff, students and parents are aware of sources of support within the academy and in the local community. Appendix D outlines: what support is available within the academy and local community, who it is aimed at, and how to access it.

The academy will display relevant sources of support in communal areas such as corridors and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever sources of support are highlighted, the chance of student help-seeking is increased by ensuring students understand:

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

8. Warning signs

Academy 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 initially with the pastoral support year team, safeguarding leads or our mental health and emotional wellbeing lead.

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 academy
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

9. Managing disclosures

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

If a 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 appendix E.

All disclosures should be recorded in writing and recorded on CPOMS. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health team and safeguarding leads via CPOMS or in person dependent on the severity of the risk. A record will be appropriately stored and recorded and support and advice about next steps will be offered. See Appendix F for guidance about making a referral to CAMHS.

10. Confidentiality

Staff should be honest with regards to the issue of confidentiality. If it is necessary to pass our concerns about a student on then the staff member 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

Staff should never share information about a student without first telling them. Ideally, staff would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent/carer. ***This would include***

when a student is under the age of 16 who are in danger of harm themselves or to others.

It is always advisable to share disclosures with a specified colleague, usually the Safeguarding Lead, Colin Clements, the Mental Health Lead, Lou Coles or one of the other members of the safeguarding or mental health teams. This helps to safeguard the staff member's emotional wellbeing as they are no longer solely responsible for the student. It also ensures continuity of care in the absence of one staff member and it provides an extra source of ideas and support. The staff member should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Unless a young person gives the academy reason to believe that there may be underlying young person protection issues, parents/carers must always be informed of concerns. Students may choose to tell their parents / carers themselves. If this is the case, a dynamic risk assessment should be conducted to assess whether the student can be given 24 hours to share this information before the academy contacts parents/carers. Staff should always give students the option of the academy informing parents/carers for them or with them.

If a young person gives us reason to believe that there may be underlying young person protection issues, parents/carers should not be informed, but the Safeguarding Lead, Colin Clements must be informed immediately.

Where appropriate, consent to share with external bodies will be sought from students and their parent/carers, however there may be occasions where information is shared without their consent to protect them from harm.

11. Working with specific parents and carers

Where it is deemed appropriate to inform parents/carers, staff need to adopt a sensitive approach. Before disclosing to parents/carers staff 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 the academy, at their home or somewhere neutral?
- Who should be present? Consider parents/carers, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/carers to learn of their young person's issues and many may respond with anger, fear or upset during the first conversation. Staff should anticipate and plan for this and give the parent/carers time to reflect.

Staff should always highlight further sources of information and give parents/carers 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's being shared. Sharing sources of further support aimed specifically at parents/carers can also be helpful too e.g. parent helplines and forums.

Staff should always provide clear means of contacting the academy with further questions and consider booking in a follow up meeting or phone call right away as parents/carers often have many questions as they process the information. Each meeting should conclude with agreed next steps. A record of the meeting must be recorded on CPOMS.

12. Working with all parents and carers

Parents and carers are often very welcoming of support and information from the academy about supporting their young person's emotional and mental health. In order to support parents/carers the academy will:

- Highlight sources of information and support about common mental health issues on the academy website
- Ensure that all parents /carers are aware of who to talk to, and how to get about this, if they have concerns about their own young person or a friend of their young person
- Make the mental health policy easily accessible to parents and carers
- Share ideas about how parents/carers can support positive mental health in their young person as part of academy events (e.g. parents' evenings and through the termly newsletter)
- Keep parents/carers informed about the mental health areas of focus within the academy and share ideas for extending and exploring this learning at home

13. Supporting peers

When a student 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, the academy will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents/carers 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 needs 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

14. Training

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

We will provide relevant information for staff who wish to learn more about mental health. The [MindEd learning portal](#)³ 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 additional Continuing Professional Development (CPD) will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

Where the need to do so becomes evident, we will host INSET training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group, or whole academy CPD should be discussed with Javinia Harris, Assistant Principal for Teaching and Learning, who can also highlight sources of relevant training and support for individuals as needed.

15. Mental health and well-being signposting for staff

Staff are the academy's most valuable resource. In order to support colleagues, the following support is on offer:

- Employee Assistance Programme (EAP). Staff can self-refer or a can be referred by a line manager with the consent of the colleague.
- Adult Mental Health First Aiders: Vyki Shaw, Craig Jordan, Laura Smith. Please contact via email to book a session.
- Listening service from the school counsellor. Please contact Zakera Chowdhury via email to book a session.
- Supervision for school counsellors and specific colleagues dealing with particularly challenging cases. Please contact Tara Paisey, Assistant Principal or Jen Cusack, Vice Principal for details.
- Access to the [CLF mental health and well-being resources](#) and the THRIVE App.
- Menopause Café. Please email Zakera Chowdhury to attend.
- Reflective Space for Staff offered by Ruth Elborn, Education Mental Health Practitioner Trainee.
- An Occupational Health referral can be made when necessary.

³ www.minded.org.uk

Where a member of staff needs guidance or support with specific aspects of their role which may affect their mental health and well-being, the line manager will be able to provide the support or signpost to expertise within, or beyond, the academy. The academy also offer one-to-one sessions to provide guidance on specific areas of practice. Sessions are circulated for staff to book into. Details are available from Javinia Harris, Assistant Principal for Teaching and Learning, or Jen Cusack, Vice Principal.

Where staff members are concerned about the welfare of a colleague, they should encourage the colleague to seek support or to refer concerns to the relevant line manager or SLT link.

16. Policy review

This policy will be reviewed every 3 years as a minimum. It is next due for review in February 2024. The policy will be updated annually to reflect personnel changes.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Louise Coles, Mental Health Lead via email to louise.coles@clf.uk

17. Links to other policies

This policy works in conjunction with the following academy policies found on the Academy's website:

- Inclusion Policy
- Medical Policy
- Safeguarding Policy

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

Prevalence of Mental Health and Emotional Wellbeing Issues⁴

- 1 in 6 young children and young people aged 5 - 16 (July 2020) suffer from a diagnosable mental health disorder - that is around five young people in every class.
- Between 1 in every 12 and 1 in 15 young 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%.

⁴ Source: [Young Minds](#)



- More than half of all adults with mental health problems were diagnosed in young personhood. 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 young children and young people have an anxiety disorder.
- 72% of young people 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 young people. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents/carers but they are listed here because we think they are useful for academy staff too.

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

Self-harm

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

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 Academy 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 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 – PAPYRUS: www.papyrus-uk.org](http://www.papyrus-uk.org)

[On the edge: Young personLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-young-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-young-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 young person 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 Academics: A Guide to Whole Academy 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](#) (Update 2019). PSHE Association. Funded by the Department for Education (updated 2019)

[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: Sources of support at the academy and in the local community

Academy Based Support

Tutors and key workers for students
Year Pastoral Leaders and Year Teams
The School Counsellors – self referral or referral through the pastoral teams
Education Mental Health Practitioner
Any member of the safeguarding team or member of staff
School Nurse every Wednesday lunchtime in G2.

Local Support BRISTOL SERVICES

ZERO TOLERANCE BRISTOL

Services addressing gender-based violence nationally and locally in Bristol.
www.bristolzerotolerance.com/help-advice

NHS BRISTOL

The Emotional Health Directory of Services for Children and Young People aims to be the single 'go to' place for information about children and young people's emotional health in Bristol, including services commissioned by Bristol Clinical Commissioning Group.

KOOTH

Kooth is a free online service offering emotional and mental health support for children and young people, aged 11-25. Users can have a drop-in chat with a counsellor, therapist or book a one-to-one session. They have a monitored online forum and users can also record a journal. www.kooth.com

OFF THE RECORD

Off the Record provides free and confidential mental health support, information and workshops for young people aged 11-25 in Bristol. www.otrbristol.org.uk / 0808 808 9120

TESS

TESS is a text and email support service that is run by Self Injury Support, which offers help to girls and young women up to 24 in the UK who are affected by self-harm. 0780 047 2908 (Open Sunday - Friday, 7-9pm). Visit www.selfinjurysupport.org.uk to access their email service.

National Support / services

ANOREXIA & BULIMIA CARE (ABC)

ABC offers personal, ongoing, emotional support and practical guidance for recovery for people struggling with Anorexia Nervosa, Bulimia Nervosa and binge eating, in addition to related self-harm. www.anorexiabulimiacare.org.uk / 03000 11 12 13

BEAT

BEAT is the UK's leading charity supporting anyone affected by eating disorders or difficulties with food, weight and shape. www.b-eat.co.uk / Youthline: 0345 634 7650

BULLYING UK

Provides advice on all aspects of bullying. www.bullying.co.uk / 0808 800 2222

CHILDLINE

A 24-hour helpline for children and young people to discuss any issues they're concerned about. www.childline.org.uk / 0800 1111

NATIONAL SELF HARM NETWORK

Support for individuals who self harm to reduce emotional distress and improve their quality of life. www.nshn.co.uk

NHS CHOICES - YOUNG PEOPLE AND MENTAL HEALTH

An information hub offering young people advice and help on mental health problems including depression, anxiety and stress. www.nhs.uk/livewell/youth-mental-health

PAPYRUS

A national charity dedicated to the prevention of suicide among young people. www.papyrus-uk.org / 0800 068 4141

TALK TO FRANK

Friendly, confidential advice on drugs. www.talktofrank.com / 0300 123 6600 / live chat, text: 82111

THE MIX

Support and information about how to cope with various issues, whether it's mental health, money, relationships, finding a job, or drugs. www.themix.org.uk / 0808 808 4994

TIME TO CHANGE

Time to Change is a growing movement of people changing how we all think and act about mental health. www.time-to-change.org.uk

WINSTON'S WISH

A leading childhood bereavement charity offering practical support and guidance to bereaved children, their families and professionals. www.winstonswish.org.uk / 08452 03 04 05

YOUNG MINDS

Young Minds is the UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people. www.youngminds.org.uk / 020 7089 5050

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 academy policies on pastoral care and young person 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 academies' 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 academy'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: What makes a good CAMHS referral? ⁵

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

⁵ Adapted from Surrey and Border NHS Trust

General considerations

- Have you met with the parent(s)/carer(s) and the referred young person/young child?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

- Is there a young person protection plan in place?
- Is the young person looked after?
- name and date of birth of referred young person/young child
- address and telephone number
- who has parental responsibility?
- surnames if different to young person'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 academy
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate.

For further support and advice, our primary contacts are:

Primary Mental Health Specialist (PMHS): Tammy Richards.

Advice and support are provided through termly consultations with the PMHS. For a consultation please email Louise.Coles@clf.uk - Mental Health Lead

Direct contact with CAMHS can be made through the East Central Team Office:

East/Central Bristol
43 Ducie Road
Barton Hill
Bristol
BS5 0AX
Telephone: 0117 3408600

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

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

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

MENTAL HEALTH SYMPTOMS		
<input type="checkbox"/>	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
<input type="checkbox"/>	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
<input type="checkbox"/>	2	Depressive symptoms (e.g. tearful, irritable, sad)
<input type="checkbox"/>	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
<input type="checkbox"/>	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
<input type="checkbox"/>	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
<input type="checkbox"/>	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)



2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

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

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3
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HARMING BEHAVIOURS	
1	History of self harm (cutting, burning etc)
1	History of thoughts about suicide
2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
2	Current self harm behaviours
2	Anger outbursts or aggressive behaviour towards young people or adults
5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
5	Thoughts of harming others* or actual harming / violent behaviours towards others

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

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

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

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3
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Add up all the scores for the young person and enter into Scoring table:

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

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