



Co-op Academy
Swinton

Mental Health and Wellbeing Policy

Version | October 2020

Mental health and wellbeing:

Supporting children and families and creating a nurturing and supportive environment

Review date : Annual review

Aim of the guidance

- Provide information on how we will promote positive mental health
- Provide information on how we will try to prevent poor mental health in our children
- To provide staff with an understanding of the different elements of mental health
- Provide staff with guidelines for supporting a child or young person experiencing poor mental health
- How we will provide the support necessary for children and young people and safeguard their physical, emotional and mental wellbeing

Scope and links to other policies

This is a guide to all staff - including non-teaching and governors outlining our approach to promoting mental health and emotional well being. It should be read in conjunction with our policies on Safeguarding, Medical Needs, Anti-Bullying, SEND and Equalities. Links with the School's Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

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1. Introduction and context

At Co-op Academy Swinton, we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that children’s mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events.

Research tells us:

It takes an average of ten years for a young person to get help for mental ill health.

Centre for Mental Health | Missed opportunities | 2016

10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health issue.

Green H, McGinnity Á, Meltzer H, Ford T, Goodman R | Mental health of children and young people in Great Britain | 2004

50% of mental health issues develop by age 14 and 75% by age 24

Kessler | Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders | 2005

It takes an average of ten years for a young person to get help for mental ill health.

Centre for Mental Health | Missed opportunities | 2016

Suicide is the most common cause of death for people aged 5-19 (both boys and girls)

Public Health England | Health Profile for England | 2017

1 in 10 primary school children say they suffer from a low sense of wellbeing.

The Children's Society and the University of York | The Good Childhood Report | 2013

80% of young people surveyed said that exam pressure had a big impact on their mental health, while 96% said that exam pressure affected their mental health.

Young Minds | Wise Up – Prioritising wellbeing in schools 2017

School staff are often the key professionals when it comes to identifying and supporting children and young people’s mental wellbeing and are ideally placed to respond to the early signs of mental health difficulties in children and young people.

The Department for Education (DfE) recognises that: *“in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy”*. Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children’s wellbeing and can help engender a sense of belonging and community.

2. A whole school approach to promoting positive mental health

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

Our aim is to provide a safe environment to help develop the protective factors which enable children to express themselves and be listened to, build resilience to mental health problems and to be a school where:

- All children are valued.
- Children have a sense of belonging and feel safe.
- Children feel able to seek help and talk openly with trusted adults about their problems without feeling any stigma.
- Positive mental health is promoted and valued.
- Bullying is not tolerated.
- Ensure the welfare and safety of children are paramount.
- Early identification of children who may have mental health needs and planning support to meet their needs, including working with specialist services.
- Involve parents and carers when their child needs support.
- Involve children in the care and support they receive.
- Monitor, review and evaluate the support with children and keep parents and carers updated.
- Training staff to develop their understanding, knowledge and response to children with poor mental health.

As set out in the Trusts colleague wellbeing strategy we also recognise the importance of promoting staff mental health and wellbeing. It is important to raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and underpinned by behaviour and welfare around the school.

“Mental health is a state of wellbeing 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 his or her community” (World Health Organisation)

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to:

- Feel confident in themselves.
- Be able to express a range of emotions appropriately.
- Be able to make and maintain positive relationships with others.
- Cope with the stresses of everyday life.
- Manage times of stress and be able to deal with change.
- Learn and achieve

3. Raising awareness - School response

We believe our school plays a key part in promoting children and young people's positive mental health and helping to prevent mental health problems.

This guidance aims to ensure all staff take responsibility to promote and raise awareness of this topic and support staff as much as possible to respond to children who are experiencing poor mental health. We are not expecting all staff to become experts in this field but the initial response and identification is vital to a child's overall well-being and their recovery. It is important for children to know they can speak to any

member of staff within the academy, however, Sarah Withers is our designated mental health lead, with Mary Howarth and Karyn Mooney being Mental Health first aid trained to provide support to children and young people if they are experiencing poor mental health.

Our academy has developed a range of strategies and approaches to raise this issue and break down stereotypes and the stigma around mental health including:

- Campaigns and assemblies to raise awareness of mental health.
- Dedicated PSHCE lessons around mental health and wellbeing
- Peer mentoring – children working together to solve problems and planned sessions where identified adults mentor a designated child
- Transition programmes to secondary schools which includes all Year 6 children having a staff mentor to support a smooth transition to secondary school
- Class and Form time activities
- Reward mechanism where children can be praised for certain duties, tasks or things they have done and have them celebrated in class
- Anti-bullying Disruption surveys provide a mechanism where children can anonymously share worries or concerns in class
- Wellbeing week – whole school focus on doing things which make us feel good
- Displays and information around the School about positive mental health and where to go for help and support
- Nurture groups
- Resilience Training
- Student Mental Health Champions so Peer to Peer support
- Online signposting and support for out of school hours around support mental health and wellbeing
- Free breakfast for all students
- 1-1 Year manager intervention
- LGBTQ Stonewall/Proud ambassadors
- Prefects to aid and younger students
- School nurse
- CAMHS link school
- Beach project – Human kind
- Young Minds

4. Staff roles and responsibilities, including those with specific responsibility

We believe that all staff have a responsibility to promote positive mental health and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children experiencing this get early intervention and the support they need. If a member of staff is concerned about the mental health or wellbeing of a child or young person, in the first instance they should speak to the year manager of the year group of the particular student, alternatively they can speak to Lawrence Duke or Sarah Withers.

We recognise the impact this can have on staff when supporting a child or young person with poor mental health. Staff will be provided with supervision to discuss the impact this is having on themselves, professionally and personally and to discuss any support of CPD may be required to ensure they are being supported adequately and therefore the child or young person receives the right support.

If there is a concern that the child or young person is at high risk or in danger of immediate harm, the schools child protection procedures should be followed. If the child or young person presents a high risk

medical emergency, your emergency first aid procedures should be followed, including involving the emergency services if necessary.

List of key people in your academy and their roles in educating and supporting children with poor mental health:

Role	Name
Mental Health First Aiders	Mary Howarth Karyn Mooney Sarah Withers
Inclusion Lead for Social, Emotional & Mental Health Needs	Lawrence Duke
Leads on PSHCE teaching about mental health	Jennifer Jackson
Safeguarding/Child Protection Lead	Sarah Withers
SENCO	Derek Daly
School nurse	Hilary Hutton

5. Early identification and common symptoms and behaviours associated with poor mental health

All staff understand possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (see Appendix 2 on risk and protective factors).

As with most things, early identification is extremely important and can impact greatly on the support they receive and their recovery. At Co-op Academy Swinton our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Recognising and reporting the signs associated with poor mental health
- Analysing behaviour, exclusions, visits to the pastoral team and school nurse, attendance and sanctions
- Pupil Progress Review meetings termly
- A parental Google email requesting information about any concerns the parent or the child has when transferring to the academy
- Gathering information from a previous school at transfer
- Enabling children to raise concerns to any member of staff
- Enabling parents and carers to raise concerns to any member of staff
- 1-1 meetings

Any member of staff concerned about a student will take this seriously and talk to the Mental Health Lead and or the Designated Safeguarding Lead, following this up with a report on the schools Child Protection reporting system.

If there is a concern that a student is in danger of immediate harm then the school's child protection procedures are followed. If there is a medical emergency then the school's procedures for medical emergencies are followed.

Physical	Psychological	Behavioural
Fatigue	Anxiety or distress	Drug or alcohol misuse
Indigestion or upset stomach	Tearfulness	Using recreational drugs
Headaches	Feeling low	Withdrawal/Change in mood
Appetitive and weight changes	Mood changes	Resigned attitude
Joint and back pain	Indecision	Irritability, anger or aggression
Changes in sleep patterns	Loss of motivation	Over excitement or euphoria
Visible tension or trembling	Loss of humour	Restlessness
Nervous trembling speech	Increased sensitivity	An increase in lateness or absenteeism
Chest or throat pain	Distraction or confusion	Isolation from friends and family and becoming socially withdrawn
Sweating	Difficulty relaxing	Intense or obsessive activity
Constantly feeling cold	Lapses in memory	Repetitive speech or activity
Not want to take part PE or get changed for PE	Illogical or irrational thought processes	Impaired or inconsistent performance
Wearing long sleeves in hot weather	Difficulty taking information in	Uncharacteristic errors
Physical signs of harm that are repeated or appear non-accidental	Responding to experiences, sensations or people not observable by others	Increased sickness absence
Repeated physical pain or nausea with no evident cause	Talking or joking about self-harm or suicide	Uncharacteristic problems with peers
	Expressing feelings of failure, uselessness or loss of hope	Apparent over reaction to problems
		Risk taking
		Disruptive or anti-social behaviour
		Secretive behaviour
		Falling academic achievement
		Appearing to have increased academic pressure

Staff are aware that mental health needs, such as anxiety, might appear as non compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

6. Raising the issue, disclosures and confidentiality talking to children

Whilst poor mental health is a sensitive and personal issue, shying away from the subject can perpetuate the fear of stigma and increase feelings of anxiety. Children and young people may not have the confidence to speak up, so a member of staff making the first move to open the dialogue will be key. Questions should be simple, open and non-judgemental to give the child or young person ample opportunity to explain the situation in their own words. Mental ill health should be treated in the same way as someone with a physical health condition. There are also a number of excellent resources available from your Mental Health Lead. See Appendix 4 - Tips to help open the conversation are included in Appendix 3 .

If poor mental health is suspected or disclosed, it is crucial that someone facilitates an early conversation about this with the child or young person, to identify and implement appropriate support or adjustments. Staff need to ensure that they are seen as approachable and listen when children and young people ask for help.

Staff will make it clear to children that the concern may be shared with the Mental Health Lead or the Safeguarding Lead and recorded, in order to provide appropriate support to the student. Appendix 6 - Flowchart for responding to a mental health concern.

All reports are recorded and held on the school's electronic safeguarding system and include action taken.

Confidentiality must never be promised however we must make it clear to children and young people that particular members of staff may well need to know this information about them. We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we are going to tell them
- How the information will be stored and who has access to the information

7. Informing and working with parents and carers

The academy will usually talk with both the child or young person and the parents or carers. We must be honest with regards to confidentiality. If it is necessary for us to pass on our concerns about a child or young person 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

If the young person does not want us to share information, then we should explore this further with the young person to better understand the reasons for this. In some cases this will mean the information is not shared with the parents or carers..

Children under 16, according to UK law, can make decisions about how support works for them without us discussing it with a parent or carer, if they are deemed to be mature enough to understand what will happen with their information. A parent or carer cannot override this consent.

Gillick Competency

According to UK law, a child can give consent to be referred for treatment without parental knowledge if they are under the age of 16, as long as they are able to demonstrate sufficient maturity and intelligence to understand the nature and implications of the proposed treatment, including the risks and alternative courses of actions.

There are exceptions and certain situations when information must be shared. Confidentiality may need to be breached especially if the child or young person is considered to be a risk to self or others. In such cases information must always be shared with another member of staff and / or a parent / carer. This is to make sure the young person is safe. We will always tell the young person if we need to do this.

As many difficulties occur within the context of family life, treatment options could possibly be limited if there is no parental knowledge of a referral.

Should for any reason a child find it difficult to broach this with their parent or carer then a member of staff from the academy will always give children and young people the option of informing parents for them or with them.

If the young person chooses to tell their parents/carers themselves then the young person should be given 24 hours to share this information before the school contacts parents/carers. Of course, we need to consider the level of urgency and if the child is at immediate risk of significant harm.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Child Protection Officer, Lawrence Duke, must be informed immediately.

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before discussing with 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 child or young person, other members of staff.
- What are the aims of the meeting?

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

Advising parents on how best to support their child will be an important part of the whole process. Parents themselves may be experiencing poor mental health and not know how best they can help their child. We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you are sharing. Sharing sources of further support aimed specifically at parents can be helpful, e.g. parent helplines and forums. See Appendix 4

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

8. Supporting children, referring on and signposting

When a student has been identified as having a cause for concern, it will be important to assess those needs and consider how they are best met. In some cases the provision in school will be sufficient but on other occasions they may need to be referred on to other agencies. See Appendix 4 for how to make a quality referral. Once the child or young person is receiving support either through school, CAMHS or another organisation, it is recommended that an individual care plan should be drawn up. The development of the plan should involve the student, parent (if they are aware) and relevant professionals.

Suggested elements of this plan include:

- Details of the students situation/condition/diagnosis
- Special requirements or strategies and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role of the school and specific staff

Signposting

We will ensure that staff, students and parent/carers are aware of the support services available to them, and how they can access these services.

Support within the academy

Mental Health Ambassador

Peer mentors trained by staff to help other students

Year Managers

Lego therapy

Place to be

Notice boards, website, newsletters

External support

Helplines and services available

GP referral/CAMHS

42nd Street

Salford Foundation

List of support services can be found in Appendix 5

9. 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 with the child or young person who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

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

10. Curriculum

Teaching about mental health and emotional wellbeing

A new training module for teachers will be published by [gov.uk](https://www.gov.uk) week commencing 15 June 2020 to support teaching in giving lessons on the Government's new Relationships, Sex and Health Education (RSHE) curriculum, which will make mental health and wellbeing a compulsory part of students' education in primary and secondary school.

Through PSHCE we teach the knowledge and social and emotional skills that will help children and young people to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

We will follow the guidance issued by [PSHCE Association](https://www.pshce.org.uk/) to prepare us to teach about mental health and emotional health safely and sensitively.

Incorporating this into our curriculum at all stages is a good opportunity to promote childrens and young people's wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people. Additionally, we will use such lessons as a vehicle for providing children and young people who do develop difficulties with strategies to keep themselves healthy and safe as well as supporting children and young people to support any of their friends who are facing challenges.

Outline of curriculum resources can be found in Appendix 4

11. Training and staff awareness and quality assurance

All staff at Co-op Academy Swinton have received this document and as a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep children and young people safe.

For staff who require more in-depth knowledge will be able to access training modules developed with clinical experts which will help subject leads and teachers deliver the new curriculum effectively when it becomes compulsory from September 2020, as well as improving their confidence in talking and teaching about mental wellbeing in class, considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

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

Suggestions for individual, group or whole school CPD should be discussed with (Trust Safeguarding and Child Protection Lead) / Trust CPD lead, who can help to source relevant training and support for individuals as needed.

Please note, when sourcing training in house, the following quality assurance principles should be applied; taken from safeguarding training standards for Co-operative Academies.

We will endeavour to verify that any external trainers or speakers are suitable; for example, by seeking recommendations or feedback from other schools that have used the same trainer, by agreeing the content of the session beforehand, by checking company websites, by consulting where necessary with the trust designated safeguarding and child protection lead etc. This helps us to ensure staff training is appropriate, up to date and valuable to participants and also to meet our responsibilities within Prevent.

12. Monitoring and evaluation

This policy should be regularly reviewed and monitored as to its effectiveness. This should be done through feedback from staff, children and young people and parents and through cases management supervision of the key staff involved in the delivery of services to children at the academy. Any required changes to the policy should be discussed with the Trust Safeguarding and Child Protection Lead to ensure any changes and or improvements are equally reflected across the trust.

13. References

This policy was created using references from the following sources and reading material:

Anna Freud National Centre for Children and Families
Luminate Education group draft Wellbeing Policy
Liverpool CAMHS
Charlie Waller Memorial Trust

APPENDIX 1

COVID-19 specific

There has been much discussion about everyone's mental health in relation to COVID-19.

gov.uk press release - [Extra mental health support for students and staff](#)

As more children and young people start to return to our academy we have considered the wellbeing and mental health needs of our students in this planning.

We will:

- Encouraged students to seek support if they are having difficulty with their mental health
- Try to ensure there are sufficient numbers of trained staff available to support students with mental health issues
- There is access to designated staff for all students who wish to talk to someone about wellbeing/mental health
- Wellbeing/mental health is discussed regularly in PSHE/virtual assemblies/student briefings (stories/toy characters are used for younger students to help talk about feelings)
- Resources/websites to support the mental health of students are provided
- Parents asked to share or update information with the school about any mental health/wellbeing risks that may impact on their safe return to school

It's important to spend time talking to children about COVID-19 right now, children might find it difficult to understand quite what is happening and why everyone is so worried. It's no surprise that this can cause feelings of anxiety or stress.

Talking to Children about COVID-19

- Children may not talk directly about COVID-19 so check-in with them. Many parents are now finding themselves working from home and playing the role of full time educators, coupled with a break in children's routine and many questions about the uncertainty of COVID-19, it's easy to understand that stress and anxiety will be having an effect on both parents and children
- Explain it's normal to feel scared or unsure
- Be honest, speak calmly, use age appropriate language
- Reassure them that elderly family members are being kept safe
- Pay attention to individual worries, these may seem trivial to you, but may feel important to your child
- You don't need to have all the answers, if you don't know you can find out together
- Explain how they can help. For instance, good hygiene and social distancing, and how this can keep them and others stay safe

Beat Corona Anxiety for Kids

Looking after children's mental health and wellbeing at this time ensures they have the best chance of dealing with any anxiety or stress they may be feeling. Taking the time to listen to their fears is vital, children might not ask directly so take the first step and ask them how they are feeling:

- Create routine and structure
- Keep them connected with friends
- Re-assure them they are safe
- Let them talk about their worries
- Teach them coping skills
- Limit their exposure to news

Pay close attention to individual worries, these may seem trivial, but the change in routine may be unsettling them. Concerns around safety of elderly family members can be met with reassurance around practical steps that are being taken to keep people safe.

Encourage them to connect with friends. Children, especially teenagers, receive a great deal of support from peers so it's important to be nurturing these supportive relationships at a time like this, video calls, conversations via online gaming or even regular texting, these all help with connectivity.

Children need to be physically active, encourage a family walk once a day, take part in live stream exercise classes or even spend some time having active play in the garden.

Look after yourself - children and teenagers need you to remain calm and in control.

www.every-life-matters.org.uk/children-and-young-people/

APPENDIX 2

Protective and Risk Factors (*adapted from Mental Health and Behaviour DfE March 2016*)

- Specific development delay
- Communication difficulties
- Physical illness
- Academic failure
- Low self-esteem
- SEND
- Being female (in younger children)
- Secure attachment experience
- Outgoing temperament as an infant
- Good communication skills, sociability
- Being a planner and having a belief in control
- Humour
- Problem solving skills and a positive attitude
- Experiences of success and achievement
- Faith or spirituality
- Capacity to reflect

In the family

- Overt parental conflict including domestic violence
- Family breakdown (including where children are taken into care or adopted)
- Inconsistent or unclear discipline
- Hostile and rejecting relationships
- Failure to adapt to a child's changing needs
- Physical, sexual, emotional abuse or neglect
- Parental psychiatric illness
- Parental criminality, alcoholism or personality disorder
- Death and loss – including loss of friendship
- At least one good parent-child relationship (or one supportive adult)
- Affection
- Clear, consistent discipline
- Support for education
- Supportive long term relationship or the absence of severe discord

In the school

- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Negative peer influences

- Peer pressure
- Clear policies on behaviour and bullying
- 'Open door' policy for children to raise problems
- A whole-school approach to promoting good mental health
- Poor student to teacher relationships
- Positive classroom management
- A sense of belonging
- Positive peer influences

In the community

- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events
- Wider supportive network
- Good housing
- High standard of living
- High morale school with positive policies for behaviour, attitudes and anti-bullying
- Opportunities for valued social roles
- Range of sport/leisure activities

APPENDIX 3

Conversation Checklist

- Avoid interruptions – switch off phones and ensure private confidential space
- Ask simple, open, non-judgemental questions
- Avoid judgemental or patronising responses
- Speak calmly
- Maintain eye contact
- Listen actively and carefully. rather than advise
- Encourage the child or young person to talk
- Show empathy and understanding
- Be prepared for some silences and be patient but do not push the issue
- Focus on the child, not the problem
- Avoid making assumptions or being prescriptive
- Follow up any concerns with the Mental Health Ambassador or Designated safeguarding Lead
- Never promise confidentiality and tell the child or young person who the information will be shared with
- All disclosures are recorded and held on the student's confidential file, including date, name of student and member of staff to whom they disclosed, summary of the disclosure and next steps

Questions that could be asked

- How are you doing at the moment?
- You seem to be a bit down/upset/under pressure/frustrated/angry. Is everything okay?
- I've noticed you've been arriving late recently and I wondered if you are okay?
- I've noticed your homework is late when they usually are not. Is everything okay?
- Is there anything I can do to help?
- What would you like to happen? How?
- What support do you think might help?
- Have you spoken to anyone or looked for help anywhere else?

Questions to avoid

- You're clearly struggling. What's up?
- Why can't you get your act together?

- What do you expect me to do about it?
- Your academic performance is really unacceptable right now – what’s going on?
- Everyone else is in the same boat and they’re okay. Why aren’t you?
- How do you expect to pass your exams or get a job?

APPENDIX 4

What makes a good quality referral

Submitting a good quality referral will often result in families and young people receiving the right service, first time. To do this well a good referral should try to understand as much of the following as possible:

- What’s the problem; who does it affect and how (sleep, hygiene, nutrition, relationships, home, education, employment)?
- What’s the duration?
- What’s the severity; according to Child/Young Person and parent/carer and referrer?
- What’s been done so far and by whom? Was it helpful?
- What other plans, if any, have been made? Who else is involved?
- What, if any, other problems are there within the Child/Young Person’s home or school/work environment?
- What, if any, findings (history/examination/symptoms and signs) might be of relevance e.g. drugs, alcohol, risky behaviour, weight and height, evidence of cutting?
- What risks to the Child/Young Person’s safety are there? E.g. Abuse, significant self-harm, unaccompanied minor etc.

APPENDIX 5

Resources

gov.uk press release - [Extra mental health support for students and staff](#)

Academy and curriculum

[Action for Happiness](#)

[Anna Freud Centre](#)

[Association for Young People’s Health \(AYPH\)](#)

[Barnardo’s](#)

[Charlie Waller Memorial Trust \[cwmt.org.uk\]\(http://cwmt.org.uk\)](#)

[Early Intervention Foundation \[eif.org.uk\]\(http://eif.org.uk\)](#)

[Heads Together \[headstogether.org.uk\]\(http://headstogether.org.uk\)](#)

[Hub of Hope \[hubofhope.co.uk\]\(http://hubofhope.co.uk\)](#)

[DfE Mental Health and Behaviour in Schools](#)

[Mental Health Foundation \[mentalhealth.org.uk\]\(http://mentalhealth.org.uk\)](#)

[MHFA England](#)

[Mind.org.uk](#)

[myhappymind.org](#)

[Place2Be](#)

[Reading Well Books on Prescription](#)

[Rethink Mental Illness \[rethink.org\]\(http://rethink.org\)](#)

[Rise Above for Schools](#)

[Royal College of Psychiatrists \[rpsych.ac.uk\]\(http://rpsych.ac.uk\)](#)

[Time to Change \[time-to-change.org.uk\]\(http://time-to-change.org.uk\)](#)

[Winston’s Wish](#)

[YoungMinds](#)

Books

- Huge bag of worries by Virginia Ironside
- Feelings by Aiki Branderberg
- The Illustrated Mum by Jaqueline Wilson

Support for children, young people and parents and carers

- Childline.org.uk
- Familylinks.org.uk
- Kooth.com
- Papyrus
- The mix.org.uk
- Samaritans.org
- Studentminds.org.uk
- Switchboard.lgbt
- Youngminds.org.uk

Specific to COVID-19

- [Childrens Commissioner - Children's Guide to Coronavirus](#)
- [Inter-Agency Standing Committee My Hero Is You - how kids can fight COVID 19](#)
- [Free download book Coronavirus A book for children Illustrated by Axel Scheffler](#)
- [Gov.uk Guidance for Parents and Carers In Supporting children and young people's mental health and wellbeing during the Coronavirus \(COVID 19\) pandemic](#)
- [Mind.org Managing feelings Information and support for children and YP during lockdown](#)
- [Mind.org Getting help Information for children and young people](#)
- [Mind. org Useful contact for children and young people](#)

Flowchart for responding to a mental health concern



Points to consider when a child reports a concern

