Mental Health Policy

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Contents

1 Introduction

1.1 As a School, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches, and for vulnerable pupils we use specialised, targeted approaches.

1.2 In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. One in six children are identified as having a probable mental health problem, that's five in every classroom (Young Minds, 2021). By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

1.3 The World Health Organisation defines mental health as: "a state of mental well-being that enables people to cope with the normal stresses of life, realise their abilities, learn well and work well, and contribute to their community."

1.4 This policy describes the School's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff, including non-teaching staff and governors.

1.5 This policy should be read in conjunction with our medical policy in cases where a pupil's mental health overlaps with, or is linked to, a medical issue, and our Special Educational Needs and Disabilities (SEND) policy where a pupil has an identified special educational need.

2 Aims

2.1 The School is committed to supporting the mental health and wellbeing of pupils, staff and other stakeholders. This policy focuses on pupils' mental health and aims to:

- set out the school's approach to promoting positive mental health and wellbeing;
- increase understanding and awareness of common mental health issues;
- support staff to identify and respond to early warning signs of mental ill health;
- provide guidance to staff on their role in supporting pupils' metal health and wellbeing;
- provide support to pupils suffering mental ill health and their peers and parents/carers, including access to resources.

3 Lead members of staff

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

- Ustadah Fatemah – Senior Mental Health Lead
- Ustadah Sheerin– Designated Safeguarding Lead (DSL);
- Ustadah Sheerin- Special Educational Needs Co-ordinator (SENCo);
- Ustadah Humayrah - Mental Health First Aider; Counsellor
- Ustadah Fatemah – Mental Health First Aider, Counsellor

4 Warning Signs

4.1 All staff will be on the lookout for signs that a pupil's mental health is deteriorating. These warning signs should always be taken seriously and staff observing any of these signs should communicate their concerns to the DSL. 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, energy level or mood;
- changes in attitude in lessons or academic attainment;
- talking or joking about self-harm or suicide;
- abusing drugs or alcohol;
- rapid weight loss or gain
- expressing feelings of failure, hopelessness, worthlessness, anxiety or loss of hope;
- inappropriate clothing, e.g. long sleeves in warm weather;
- secretive behaviour;
- skipping PE or getting changed secretively;
- changes in level of personal hygiene;
- repeated physical pain or nausea with no evident cause;
- an increase in lateness or absenteeism.

4.2 Any member of staff who is concerned about the mental health or well-being of a pupil should speak to the DSL in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding procedures should be followed. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

4.3 Where a referral to the Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the SENCo or DSL in liaison with parents/carers and, where appropriate, the school nurse or the child's GP.

4.4 In a case of acute mental health crisis, please refer to the procedure in Appendix 6.

5 Managing Disclosures and Confidentiality

5.1 If a pupil makes a disclosure about themselves or a peer to a member of staff, that staff member should remain calm, non-judgmental and reassuring.

5.2 Staff will focus on the pupil's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice. This will mean they will listen rather than advise.

5.3 Staff will be honest with regards to confidentiality and be clear that it is necessary to pass on concerns about a pupil. This will usually be to the DSL, but staff will explain what information they will share, with whom and why they need to share it.

5.4 Parents/carers will be informed of mental health concerns unless there is a safeguarding concern. In this case, the school's Safeguarding and Child Protection policy will be followed.

5.5 Staff will always follow our school's Safeguarding and Child Protection policy and pass on all concerns to the DSL. All disclosures are recorded in the pupil's confidential safeguarding file. Appendix 2 provides further information on how to handle mental health disclosures.

6 Supporting Pupils

6.1 As part of our school's commitment to promoting positive mental health and wellbeing for all pupils, we offer support to all pupils by:

- raising awareness of mental health during collective worship, assemblies and PSHE
- taking part in the National Mental Health Awareness week
- signposting all pupils to sources of online support on the school website
- providing pupils with ways to provide feedback on elements of the school that is negatively impacting their mental health
- appointing a Senior Mental Health Lead with strategic oversight of our whole school approach to mental health and wellbeing
- offering pastoral support with the school counsellor
- making classrooms a safe space

6.2 If a pupil is identified as having a mental health need, we will take a graduated and case by case approach to assessing the support we can provide, in addition to the support listed above. This additional support will be tailored to their needs and may include:

- mental health interventions
- nurture groups
- reduced timetable
- brain break pass

6.3 If a pupil's needs cannot be met by the internal offer our school provides, we will make, or encourage parents/carers to make, a referral for external support. This could be to:

- their GP
- a paediatrician
- CAMHS
- mental health charities, such as Samaritans, Young Minds or Kooth
- local counselling services
- the Connected Care Network

6.4 Individual Healthcare Plans (IHPs)

The school may, in consultation with the parents/carers and healthcare professionals, agree that an Individual Healthcare Plan (IHP) is appropriate. IHPs are intended to support pupils with physical or mental health conditions to manage those conditions, usually when there is a high risk that emergency intervention will be needed. They lay out what needs to be done, when and by whom, capturing the key information and actions that are required to support the pupil effectively. Not all children with mental health needs will require one. If consensus cannot be reached as to whether an IHP is appropriate and proportionate, the Headteacher will make the final decision. IHPs will be reviewed at least annually, or earlier if evidence is presented that the pupils' needs have changed. More information is available in the DfE's '*Supporting pupils at school with medical conditions*' guidance.

6.5 **Risk Assessments**

6.6 When there is a high risk of harm to a pupil, their peers or staff as a result of a mental health condition, the school may draw up a risk assessment with involvement from the pupil, parents/carers and relevant health professionals. This will include details of the identified risk(s) and safety measures to manage the risk. A template risk assessment is provided in the annexes of the School Safeguarding and Child Protection policy.

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 developmental PSHE/RSE curriculum.

7.2 The specific content of lessons will be determined by the specific needs of the cohort being taught, 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 We will follow the PSHE Association Guidance, '*Teaching about mental health and emotional wellbeing'*, to ensure that we teach about mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

8 Signposting

8.1 We will ensure that staff, pupils and parents/carers are aware of relevant sources of support within school and in the local community. Further information and sources of support for common mental health issues are outlined in Appendix 1.

8.2 We will advertise relevant sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- what help is available;
- who it is aimed at;
- how to access it;
- why to access it;
- what is likely to happen next.

8.3 If pupils or parents/carers are seeking further information on what support is available, please contact the school's DSL in the first instance.

9 Suicide Prevention

9.1 The school is aware that suicide is the leading cause of death in young people and that school can play a vital role in helping to prevent young suicide. We want to make sure that children and young people in our school are as suicide-safe as possible and that our governors, parents/carers, teaching staff, support staff and pupils themselves are aware of our commitment to be a suicide-safer school.

9.2 The school acknowledges that thoughts of suicide are common among young people. We understand that there are a number of contributory factors surrounding any suicide and that the reasons are often complex and individual. We recognise that the stigma surrounding suicide and mental illness can be a barrier to seeking help and can also be a barrier to offering help. Oakwood primary School is committed to tackling this stigma and we will promote open, sensitive talk in our language and in our working relationships. As a school community, we recognise that pupils may seek out someone whom they school with their concerns and worries and we will support any pupil who may have thoughts of suicide, in partnership with family, caregivers and other professionals where this may enhance the safety of the pupil.

9.3 We know that a child or young person who is suicidal may find it very difficult to talk about their feelings and we will equip key members of staff with training to identify when a pupil may be struggling and to help keep our pupils safe. We will provide our pupils with opportunities to speak openly about their worries with people who are ready, willing and able to support them. This may lead to further support and help where it is needed.

10 Working with Parents/Carers

10.1 Where it is deemed appropriate to inform parents/carers, we will be sensitive in our approach. 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. We will be accepting of this (within reason) and give the parents/carers time to reflect.

10.2 We will highlight any further sources of information, as parents/carers can find it hard to take much in whilst coming to terms with the news being shared. Sharing sources of further support aimed specifically at parents/carers can also be helpful too, e.g. parent helplines and forums.

10.3 We will always provide a clear means of contacting school with further questions. Each meeting will finish with agreed next steps and a record of the meeting will be kept on the child's confidential safeguarding record.

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

- highlight sources of information and support about relevant mental health issues;
- ensure that all parents/carers are aware of who to talk to and how to get relevant information if they have concerns about their child;
- make our mental health policy easily accessible to parents/carers;
- share ideas about how parents/carers can support positive mental health in their children;
- keep parents/carers informed about the mental health topics their children are learning about at school and share ideas for extending and exploring this learning at home.

11 Supporting peers

11.1 When a pupil 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.

11.2 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 with the pupil and their parents/carers with whom we will discuss:

- what it is helpful for friends to know and what they should not be told;
- how friends can best support;
- things friends should avoid doing or saying which may inadvertently cause upset;
- warning signs that their friend may need further adult help.

11.3 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.

12 Training and Support for Staff

12.1 As a minimum, all staff will receive training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe.

12.2 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 to developing situations with one or more pupils.

12.3 The MindEd learning portal (www.minded.org.uk) provides free online training suitable for staff wishing to know more about a specific issue.

12.4 We recognise that supporting a pupil who is experiencing poor mental health can affect staff's own mental health and well-being. To help with this we will ensure that we create a pleasant and supportive work environment, treat all mental health concerns seriously and support staff experiencing poor mental health themselves.

12.5 Safeguarding teams receive termly supervision to support them with their mental health and well-being. The Headteacher may consider supervision sessions for other staff on a case-by-case basis.

Appendix 1 Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues[1]

- One in six children aged 5 to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That's five children in every classroom.
- The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19.
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse.
- In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven per cent reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress.
- Suicide was the leading cause of death for males and females aged between five to 34 in 2019.
- Nearly half of 17-19 year-olds with a diagnosable mental health disorder has selfharmed or attempted suicide at some point, rising to 52.7% for young women.

Below we have signposted 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 may also be useful for school staff.

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

Self-harm

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

Online support

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

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

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole 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

[1] Source: Young Minds (youngminds.org.uk)

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:

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

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 pre-school 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.beateatingdisorders.org.uk

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 2 Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils 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 pupil has come to you, it's because they school 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 pupil 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 pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil 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 pupil 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 pupil 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 pupil.

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 pupil 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 pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of school 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 pupil.

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 pupil 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 pupil.

Never break your promises

> *"Whatever you say you'll do you have to do or else the school 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 school broken."*

Above all else, a pupil wants to know they can school 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 pupil'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 3 Guidance and Advice Documents

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

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

Teacher guidance: teaching about mental health and emotional wellbeing, PSHE Association, Funded by the Department for Education (2021)

Keeping children safe in education - statutory guidance for schools and colleges, Department for Education (2024)

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 - 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, emotional and mental wellbeing in primary and secondary education, National Institute for Health and Care Excellence (2022)

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 4 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 5

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

Basic information

- Is there a 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 / 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?

[2] Adapted from Surrey and Borders Partnership NHS Foundation School

- Has there been any previous contact with social services?
- Details of any known protective factors.
- Any relevant history, i.e. family, life events and / or developmental factors.
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay, e.g. speech and language delay?
- Are there any symptoms of ADHD / ASD and if so have you talked to the Educational psychologist?

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

INVOLVEMENT WITH CAMHS	
	Current 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 CAMHS service anonymously for advice. *****

Procedure to follow in a case of acute mental health crisis