



Homewood School & Sixth Form Centre

LEARNING • RESPECT • BELONGING



Mental Health and Wellbeing Policy

Date approved by Governors
8th April 2019

Mental Health and Wellbeing Policy

This policy will reviewed every 3 years.

DATE OF POLICY: APRIL 2019

DATE OF REVIEW: APRIL 2022

Member of staff responsible for Policy:

Principal & Vice Principal Students

Signed..... Principal

Signed..... Chair of Governors

Positive mental health policy Homewood School & Sixth Form Centre

Last updated: February 2019

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

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children 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.

Scope

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 policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, there is a body of staff with a specific, relevant remit. (Please see policy appendices0.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the College FLO in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead or Assistant Safeguarding Leads or to the Designated Governor. If the student presents as a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the school nurse and contacting the emergency services if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the College FLO and the Director of Learning Support. Guidance about referring to CAMHS is provided in appendix F.

Identification and measurement tools

When schools suspect that a student may be having mental health difficulties, they should not delay putting support in place, using a graduated response process - where possible parents should be involved. The response may include:

- an assessment to establish a clear analysis of the students' needs and a plan to set out how the student will be supported
- regular reviews to assess the effectiveness of the provision and lead to changes when necessary.

As Homewood school & Sixth Form Centre is a Headstart school we would use the self-reflection tool or have a resilience conversation with the student.

Individual Care Plans

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

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school, parent and outside agencies

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.

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 school has a comprehensive area on its school website attributed to mental health. We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

Signposting

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

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we hope to increase the chances of students seeking support by understanding:

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

Warning Signs

Where children experience a range of emotional and behaviour problems that are outside the normal range of their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- Emotional disorders, for example phobias, anxiety states and depression;
- Conduct disorders, for example stealing, defiance, fire-setting, aggression and antisocial behaviour;
- Hyperkinetic disorders, for example disturbance of activity and attention;
- Developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- Attachment disorders, for example children who are markedly distressed or social impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect; and
- Other mental health problems including eating disorders, habit disorders, somatic disorders, and psychotic disorders such as schizophrenia and manic depressive disorder.

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken

seriously and staff observing any of these warning signs should communicate their concerns with the student's college FLO.

Possible warning signs include:

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

Risk and protective factors

Factors that put children at risk

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to the community of life events. These risk factors are listed in table 1 below.

Factors that make children more resilient

In order to promote positive mental health, it is important that schools have an understanding of protective factors that can enable students to be resilient when they encounter problems and challenges. The role that school plays in promoting the resilience of their students is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. Schools should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. These resilience factors are listed beside the risk factors on table one.

Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk Factors	Protective factors
In the child	<ul style="list-style-type: none"> ● Genetic influences ● Low IQ and Learning disabilities ● Specific development delay or neuro-diversity ● Communication difficulties ● Difficult temperament ● Physical illness ● Academic failure ● Low self esteem 	<ul style="list-style-type: none"> ● Secure attachment experience ● Outgoing temperament as an infant ● Good communication skills, sociability ● Being a planner and having a belief in control ● Humour ● A positive attitude ● Experiences of success and achievement ● Faith or spirituality ● Capacity to reflect

	Risk Factors	Protective factors
In the family	<ul style="list-style-type: none"> ● Overt parental conflict including domestic violence ● Family breakdown (including where children are taken into care or adopted) ● Inconsistent or unclear discipline ● Hostile and rejecting relationships ● Failure to adapt to a child's changing needs ● Physical, sexual, emotional abuse or neglect ● Parental psychiatric illness ● Parental criminality, alcoholism or personality disorder ● Death or loss - including loss of friendship 	<ul style="list-style-type: none"> ● At least one good parent-child relationship (or one supportive adult) ● Affection ● Clear, consistent discipline ● Support for education ● Supportive long term relationship or the absence of severe discord

	Risk Factors	Protective factors
In the school	<ul style="list-style-type: none"> ● Bullying including online (cyber) ● Discrimination ● Breakdown or lack of positive friendships 	<ul style="list-style-type: none"> ● Clear policies on behaviour and bullying ● Staff behaviour policy (also known as code of conduct)

	<ul style="list-style-type: none"> ● Deviant peer influences ● Peer pressure ● Peer on peer abuse ● Poor pupil to teacher/school staff relationship 	<ul style="list-style-type: none"> ● Open door policy for children to raise problems ● A whole school approach to promoting good mental health ● Good pupil to teacher/school staff relationships ● Positive classroom management ● A sense of belonging ● Positive peer influences ● Positive friendships ● Effective safeguarding and child protection policies ● An effective early help process ● Understanding their role in and be part of effective multi agency working ● Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively
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	Risk factors	Protective factors
In the community	<ul style="list-style-type: none"> ● Socio-economic disadvantage ● Homelessness ● Disaster, accidents, war or other overwhelming events ● Discrimination ● Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation ● Other significant life events 	<ul style="list-style-type: none"> ● Wider support network ● Good housing ● High standards of living ● High morale school with positive policies for behaviour, attitudes and anti-bullying ● Opportunities for valued social roles ● Range of sport/leisure activities

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-judgmental.

Staff should listen rather than advise and 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. 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 designated safeguard lead and mental health and wellbeing lead who will store the record appropriately and offer support and advice about next steps. See appendix F for guidance on making a referral to CAMHS.

Confidentiality

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

Who we are going to talk to

What we are going to tell them

Why we need to tell them

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

It is always advisable to share disclosures with a colleague, usually the Designated safeguarding lead and mental health lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student. It ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with. Parents must always be informed if the student has made a disclosure unless doing so could result in the risk of harm to the student. In these cases the safeguarding team must be informed.

If a child gives us reason to believe that there may be underlying child protection issues, The Designated Safeguarding Lead must be informed immediately.

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, 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 issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful e.g. parent helplines and forums.

We should always provide parents with a clear means of contacting the school with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

Working with All Parents

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

- Highlight sources of information and support about common mental health issues 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 the mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children via the school website.

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 selfharm 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 may be provided either in one to one or group settings and will be guided by conversations with the student 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves

- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students 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 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 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 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 our CPD Lead, who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in March 2022.

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

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed websites. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

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

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

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, whilst younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books

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

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

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

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

Books

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

Anxiety, panic attacks and phobias

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

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

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

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these

thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan 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

On the edge: ChildLine spotlight report on suicide:

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 Selfharm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

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

Eating problems

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

Online support

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

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

Books

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

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

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

Appendix B: Guidance and advice documents

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

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)

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

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

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

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

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

Appendix C: Data Sources

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

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

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

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

School Based Support

- College Offices - Pastoral staff are based in each college office. Students can speak to the staff about any concerns or worries they have during break or lunch time.
- School Nurse - Available to all students during break or lunch time.
- School Counsellor - Students are referred by college offices using an appropriate referral form completed by parents and student. The school counsellor will prioritise by need.
- Safeguarding Leads - We have four safeguarding staff who are available during the school day to staff and students if they have any safeguarding concerns.
- Wellbeing Centre - The wellbeing centre provides a quiet relaxed area for students to have some quiet time or if they want to discuss any concerns or worries. It is open to all students during break and lunchtime. This includes a sensory garden attached to the centre.
- Youth Health Champions - We have an ongoing schedule to train older students to become youth health champions. They are trained in mental health awareness and are available to mentor students and raise awareness of student health issues across the school.
- Youth Mental Health first aiders - A number of staff are qualified to be first response to any mental health emergency in school. Posters are displayed around the school of who the staff members are and where you can reach them.
- LIFE Centre - Referrals are made via Inclusion team to support students with behaviour and attendance issues. A personalised programme is designed to meet the individual's needs including nurturing sessions.
- The Day Programme - An hour a week over six weeks delivered by a fully trained member of staff. The programme is designed so students gain an understanding of healthy and unhealthy relationships. Students are referred via their college office.
- Piece by Piece - Half day bereavement workshop for students who have lost someone. Delivered by trained FLOs. Students are referred via the college office. The workshop involves craft activities around memories of their special person.
- Emotional Resilience - An hour a week for 14 weeks delivered by Wellbeing lead. Students are referred via college offices. The course helps students understand different emotions and gives strategies to help student's problem solve issues themselves.
- Academic Resilience - A catalogue of short lesson plans to help students build resilience and be able to cope with the many challenges adolescent life offers in school. This is delivered during PSHRE sessions.
- Anxiety Course - 2 hours a week over 8 weeks. Delivered by our school counsellor and FLOs. Referrals are made using the appropriate forms completed by students and parents. A CBT based course giving students an understanding of their anxiety and strategies to help them manage their anxiety.
- One to one mentoring - Students are referred via Inclusion team for mentoring with adults within the school.

- Peer Mentoring - We have an extensive peer mentoring programme from year 7 students mentoring the new year 6 students to year 12 mentoring younger year groups. This is a rolling programme. Mentees are referred via college offices.
- Student Support Centre - Students are referred via Inclusion team or the school nurse. College Offices present cases of students who are unable to cope in some/all lessons due to emotional difficulties. The school nurse refers students who are restricted or unable to attend lessons due to a medical issue.
- Take Up The Challenge - This is a 12 week course where students spend a day each week building their communication and social skills and taking part in team building events. The course is available to KS3 students who need support in these areas. Referrals are made by Discovery College.
- Young Carers Group - Run by our Christian Schools Worker the young carers meet regularly at lunchtimes to have an opportunity to meet with other young carers, have some time to themselves and support each other. Referrals to young carers are completed by college offices.
- Green Farm - One afternoon a week for one term a small group of students attend a local community garden/farm. Vulnerable students that will benefit from an outdoor classroom are referred via college offices.
- Calm Crafts - One hour a week per term vulnerable students who need time out from mainstream class due to emotional issues can access art as a form of relaxation and coping strategy. Students are referred via college offices.
- Resilience Group - Students with a variety of needs can access the nurture group programme. SEN students are referred via SEN department and other students are referred via Inclusion team. They may be school refusers or students with mental health issues. A personalised programme of intervention is designed and delivered in school groups every week.
- Check it out group - Our school Christian Worker meets once a week with students of the Christian faith to discuss world issues.
- Headstart - We are a Headstart school so can access outside agencies via a domains based conversation. Key staff are trained to carry out the conversations and make the appropriate referrals. These agencies include online counselling, volunteer mentoring, intensive mentoring and family transition work.

Local Support

Early Help Service

Our Early Help Coordinator can refer any student onto this service to receive support as a family around parenting issues, behaviour issues or attendance issues.

Youthy

Local hub based in Ashford for young people to access different clubs and support groups

Youth Cafe

Local meeting point in Tenterden for young people to attend after school once a week.

One Stop Shop

Tuesday mornings at The Willow Centre - Ashford. Victims of domestic abuse can seek advice and help from appropriate agencies.

Young Healthy Minds

Young Healthy Minds is a confidential service which is committed to improving and promoting the emotional health and wellbeing of children and young people. Delivered through one-to-one counselling and therapeutic support or group support. For more information Telephone: 01233 224242

Metro Ashford

METRO is a leading equality & diversity charity, providing health, community & youth services across London & the South East & national & international projects.

METRO promotes health, wellbeing, equality & participation through youth services, mental health & wellbeing services, sexual & reproductive health & HIV services and community participation & involvement.

METRO works with anyone experiencing issues related to gender, sexuality, diversity or identity.

For more information info@metrocharity.org.uk

Salus

Salus recognises that all children and young people are different and, for any number of reasons, may need support to deal with the challenges they face to ensure they can achieve their potential. Through delivery of a huge range of innovative and evidence based services they are able to support the improvement of social skills, educational achievement, emotional health and well-being and long term outcomes for children, young people and their families.

CAMHS

Provides services for children and young people provide mental health care and treatment for children and young people up to the age of 18 years.

Choices (Kent)

Provides support for women and children in refuge and in the community to provide help to all those who are experiencing domestic abuse.

Victim Support Young Witness Service (Kent)

Victim Support delivers services for children and young people, from the moment they become a victim of crime through to supporting all young witnesses who are required to give evidence in court.

Being a witness to a crime can be difficult for a young person.

The service is there to support and to ensure they are aware of their options throughout the process.

You & Co is Victim Support's youth programme that helps young people cope with the impact and effects of crime.

HeadStart Kent

HeadStart Kent is a preventative programme for 10-16 year olds to help improve emotional resilience.

My Time Now

My Time Now is a free service providing peer support groups which meet weekly for 10 weeks, at secondary schools across Hastings and Rother, and at community venues in St Leonards.

Group sessions of between 6-8 members are facilitated by trained staff & volunteers, and combine group discussions with creative / therapeutic activities.

Fellowship of St Nicholas

FSN runs a wide range of projects including outreach projects that positively support children by promoting health and well-being

East Sussex Targeted Youth Support (TYS) Service

Available for students aged 11-19 who can use this confidential service when: they need advice or support about lots of things: sexual and mental health, drugs and alcohol issues, family and relationships, training and education, money.

Young Addaction Kent

Provides confidential support and advice around substances, alcohol and mental health for young people aged 10-25 years.

Provides group and 1:1 interventions and structured support for parents and carers.

Young Addaction Kent also provides training for professionals.

Useful links

Headstart Kent

<http://www.headstartkent.org.uk/>

HeadStart Kent is part of Kent County Council's Early Help and Preventative Services and aims to help young people cope better when faced with difficult circumstances in their lives, preventing them from experiencing common mental health problems. There is a special section just for young people.

Young Minds

<https://youngminds.org.uk/>

Young Minds lots of information to help young people, parents and professionals in all areas of mental health and wellbeing

Childline

www.childline.org.uk

Good source of information and advice

NELFT

www.nelft.nhs.uk/services-kent-children-young-peoples-mental-health

Provides support for young people and their families

LGBT+

www.theproudtrust.org/for-young-people – The Proud Trust are a charity who support LGBTQ+ youth. They have lots of help and advice for young people on their website.

SEN

<https://tenterden-schools-trust.com/homewood/send/>

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

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

Focus on listening

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

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

Don’t talk too much

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

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

Don’t pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re

saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

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

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

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

offers of help are met with anger, indifference or insolence; it's the illness talking, not the student.

Never break your promises

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

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

Appendix F: 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. Referrals are often made by a young person's GP but schools and other professionals can be involved.

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

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

General considerations

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

Basic information

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

Reason for referral

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

Further helpful information

- Who else is living at home and details of separated parents if appropriate
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the educational psychologist?

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

INVOLVEMENT WITH CAMHS	Tick	DURATION OF DIFFICULTIES	Tick
Current CAMHS involvement - End of screen <i>Ask consent to telephone camhs clinic for discussion with clinician involved in young persons care.</i>		1 - 2 Weeks	
Previous history of CAMHS involvement		Less than a month	
Previous history of medication for mental health issues		1 - 3 Months	
Any current medication for mental health issues		More than 3 months	
Developmental issues e.g. ADHD, ASD, LD		More than 6 months	

MENTAL HEALTH SYMPTOMS	Score	Tick
Panic Attacks (overwhelming fear, heart pounding, breathing fast etc)	1	
Mood Disturbance (low mood - sad, apathetic; high mood - exaggerated / unrealistic elation)	1	
Depressive Symptoms (tearful, irritable, sad)	2	
Sleep Disturbance (difficulties getting to sleep or staying asleep)	1	
Eating issues (change in weight / eating habits, negative body image, purging or binging)	1	
Difficulties following a traumatic experience (flashbacks, powerful memories, avoidance)	1	
Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)	2	
Delusional thoughts (grandiose thoughts, thinking they are someone else)	2	
Hyperactivity (levels of over activity & impulsivity above what would be expected ; in all settings)	1	
Obsessive thoughts and / or compulsive behaviours (handwashing, cleaning, checking)	2	

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

HARMING BEHAVIOURS	Score	Tick
History of self-harm	1	
History of thoughts about suicide	1	
History of suicide attempts	2	
Current self-harm behaviours	2	
Anger outbursts or aggressive behaviours towards children or adults	2	
Verbalised suicidal thoughts *	5	
Thoughts of harming others or actual harming. *	5	

*If yes contact safeguarding lead immediately

SOCIAL SETTINGS - For these you may have to involve other agencies

Family Mental Health issues		Physical health issues	
History of bereavement/loss/trauma		Identified drug / alcohol use	
Problems in family relationships		Living in care	
Not attending / functioning in school		Involved in criminal activity	
Excluded from school (FTE, Permanent)		History of social services involvement	
Problems with peer relationships		Current Child Protection concerns	

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

0 - 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 of 0 - 4	Score of 5 - 7	Score of 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. Also inform your safeguarding lead.

Please follow the link below for the referral form:

<https://www.nelft.nhs.uk/services-kent-children-young-peoples-mental-health>

Appendix G: Lead Members of Staff

Vicki English - Designated Safeguarding Lead

Wendy Brown - Wellbeing Lead including aspects of mental health

Nic Adams - School Nurse

Steph King - Vice Principal Students

Corrie Piper - PSHRE, Tutoring and Coaching Lead

Paul Hanson - CPD Lead

Lucy Stephen - Director of Learning Support