ST JAMES
Senior Girls' School

Mental Health and Wellbeing Policy

St James Senior Girls' School

January 2024

Contents

1 Policy statement

> *"Good mental health is when you are most able to be yourself. You see what is best in people, you treat everyone as you would want to be treated and you are able to respond to their needs. You will eat healthy food, dress well and enjoy many exciting lessons and activities. It means knowing that you are supported in school and that if you have difficulties – inside and outside of school - that there are people you can talk to. Ultimately, good mental health is knowing when your glass is half full."*
>
> *The Sapling*

1.1 At St James Senior Girls' School (School), we aim to support and promote good mental health for every pupil and member of staff. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at members of the School community.

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

2 Scope

2.1 This document describes the School's approach to promoting good 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 the following policies:

(a) Administration of Medicines and First Aid policies in cases where a pupil's mental health overlaps with or is linked to a medical issue.

(b) SEND policy where a pupil has an identified special educational need and/or disability.

(c) Safeguarding and Child Protection Policy as mental health concerns, in some cases, can be an indicator that a child has suffered or is at risk of harm.

(d) Self-harm Policy which sets out detailed guidance on managing self-harm.

(e) Behaviour, Rewards and Discipline Policy (the power to search and confiscate prohibited items)

(f) Smoking, Alcohol and the Misuse of Drugs and Substances Policy

2.2 Parents/carers will also find this a helpful document to understand the approach the School takes to mental health.

2.3 In appropriate cases, the School will apply the terms of the School's child protection and safeguarding policy and procedures.

3 The Equality Act 2010

3.1 The School recognises that some mental health needs will meet the definition of disability contained within the Equality Act 2010. The School will apply this policy and any related procedures in accordance with its duties under the Equality Act, including the duty to make reasonable adjustments.

4 The Policy aims:

(a) Promote good mental health in all staff and pupils;
(b) Increase understanding and awareness of common mental health issues;
(c) Alert staff to early warning signs of mental ill health;
(d) Provide support to staff working with pupils with mental health needs;
(e) Provide support to pupils suffering mental ill health and their peers and parents/carers;
(f) Provide specific guidance on the management of common mental health concerns;
(g) Provide specific guidance on absence from school and reintegration to school.

5 Lead members of staff

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

1. Designated Safeguarding Lead (DSL)
2. Deputy Head and Deputy DSL
3. Assistant Head Teacher, Educational Visits Coordinator and Deputy DSL
4. School Nurse and Deputy DSL
5. Head of PSHE

6 Staff training

6.1 All staff are aware of the terms of this policy and how to deal with suspected mental health needs at school.

6.2 As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe. Some members of staff are also trained Mental Health First Aiders. Appropriate additional training will be provided to staff where such a need is identified (i.e. due to the ongoing needs of a current pupil).

6.3 Staff have membership and full access to The Wellbeing Hub – www.teentips.co.uk. This provides a programme of comprehensive training and a wealth of resources for teaching staff which forms part of staff training on mental health issues.

7 Teaching about mental health

7.1 The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum.

7.2 The specific content of lessons will be determined by the specific needs of the pupils we are teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

7.3 The School follows PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

8 Signposting

8.1 The School will ensure that staff, pupils and parents/carers are aware of sources of support within School and in the local community. Appendix D outlines the support which is available within the School and local community, who it is aimed at and how to access it.

8.2 The Mental Health Lead will display relevant sources of support on the pastoral noticeboard. The Head of PSHE and the School Nurse will regularly highlight sources of support to pupils within relevant parts of the curriculum. They will ensure pupils understand:

(a) What help is available
(b) Who it is aimed at
(c) How to access it
(d) Why to access it
(e) What is likely to happen next

9 Identifying pupils with possible mental health concerns

9.1 Warning Signs

9.1.1 School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the Mental Health Lead.

9.2 Possible warning signs include:

9.2.1 physical signs of harm that are repeated or appear non-accidental;

9.2.2 sudden weight loss;

9.2.3 changes in eating / sleeping habits (excessive tiredness);

9.2.4 increased isolation from friends or family, becoming socially withdrawn;

9.2.5 changes in activity and mood;

9.2.6 lowering of academic achievement;

9.2.7 talking or joking about self-harm or suicide;

9.2.8 abusing drugs or alcohol;

9.2.9 expressing feelings of failure, uselessness or loss of hope;

9.2.10 changes in clothing e.g. long sleeves in warm weather;

9.2.11 secretive behaviour;

9.2.12 missing/trying to miss PE or getting changed secretively;

9.2.13 lateness to or absence from school;

9.2.14 repeated physical pain or nausea with no evident cause; and

9.2.15 an increase in lateness or absenteeism.

9.3 The School understands the important role it can play in identifying and supporting pupils with mental health, or suspected mental health, needs.

9.4 Further details regarding recognising and managing common mental health needs are included in **Appendix A**. Understanding common mental health needs can assist staff in recognising when a pupil may be in need of support. However, School staff should not act as mental health experts and should not try to diagnose conditions.

9.5 ***Pupil disclosures***

9.5.1 A pupil may choose to disclose concerns about themselves or a friend to any member of staff. All staff need to know how to respond appropriately to a disclosure.

9.5.2 If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff should listen and their response should always be calm, supportive and non-judgemental.

9.5.3 All disclosures should be recorded in writing and passed to the DSL/Mental Health Lead.

9.6 ***Staff***

9.6.1 If a member of staff is concerned for a pupil's immediate health, safety or welfare he or she should take immediate steps to safeguard that pupil, including applying the normal child protection procedures or the normal procedures for medical emergencies. This may include seeking medical assistance and/or contacting the emergency services if necessary. Once the pupil's needs are immediately protected, the member of staff must contact the Mental Health Lead/Designated Safeguarding Lead without delay.

9.6.2 Where it is determined that there is no immediate threat to a pupil's health, safety and welfare, staff should report any concerns to the Mental Health Lead/Designated Safeguarding Lead as soon as reasonably practicable. The Mental Health Lead/Designated Safeguarding Lead will then consider the position and coordinate an appropriate response.

9.6.3 Where a referral to CAMHS is deemed appropriate, this will be led and managed by the Mental Health Lead/DSL Team. Guidance about referring to CAMHS is provided in Appendix E.

10 Supporting pupils with mental health concerns

10.1 Where a pupil has been identified as having a mental health problem or a suspected mental health concern, the School will establish a structured response designed to safeguard that pupil's health, safety and welfare, which will include carrying out and updating the risk assessment for pupil welfare, as appropriate.

10.2 Support provided may include, as appropriate:

10.2.1 placing a pupil on a pastoral list and agreeing intervention;

10.2.2 check-in meetings with the pupil and active monitoring;

10.2.3 relevant conversations with the pupil and/or family;

10.2.4 seeking appropriate medical assistance including, where necessary contacting the emergency services;

10.2.5 making a referral to external services such as 'CAMHS' or independent counselling/psychiatric care;

10.2.6 referral to children's services;

10.2.7 where the pupil has been absent from School, steps to support reintegration; and

10.2.8 determining if it is in the best interests of the pupil to attend School or related activities.

10.3 The support provided will vary on a case-by-case basis, depending the risks identified and any specific mental health problem identified. Further details on what specific support may be provided is available at **Appendix A**.

11 Individual care plans/safety plan

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

11.1.1 details of a pupil's condition;

11.1.2 special requirements and precautions;

11.1.3 medication and any side effects;

11.1.4 what to do, and who to contact in an emergency; and

11.1.5 the role the School can play.

12 Confidentiality and information sharing

12.1 It is important that the families of pupils who have, or have had, mental health concerns are encouraged to share this information with the school. The School needs to know of the pupil's circumstances in order to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. Pupils and their families can share their relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. In other words, only those who need to know will be informed. The School asks for a confidential reference from a pupil's previous school and specifically asks whether there are any pastoral or medical issues of which the School should be aware in order to discharge our duty of care.

12.2 The School will balance a pupil's right of confidentiality against the School's overarching duties to safeguard pupils' health, safety and welfare and to protect pupils from suffering significant harm. Where a pupil withholds consent and/or in any other circumstances where the School considers it necessary and proportionate to the need and level of risk, confidential information may be shared with staff, parents/carers, medical professionals and external agencies on a need-to-know basis.

12.3 Whilst attending school pupils may choose to confide in a member of School staff if they are concerned about their own welfare or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If a member of staff considers a pupil to be at serious risk of harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.

13 Working with parents and carers

13.1 Where it is deemed appropriate to inform parents/carers, the staff need to be sensitive in their approach. Before disclosing to parents/carers, they should consider the following questions (on a case-by-case basis):

13.2 Where will the meeting take place? Face-to-face is preferable but parents' and pupil's choice is the priority. Some parents/carers may wish for an outline of concerns on the telephone before they come in.

13.2.1 Where should the meeting happen? At school or somewhere neutral?

13.2.2 Who should be present? Consider parents/carers, the pupil, and other members of staff;

13.2.3 What are the aims of the meeting?

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

13.4 Staff should always highlight further sources of information where possible as parents/carers will often find it hard to take much in whilst coming to terms with the news we are sharing. Sharing sources of further support aimed specifically at parents/carers can also be helpful too e.g. parent helplines and forums.

13.5 Staff should always provide clear means of contacting them with further questions and consider making a date for a follow up meeting or phone call. Each meeting should finish with the agreed next step(s) and a brief record of the meeting should always be kept on the pupil's confidential record.

13.6 In order to support parents/carers, staff will:

13.6.1 ensure that all parents/carers are aware of who to talk to if they have concerns about their own child or a friend of their child;

13.6.2 make our mental health policy easily accessible to parents/carers;

13.6.3 share ideas about how parents/carers can support positive mental health in their children through our regular information evenings/parental seminars; and

13.6.4 keep parents/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

14 Supporting peers

14.1 When a pupil is suffering with poor mental health, 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 pupil who is suffering and their parents/carers if appropriate.

15 Absence from school

15.1 If a pupil is absent from School for any length of time then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil. If a pupil is an inpatient, Heads of Section will liaise with the teachers at the hospital to ensure appropriate work is provided or that teachers are aware of how to help a pupil join a lesson in Microsoft Teams.

16 Management of pupil mental health concerns in school

16.1 The Head and the Mental Health Lead/Designated Safeguarding Officer will consider whether a pupil is able to remain in school. A review will be considered on a case by case basis and will evaluate whether the pupil is a risk to themselves or to others; the impact on the wellbeing and safety of other members of the community; and whether a pupil's mental health concern cannot be managed effectively and safely within the School, The Head reserves the right to request that parents/carers withdraw their daughter temporarily until appropriate reassurances have been met.

17 Reintegration to school

17.1 Should a pupil require some time out of school, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. The School will work with all key stakeholders and agencies

including the pupil and her family to draw up an appropriate care plan. The pupil should have as much ownership as possible with regards the safety plan so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.

18 Management of mental health on school trips

18.1 Certain mental illnesses may present a risk to the pupil and or the community of pupils on School trips, particularly where a trip is residential. If the Educational Visits Coordinator and DSL team have concerns about a pupil's welfare on a trip they may request medical certification that a pupil is fit to attend. Parents/carers and a multi-agency team or the School Nurse and pastoral team will draw up an individual risk assessment for a pupil to attend a trip. If the Head regards the risk to the pupil, staff and/or other pupils to be too high she may request that a pupil withdraws from a trip including where medical certification of fitness to attend has been given. In making this decision the Head will consider any appropriate reasonable adjustments.

19 Record keeping

19.1 All records created in accordance with this policy are managed in accordance with the School's policies that apply to the retention and destruction of records.

19.2 All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing.

19.3 The School will record all discussions with external agencies made and the reasons for them, and detail the action taken.

20 Policy review

20.1 This policy will be reviewed and updated as appropriate. If you have a question or suggestion about improving this policy, this should be addressed to the Mental Health Lead, who can be contacted via the School Office.

Signed by:	**Annabel Lubikowski** **Chair of Governors**
Date of adoption of this policy:	Spring 2022
Date of last review of this policy:	January 2024
Date for next review of this policy:	Autumn 2024
Policy Owner:	Mental Health Lead, DSL

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

1 Prevalence of mental health and emotional wellbeing issues[1]

- 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 an 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 concerns 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 children. The links will take you through to the most relevant page of the listed website. 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).

2 Youth Mental Health First Aid and use of the ALGEE Principle

Those trained in Youth Mental Health First Aid may employ the ALGEE principle in discussion with pupils suffering a mental health crisis. They should report any conversation to the Mental Health Lead and write this up on the MyConcern reporting system. They may subsequently be asked to assist in drawing up an ICP.

- **A**ssess for risk of suicide or harm
- **L**isten non-judgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

[1] Source: Young Minds

3 Specific guidance on identifying and managing eating disorders

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

Definition of eating disorders:

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors:

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors:

- difficulty expressing feelings and emotions;
- a tendency to comply with other's demands; and
- very high expectations of achievement.

Family Factors:

- a home environment where food, eating, weight or appearance have a disproportionate significance;

- an over-protective or over-controlling home environment;
- poor parental relationships and arguments;
- neglect or physical, sexual or emotional abuse;
- overly high family expectations of achievement;
- social factors;
- being bullied, teased or ridiculed due to weight or appearance; and
- pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing.

Warning Signs:

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs:

- weight loss
- dizziness, tiredness, fainting
- feeling cold
- hair becomes dull or lifeless/hair loss and excessive hair growth on extremities
- swollen cheeks
- callused knuckles
- tension headaches
- sore throats/mouth ulcers
- tooth decay

Behavioural Signs:

- restricted eating
- skipping meals
- scheduling activities during lunch
- strange behaviour around food
- wearing baggy clothes
- wearing several layers of clothing
- excessive chewing of gum/drinking of water
- increased conscientiousness
- increasing isolation/loss of friends
- believes she is fat when she is not
- secretive behaviour
- visits the toilet immediately after meals
- excessive exercise

Psychological Signs:

- preoccupation with food
- sensitivity about eating
- denial of hunger despite lack of food
- feeling distressed or guilty after eating

- self dislike
- fear of gaining weight
- moodiness
- excessive perfectionism

Staff Roles:

Staff should report concerns in accordance with the policy. In addition to the support identified above the School may identify that it is appropriate for:

- Staff members being asked to monitor food intake at lunch discreetly where this is possible. However, parents/carers should be aware that staff on duty will also have other pupils to attend to and that whilst a member of staff will do their best, such monitoring can therefore not be wholly accurate or guaranteed. It is not the role of School staff to enforce or ensure that a pupil is eating at School; and
- the School Nurse to weigh a pupil when initial concerns are raised, however, the School would not normally be involved in regular weighing of a pupil.

Management of eating disorders in school exercise and activity – PE and games:

Taking part in sports, games and activities is an essential part of school life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Assistant Head Pastoral (DSL) and School Nurse deem it appropriate they may liaise with PE staff to monitor the amount of exercise a pupil is doing in School. They may also request that the PE staff advise parents/carers of a sensible exercise programme for out of School hours. All PE teachers at the School will be made aware of which pupils have a known eating disorder. The School will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored. If a pupil is losing weight and medical professionals advise it a pupil may be asked to refrain from taking part in School sport. The Assistant Head Pastoral (DSL) and School Nurse may also advise against participation in sport where a pupil is suffering from dizziness or fainting spells.

4 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.

More detailed guidance is given in the School's Self-Harm Policy.

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

5 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

6 Anxiety, panic attacks and phobias

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years. All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried. Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships.

How to help a pupil having a panic attack:

- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away;
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible;
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own;
- Encourage them to breathe in and hold for 3 seconds and then breathe out for 4 seconds;
- Be a good listener, without judging;

- Explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack;
- Explain that the attack will soon stop and that they will recover fully; and
- Assure the pupil that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

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

7 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

8 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

Appendix B: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (November 2018)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (February 2016)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (March 2019). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (latest 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 August 2017)

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)

Reasonable adjustments for disabled pupils 2015

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publicly 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

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

Mr Stephen Allen	Mental Health Lead/Designated Safeguarding Lead/Assistant Head, Pastoral (DSL) Head of Character Education/PSHEst.allen@sjsg.org.uk 020 7348 1777
Mr Alastair Horsford	Deputy Designated Safeguarding Lead/ Deputy Head, a.horsford@sjsg.org.uk 020 7348 1777
Ms Hannah Davisson	Head of PSHE h.davidson@sjsg.org.uk 020 7348 1777
Mrs Sandra Cousins	School Nurse sg.nurse@sjsg.org.uk 020 7348 1777
Miss Anna Holliss	Educational Visits Coordinator and DDSL a.holliss@sjsg.org.uk 020 7348 1777
Mrs Emily Walker	Wellbeing Coach e.walker@sjsg.org.uk 020 7348 1777

Each member of staff identified can be approached directly by staff, parents/carers and pupils. Staff may refer pupils or pupils/families may refer themselves seeking further guidance.

The School works closely with a number of external counsellors and can make a recommendation if a pupil/family requests/needs such a service. The School can also make a referral to CAMHS. Please contact the Mental Health Lead for further information.

Appendix E: What makes a good CAMHS referral?[2]

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

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

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

General considerations:

- Have you met with the parent(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent given consent for the referral?
- What are the parent/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? and
- Are there other agencies involved?

Reason for referral:

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

Further helpful information:

- Who else is living at home and details of separated parents if appropriate?

[2] Adapted from Surrey and Border NHS Trust

- 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 Children's 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; and
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?