Inscape House School | TOGETHER TRUST

Inscape House School

Positive mental health wellbeing policy and procedure

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 3 different approaches;

- Tier 1 Universal whole school approaches
- Tier 2 Targeted approaches
- Tier 3 Specialist approaches

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. A 2016 Education Support Partnership (ESP) survey suggested 84% of teachers have suffered from mental health problems at some point over the last two years. A 2017 report by the Children's Commissioner for England also found that 580,000 young people – equivalent to the population of the city of Manchester – are receiving some form of social care or assistance with mental health problems.

Statistics also show that one in 10 children – an average of three in every classroom – has a diagnosable mental health problem, and that 75% of mental health problems in adults have their roots in childhood. Evidence from Mind's two year project highlighted that people with Autistic Spectrum Conditions (ASC) are particularly vulnerable to developing mental health problems and approximately 70% of people with ASC are at risk of suffering from depression and severe anxiety (Supporting People Living with Autism Spectrum Disorder and mental health problems – A guide for practitioners and provider October 2015).

By developing and implementing a practical, relevant and effective mental health policy and procedures we can promote a safe and stable environment for students and staff 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 and governors.

This policy should be read in conjunction with the following documents;

- Safeguarding Policy
- Keeping Children Safe in Education (most up to date version)
- Department for Education – Transforming Children's and Young People's Mental Health Provision: a green paper
- Supporting people living with Autism Spectrum Disorder and mental health problems – A guide for practitioners and providers October 2015
- Together Trust Self Harm and Suicide Policy
- Department of Health - Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing 2015
- Positive Behaviour Support (PBS) Policy
- Anti-Bullying Policy
- Tier 3 Forum Terms of Reference
- PSHE Association Guidance. Teacher Guidance - Preparing to teach about mental health and well being.

The Policy Aims to:

- Promote positive mental health and wellbeing in all staff and students
- Increase understanding and awareness of positive mental health and mental health problems
- Promote a positive understanding and attitude towards mental health problems
- Alert staff to early warning signs of mental health problems
- Provide support to staff working with young people with mental health problems
- Provide support to students experiencing mental health problems
- Provide support and advice to those who may be affected by students experiencing mental health problems e.g. parents, carers, peers, staff
- Develop understanding of and use of accurate Mental Health terminology

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health and wellbeing of students, staff with a specific responsibility include:

- Headteacher - designated safeguarding lead
- Head of Therapy and Additional Support – Designated Senior Lead for Mental Health
- The Together Trust Head of Clinical Services
- Head of Pastoral Care and Support – deputy designated safeguarding lead
- Deputy Head of Pastoral Care and Support
- Educational/ Clinical Psychologist
- School Counsellors

Concerns

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Headteacher or a member of the Pastoral Team: Head of Therapy and Additional Support, Head of Pastoral Care and Support, the Deputy Head of Pastoral Care and Support or the School Counsellors.

If there is a fear that the student is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the Designated Safeguarding Lead/ Deputy Safeguarding Lead.

If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting the emergency services if necessary.

Healthy Young Minds (HYMs) Referral

Where a referral to Healthy Young Minds (HYMs) formally known as Child and Adolescent Mental Health Services (CAMHS), is appropriate, this will be led and managed by the Head or Deputy Head of Pastoral Care and Support. If counselling sessions or play therapy sessions have already began, the school counsellors will also be part of the referral. Guidance about referring to HYMs is provided in Appendix F.

Mental Health Risk Assessment and Emotional Well Being Plan

A mental health risk assessment or an individual emotional well being plan will be completed for students who have significant mental health needs. These documents should be drawn up involving the student, the parents, school staff and where possible relevant health professionals. These plans can include:

- Details of a student's condition
- Diagnosis, medication and any side effects
- Who to contact in an emergency
- Risks, signs, worries/concerns
- Ways to reduce the risk
- Response to risks/ what to do in an emergency

(See Appendix F)

Mental Health Risk Assessments and Emotional Well Being Plans will be managed by the Pastoral Team in liaison with the young person, family and class team. They will be reviewed on a termly basis or earlier dependent upon changes in circumstances.

Teaching about Positive Mental Health and Wellbeing

The Personal, Social and Health Education (PSHE) Curriculum (currently under review) has a wide range of content, allowing for differentiation across the school. This enables all students to access PSHE lessons and learn the keys skills around keeping themselves and others physically and mentally safe.

Following the PSHE Association 'Preparing to Teach about Mental Health and Emotional Wellbeing' lessons are planned across all key stages. Students will have the opportunity to learn a number of skills, linking to key themes such as; recognising and understanding feelings to promoting emotional wellbeing and healthy and unhealthy coping strategies.

In line with the school's development plan, other key themes such as building an individual's resilience and understanding and managing anxiety will give an emphasis on a continual theme of students having the confidence and skills to ask for help for themselves or for others. The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.
Inscape House School will be guided by the PSHE Association Guidance[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

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

We will display relevant sources of support in communal areas and will regularly highlight sources of support to students within workshops and meetings and in relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health problems. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with lead members of staff as stated in the previous section and/or if required follow safeguarding policy and procedures.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Unexplained increase in rigid and repetitive behaviour and thinking e.g. talking to self
- Changes in eating and sleeping patterns
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement/deterioration in skills
- Talking or joking about self-harm or suicide
- Misuse of medication, recreational drugs, and/or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour e.g. getting changed secretively
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Increase in physical aggression towards others and self

Managing disclosures

A student may choose to disclose concerns about themselves or a peer 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 D.

All disclosures should be recorded on Behaviour Watch under safeguarding. This written record should include:

- Date
- Students name
- The name of the member of staff to whom the disclosure was made
- Factual recount of the conversation/ any concerns raised

This information will then be shared with the Inscape House Safeguarding Leads plus the Designated Senior Lead for Mental Health who will offer additional support and advice about next steps. See appendix F for guidance about making a referral to HYMs (CAMHS).

Confidentiality

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

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

- Why we need to tell them

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

Working with Parents

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

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

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear, denial or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

Further sources of information including parent help lines and forums should be shared and as appropriate books/leaflets to take away as parents will often find it hard to take information in whilst coming to terms with the news that you're sharing.

Clear means of contacting staff with further questions should always be provided along with a follow up meeting or phone call 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 support 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 through displays and information leaflets
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through information sessions
- Keep parents informed about the mental health topics their children are learning about in PSHE

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, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the 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 / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Training

All staff will receive regular training about recognising and responding to mental health issues. Staff will also receive regular training on looking after their own mental health and well being.

Inscape House School will also have a number of staff across school that will be trained as mental health first aiders.

Training opportunities for staff that 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.

Policy Review

This policy will be reviewed every year as a minimum. It is next due for review in March 2019.

Additionally, this policy will be reviewed and updated as appropriate due to new legislation and/ or changes within the organisation.
If you have a question or suggestion about improving this policy, this should be addressed to the Head of Therapy and Additional Support.

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 website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk). Mind has also produced a detailed document 'Supporting people living with autism spectrum disorder and mental health problems – A guide for practitioners and providers October 2015.

Self-harm

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

Online support

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

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

Books

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

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

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

Depression

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

Online support

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

Books

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

Anxiety, panic attacks and phobias

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

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

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

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

Obsessions and compulsions

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

Online support

OCD UK: www.ocduk.org/ocd

Books

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

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

Suicidal feelings

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

Online support

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

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

Books

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

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

Eating problems

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

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

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

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

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

Appendix B: Guidance and advice documents

- Transforming Children and Young People's Mental Health Provision: a Green Paper (December 2017)
- Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)
- Supporting people living with autism disorder and mental health problems – A guide for practitioners and providers (October 2015)
- 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 (2016) or current version
- Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2016)
- 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: Sources or support school and in the local community

School Support

Pastoral Team

- Head of Therapy and Additional Support
- Head of Pastoral Care and Support
- Deputy Head of Pastoral Care and Support
- Educational/ Clinical Psychologist
- School Counsellors

Support available at Inscape House School

- See Inscape House School Provision Map

Local and National Support

- Independent local support groups in individual local authorities
- Local GP Surgery
- Young Minds Child and Adolescent Mental Health (www.youngminds.org.uk)
- Mind, the mental health charity (www.mind.org.uk)
- NHS UK – Children and Young People's Services

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

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside the school safeguarding policy and procedures.

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. 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, show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. 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. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you’re working with them to move things forward.

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

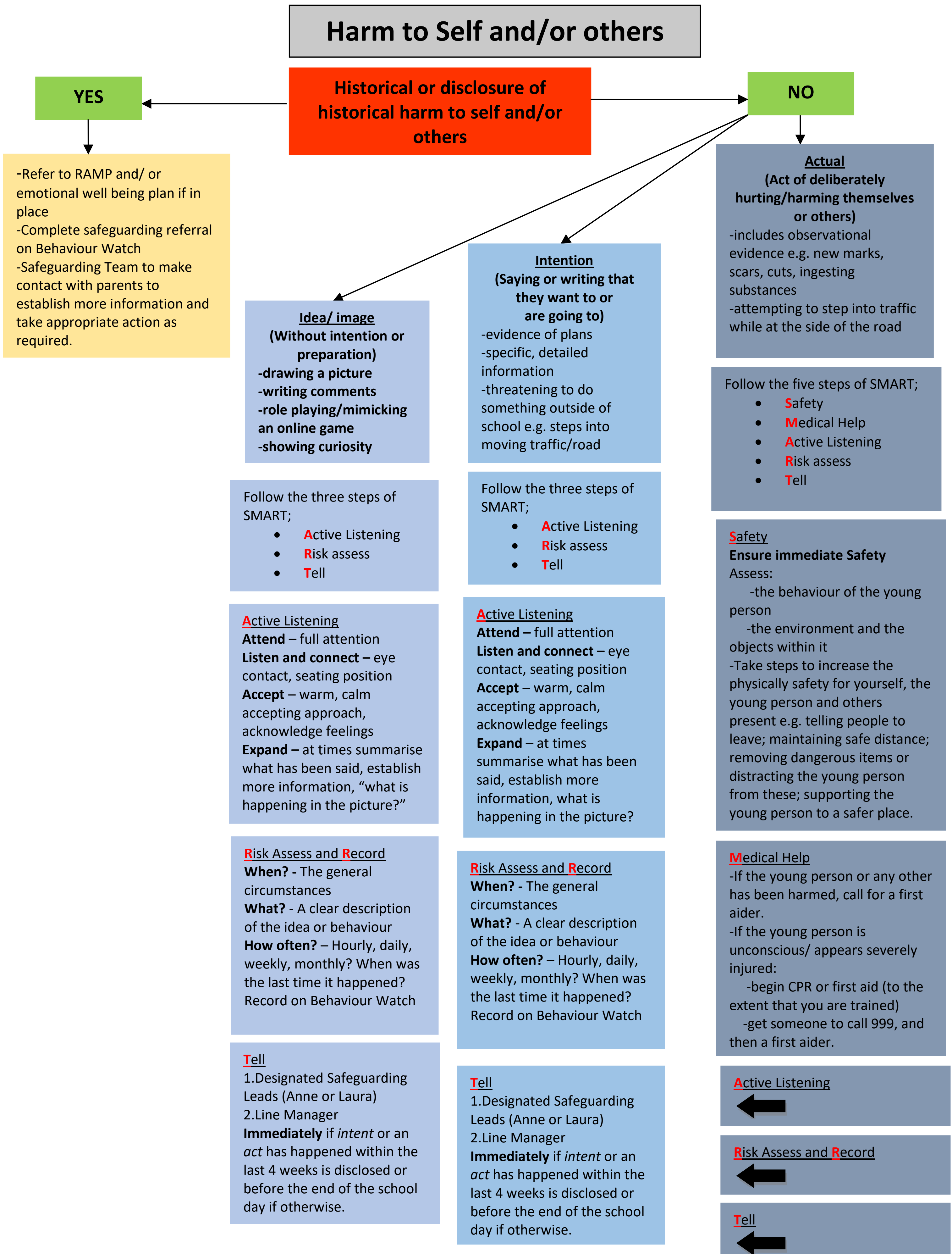
Never break your promises

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

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be

honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Immediate Response Protocol – Responding to Risky Distress



Appendix E: What makes a good HYMs (CAMHS) referral?

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

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

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

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to HYMs 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 child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Diagnosis
- 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 HYMs to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- What interventions is the child currently receiving e.g. school counselling?
- 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

The screening tool below will help to guide whether or not a HYMs referral is appropriate.

	INVOLVEMENT WITH HYMs/CAMHS
	Current HYMs (CAMHS) involvement – **END OF SCREEN***
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

	DURATION OF DIFFICULTIES
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	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
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	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

		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 children 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. Child 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 school		History of social services involvement
	Excluded from school (FTE, permanent)		Current Child 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

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 HYMs (CAMHS) service anonymously for advice *****

Appendix F – Mental Health Risk Assessment and Emotional Well Being Plan

Harm to self
'Sometimes, when some young people feel really sad or really angry they might do things to hurt themselves. It doesn't mean they are a bad person, but they might need help with their feelings.'
Do you get *thoughts* about hurting yourself on purpose? • When? • What? • How often? Do you ever *feel* like hurting yourself on purpose? • When? • What? • How often?
Do you ever make *plans* to hurt yourself? • When? • What? • How often? ▪ ▪ ▪

Harm to self
What gets you to the point where you feel like hurting yourself?
Have you *ever* hurt yourself on purpose? • When? • What? • How often?
Do you think you might hurt yourself on purpose *today*? • When? • How?
What can I do to help you keep safe? What needs to change so that you won't feel like hurting yourself so much? What might help you feel just a little bit better? What other things help you to cope?

Suicide
‘Sometimes, when some young people feel really sad or desperate they might wish they weren’t alive anymore. Sometimes they might think about killing themselves. It doesn’t mean they are a bad person, but they might need help with their feelings.’
Do you get *thoughts* about killing yourself? When? What? How often? Do you ever *feel* like killing yourself? When? What? How often?
Do you ever make *plans* to kill yourself? When? What? How often?

Suicide
What gets you to the point where you feel like killing yourself?
Have you *ever* tried to kill yourself? When? What? How often?
As you sit with me right now, have you got plans to kill yourself? When? How?
What can I do to help you keep safe? What needs to change so that you won't feel like killing yourself? What might help you feel just a little bit better? What helps you to cope?

Plans to hurt other people or damage property
What gets you to the point where you feel like hurting other people or damaging things?
Have you *ever* hurt other people or damaged things? When? What? How often?
Do you think you might hurt someone or damage something *today*? Who?/ What? When? How?
What can I do to help everyone stay safe? What needs to change so that you won't feel like hurting other people or damaging things? What might help you feel just a little bit better? What helps you to cope?

Emotional Well Being Plan

Name:

Date:

Diagnosis:

Medication:

Emergency contact:

Purpose of the plan

Who created and agreed the plan?

Risk	Signs	Worries or concerns that you may have Fast – immediate issues that can impact on how you are feeling Slow – concerns that don't arise immediately Both	Reducing the Risk Preventative and proactive	Response to risk

Positive Mental Health and Well Being Policy
July 2018

1. Who has a responsibility to promote the mental health and well being of students?
   Everyone

2. What are the three different tiered provisions in place for Positive Mental Health and Well Being?

3. What percentage of people with ASC are at risk of suffering from depression and severe anxiety?

4. Who are the lead members of staff with specific responsibilities?

5. What does HYMS stand for? What does CAMHS stand for?

6. If you have a concern about the mental health and well being of a student what should you do?

7. Please list 6 possible warning signs that a student is experiencing mental health problem

8. How would you manage a mental health disclosure from a student?

9. What might be included on a mental health risk assessment and emotional well being plan?

10. What would you do if a student asks you to keep a mental health disclosure confidential?

11. Name two external services that can be accessed for mental health support?

I have read, understand and know how to apply the Positive Mental Health and Well Being Policy at Inscape House School.

Signed:

...

Print:

..

Date:

...