

# Mental Health & Wellbeing Policy



**Lealands**  
High School

Mental Health & Wellbeing Policy  
Lealands High School  
December 2022

## Introduction

Lealands High School policies are designed to support the school ethos, aims and vision. Lealands is a positive learning community which is fully inclusive to ensure equality of opportunity for all.

Our aims are outlined in our Home School Agreement.

Our aims:

### **Excellence in everything we do**

- Everyone achieves success and makes excellent progress
- We all continually improve what we do and work hard
- We care about being the best we can be and getting the best out of those around us

### **Everyone has responsibility**

- To prepare young people for life and a positive future
- To ensure that school is a safe place
- To help and support others to grow and succeed

### **Respect for all**

- Everyone is valued for their contribution
- All are cared for and supported so that needs are met
- We recognise and celebrate the talents, gifts and uniqueness of every individual

In order to achieve these aims students, parents and the school need to work in partnership.

Our vision is to be:

Everyone achieves **excellence**, demonstrates **respect** for all and takes **responsibility** for their own actions, while helping others to be successful.

We strive to achieve this vision in all that we do and staff, students, parents, governors, other school stakeholders and partners are all an important part of making this happen.

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## Introduction

In an average class of 30 15-year-old pupils:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming

Children and young people with mental health problems are:

- More likely to experience increased disruption to their education, via time off school and exclusions, than children with no mental health problems.
- 18 times more likely to be excluded from school than those without.
- More likely to be assessed as being behind in their schooling, with 9% being assessed as being two or more years behind.

When difficulties start below secondary school age, they have particularly long lasting effects on children's prospects, with around half of children with conduct disorder going on to have very poor life chances.

For example, compared with their peers, children aged 7-9 with conduct disorder are on average:

- Twice as likely to leave school with no qualifications
- Four times more likely to become drug dependent
- Six times more likely to die before the age of 30
- Eight times more likely to be placed on a child protection register
- 20 times more likely to end up in prison

*15-20% of children have behavioural difficulties falling short of a diagnostic threshold but which nevertheless carry increased risk of poorer outcomes in later life.*

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

There is good evidence to support this assertion and Ofsted has highlighted that children and young people themselves say that they want to learn more about how to keep themselves emotionally healthy. Moreover schools have a duty to promote the wellbeing of students.

By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly and indirectly by mental ill health. The school has an important role to play, acting as a source of support and information for both students and parents. However, many school and college staff feel out of their depth when faced with issues related to mental health. This policy is designed to help schools develop procedures which will empower staff to spot and support students in need of help and to follow appropriate referral pathways and procedures. A well-developed and implemented policy can prevent students from falling through the gaps.

### ***What the young people tell us- Luton SHEU survey 2018/19***

66% of secondary pupils responded that they worry about at least one issue 'quite a lot' or 'a lot'.

32% of secondary pupils responded that worry or anxiety at least 'sometimes' stops them concentrating on or enjoying other things; 10% said they find it hard to concentrate on or enjoy anything because of worries.

*Percentage answering that worry or anxiety at least sometimes stops them from concentrating on or enjoying other things.*

	Luton	
	Yr. 8	Yr. 10
Boys	18	23
Girls	42	54

83% of primary pupils responded that they worry about at least one issue 'quite a lot' or 'a lot'

30% of pupils responded that worry or anxiety at least sometimes stops them from concentrating on or enjoying other things; 9% said they find it hard to concentrate on or enjoy anything because of worries.

*Percentage answering that worry or anxiety at least sometimes stops them from concentrating on or enjoying other things.*

	Luton		
	Yr. 4	Yr. 5	Yr. 6
Boys	27	31	23
Girls	35	33	35

## **Positive Mental Health Policy Lealands High School**

December 2022

### ***Policy Statement***

*Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)*

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

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

### **Scope**

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

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

### **The Policy Aims to:**

- ☐ Promote positive mental health in all staff and students
- ☐ Increase understanding and awareness of common mental health issues
- ☐ Alert staff to early warning signs of mental ill health
- ☐ Provide support to staff working with young people with mental health issues
- ☐ Provide support to students experiencing mental ill health and their peers and parents/carers
- ☐ Provide support to students whose parents/carers are experiencing mental health issues

## Lead Members of Staff

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

- ☐ ***Mr Sam Ward - designated child protection / safeguarding officer***
- ☐ ***Safeguarding Lead Operational***
- ☐ ***XXXXXX - MHFA Youth lead***
- ☐ ***Mr Colin Taplin – Head of Year 7***
- ☐ ***Miss Meghan Cussen – Head of Year 8***
- ☐ ***Miss Vlora Dervishi – Head of Year 9***
- ☐ ***Mr Scott Dummett – Head of Year 10***
- ☐ ***Miss Natalie Keefe – Head of Year 11***
- ☐ ***Mr Wayne Cullum CPD lead***
- ☐ ***Mr Paul White - Head of PSHE***

\*One of three key approaches to mental reform outlined in the, “Transforming children and young people’s mental health provision: Green paper”, December 2017, is to support schools with the identification of a designated senior Lead for Mental Health. Having a **Single Point of Contact** or a **Lead** will allow schools to open a single channel of communication with external agencies, such as Children and Young People’s Mental Health Services (CYPMHS) or Children’s Social Care (CSC). This person can also ensure that the relevant staffs are made aware of a student’s circumstances – as necessary.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection office of staff or the head teacher. If the student 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.

Where a referral to CAMHS is appropriate, this will be led and managed by the Safeguarding Lead Operational, mental health lead or designated staff member. The Luton CAMHS pathway is provided in Appendix F.

## Individual Care Plans

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

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



## Teaching about Mental Health

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

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

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### [1 Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

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## Signposting

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

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

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

## Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health 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 safeguarding lead operational, our mental health lead or designated person***

Possible warning signs include:

- ☐ Physical signs of harm that are repeated or appear non-accidental
- ☐ Changes in eating / sleeping habits
- ☐ Increased isolation from friends or family, becoming socially withdrawn
- ☐ Changes in activity and mood
- ☐ Lowering of academic achievement
- ☐ Talking or joking about self-harm or suicide
- ☐ Abusing drugs or alcohol

- ☐ Expressing feelings of failure, uselessness or loss of hope
- ☐ Changes in clothing – e.g. long sleeves in warm weather
- ☐ Secretive behaviour
- ☐ Skipping PE or getting changed secretly
- ☐ Lateness to or absence from school
- ☐ Repeated physical pain or nausea with no evident cause
- ☐ An increase in lateness or absenteeism

## **Managing disclosures**

A student may choose to disclose concerns about themselves or a friend to any member of staff therefore all staff need to know how to respond appropriately to a disclosure.

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

Staff should listen, rather than advise, with our first thoughts being of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded in writing and held on the student's confidential file. This written record should include:

- ☐ Date
- ☐ The name of the member of staff to whom the disclosure was made
- ☐ Main points from the conversation
- ☐ Agreed next steps

Staff need to upload concerns to CPOMs. In case of an emergency this information should be shared with the mental health lead/designated person, the safeguarding lead operational who will provide store the record appropriately and offer support and advice about next steps.

## **Confidentiality**

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

- ☐ Who we are going to talk to
- ☐ What we are going to tell them
- ☐ Why we need to tell them

We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent for example when students up to the age of 16 are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the mental health lead/designated person - the safeguarding lead operational, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for

the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

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, Mr Sam Ward must be informed immediately.

### **Working with Parents**

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

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

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

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

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 step and always keep a brief record of the meeting on the child's confidential record.

### **Working with All Parents**

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

- ☐ Highlight sources of information and support about common mental health issues on our school website
- ☐ Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- ☐ Make our mental health policy easily accessible to parents
- ☐ Share ideas about how parents can support positive mental health in their children through our regular information evenings
- ☐ Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

## Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

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

Additionally, we will want to highlight with peers:

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

## Training

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 students safe. This happens at the beginning of every school year and in briefing when relevant updates are required.

We will host relevant information on the Google Drive. The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue.

<https://www.acesonlinelearning.com/> Introduction to Adverse Childhood Experiences

Early Trauma Online Learning provides a 50 minute free online course for practitioners to raise awareness around the possible impact of childhood trauma and toxic stress

Training opportunities for staff that require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students. Where appropriate, we can guide staff to courses on National Online Safety.

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

Suggestions for individual, group or whole school CPD should be discussed with Mr Wayne Cullum, our CPD Coordinator, who can also highlight sources of relevant training and support for individuals as needed.

The School Health Education Specialist provides funded MHFA training to school staff. <https://mhfaengland.org/organisations/youth/>

For further details contact [Tara.Lewis@luton.gov.uk](mailto:Tara.Lewis@luton.gov.uk)

The [Charlie Waller Memorial Trust](#) provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. For further information email [admin@cwmt.org](mailto:admin@cwmt.org) or call 01635 869754.

### **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in **November 2025**.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to

Our safeguarding lead operational either by phone or email at [admin@lealands.luton.sch.uk](mailto:admin@lealands.luton.sch.uk). This policy will always be immediately updated to reflect personnel changes.

# School/Colleges Policy and guidance – Responding in the event of a young persons’ suspected death by suicide.

(Example)

**School/College name:** Lealands High School

**Date of policy:** November 2022

**Updated by:** Emma Watson

**Policy to be updated:** November 2025

## ***Introduction:***

Suicide is a leading cause of death for young people in the UK. Sadly, it is always a possibility that a student, parent or member of staff might take their own life. In young people especially, exposure to suicide may lead to increased risk of their own suicidal thoughts.

Schools and colleges play an important role in reducing the likelihood of copycat behaviour and helping recovery by preparing and responding to the situation appropriately.

National guidance - ***How to prepare for and respond to a suspected suicide in schools and colleges*** recommends that schools and colleges should aim to respond to a suspected suicide within 48 hours. This is necessary to maintain the structure and order of the school/college routine, while facilitating the expression of grief.

This policy has been written in accordance with national guidance, best practice and professional advice.

## ***Aim:***

This policy aims to ensure that our school/college is prepared with a planned, effective and sensitive response that helps rebuild the wellbeing of our community and reduces the risk of further suicides.

## **Statement of Purpose:**

- We are aware that suicide is the leading cause of death in young people;
- We play a vital role in helping to prevent young suicide;
- We want to make sure that children and young people at our school are as suicide-safe as possible and that our governors, parents and carers, teaching staff, support staff, pupils and other key stakeholders share our commitment to this policy.
- We are committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.
- Our governors and leadership team will be clear about how we will respond in the event of a suicide. Each member of our named response team will have a defined responsibility within our plan

This document is intended to provide guidance to schools and colleges in the event of a suspected pupil/student suicide but can equally provide guidance in the event of a traumatic death of a pupil/student (such as by drug overdose or accident) or of a staff member. This guidance forms part of the Community Action Plan (figure 1) for responding to and

preventing further suicide in children and young people, since in young people especially, exposure to suicide may lead to increased risk of their own suicidal thoughts.

Schools and colleges play an important role in reducing the likelihood of copycat behaviour and helping recovery by preparing and responding to the situation appropriately. National guidance recommends that schools and colleges should aim to respond to a suspected suicide within 48 hours. This is necessary to maintain the structure and order of the school/college routine, while facilitating the expression of grief. Students will be offered support, with 1:1 support being offered to students who are known to have previous suicidal thoughts.

## **Definitions:**

### **At risk:**

A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behaviour suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain.

### **Suicide:**

Death caused by self-directed injurious behaviour with any intent to die as a result of the behaviour.

Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school/college official may state this as the cause of death. It is recommended that the term 'traumatic death' is used, until the verdict has been made public.

## ***Our School / College Procedure***

### **Initial Notification Received:**

Notification of a suspected suicide will be made to Mr John Burrridge, Headteacher by Luton Local Authority Director of Children's Services using the emergency contact list for all schools held by the Local Authority (updated by schools on a termly basis).

If Mr John Burrridge is unavailable, Mr Sam Ward, Deputy Headteacher will be notified.

**Where the pupil/ student is 17 years or younger**, the Child Death Overview manager will maintain links with the family, child health services and the multi-agency Child Death Overview Panel (CDOP).

Mr John Burrridge, Headteacher will be invited to a CDOP **Rapid Response Meeting**, within 48 hours. The CDOP process is not activated for students aged 18+ years.

**Information sharing will be with the prior agreement of the family**

### **School / College Coordination Group Notification:**

Mr John Burrridge, Headteacher / Mr Sam Ward, Deputy Headteacher will notify our school/college co-ordination group, consisting of the following school/college staff:

- *Safeguarding Lead Operational*
- *Mr Sam Ward, Deputy Headteacher*
- *Head of Year*

Notification will follow guidance at **Appendix A**

Mr John Burrridge, Headteacher / Mr Sam Ward, Deputy Headteacher and members of the co-ordination group will liaise with the Public Health Suicide Response Lead at the Council who will co-ordinate a Suicide Response Team involving all relevant agencies.

### **School / College Staff Notification:**

Mr John Burrridge, Headteacher will notify other staff members and Governors. This will initially be made directly to those involved with the deceased, followed by other staff members.

This will be done accounting for the context.

The following guidance will be used:

- Only include the pertinent facts about the death without the details of the method of death as agreed with the family;
- Normalise the emotions experienced in response to the death;
- Encourage caring for each other and letting staff know if anyone has concerns about other students/pupils;
- Encourage positive ways of managing distress;
- Let staff/students/pupils know that support is available and how to access – i.e. School Nurse 'Drop-In' days; the school's CAMHS worker contact days; school's counsellor contact details;
- Share useful resources with staff/students/pupils via printed cards, the school website or on notice boards: see **Appendix E**

We will notify our school administration team to ensure standard student / pupil correspondence to the family is stopped.

### **Student / Pupil Notification:**

Depending on the context a whole school approach to notifying other students will be put in place

Students/pupils close to the deceased will be informed by a familiar member of staff individually - ideally face to face.

The following guidance will be used:

- Only include the pertinent facts about the death without the details of the method of death as agreed with the family;
- Normalise the emotions experienced in response to the death;
- Encourage caring for each other and letting staff know if anyone has concerns about other students/pupils;
- Encourage positive ways of managing distress;
- Let staff/students/pupils know that support is available and how to access – i.e. School Nurse 'Drop-In' days; the school's CAMHS worker contact days; school's counsellor contact details;
- Share useful resources with staff/students/pupils via printed cards, the school website or on notice boards: see Appendix x
- Refer to the death as a 'traumatic death' until the Coroner's verdict has been made public

### **Identifying those students/ pupils at heightened risk of suicide**

CAMHS and other specialists will liaise with the School Pastoral lead to identify those most at risk. These may include:



- Those closely involved;
- Students who identify with the deceased (same club, class, team or interests);
- Close friends, relative or partner;
- Those affected by depression, substance misuse, who self-harm, who have already experienced suicide, who have had adverse childhood experiences or who lack family or social support.

Also see additional guidance at **Appendix B**

### **Working with Services and Partners:**

Mr John Burrridge, Headteacher will liaise with the Public Health Suicide Response Lead at the Council as part of the Suicide Response Team, and will plan appropriate action and support.

**(see Appendix A)**

The Suspected Suicide lead for Public Health will liaise with Mr John Burrridge, Headteacher to discuss available support for the school/college and its community. A Whole System Suspected **Suicide Response meeting** will be arranged in agreement with Mr John Burrridge, Headteacher to be held at the school/college, within 3 days of notification, to coordinate the support required

in partnership with relevant services which include:

- CAMHS 01582 708140
- The CHUMS Suicide and Bereavement Service – 01525 863924
- Samaritans (Step by step service) - 01234 211211 Email [jo@samaritans.org](mailto:jo@samaritans.org)
- Our Educational Psychologist
- Our School Nurse
- Luton Council Local Authority Social Care
- Luton Council Early Help

Follow up meetings will be arranged by the Public Health Suspected Suicide Lead in agreement with Mr John Burrridge, Headteacher as required.

A 6-month learning review meeting will be arranged by the Public Health Suspected Suicide Lead in agreement with *Mr John Burrridge, Headteacher* and a timeline of future support will be agreed in response to the needs of the school. **(Cont'd pg 5)**

The Luton Child & Educational Psychology Service (in consultation with the Head Teacher) will notify the following school(s) to enable increased vigilance and awareness:

- our feeder school(s)
- schools attended by deceased's siblings/ relatives

any other school within the local community, whether in County or over the border

### **Parent / Carer and Community Group Communication:**

Good practice would suggest that a letter would be appropriate. This letter should be carefully considered to include:

- Brief pertinent information about the death(s) including what year the student / pupil was in;
- Confirmation of when and what the students were told
- Encouragement to the parents / carers to let their son/daughter know that the letter has been received and that they (parents / carers) will listen to concerns

- Acknowledge any parental concerns about son/daughter's reaction to the news, and normalise grief reactions
- Information on how the school is responding and supporting students, including provision of 'Drop-In' support and specific counselling to those who need it
- Details of staff member to contact if there are any specific concerns/questions
- Acknowledgement that the school will be carrying on their normal routines as far as possible
- Add links to relevant websites
- Refer to the death as a 'traumatic death' until the Coroner's verdict has been made public

### **Media Notification and Social Media Coverage:**

We will liaise with the Suicide Rapid Response Team and family of the deceased to consider the need to respond to the press.

We will direct all media enquiries to Mr John Burrige, Headteacher, and we will inform all other staff and students not to respond to journalists.

### **Suggested Media Response:**

- A young person's suspected suicide may attract attention from the media – this could be from either local or national news organisations.
- Social media platforms mean that news of such incidents can travel quickly, and you may find yourself being contacted by a journalist seeking a comment within a short period of time.
- Whether you are contacted by email, telephone or face to face, it is important that you don't feel under any obligation to make any statement without having a chance to properly consider your position.
- Two key issues need to be thought about before issuing any communications:
  - a. Whether information about the death is in the public domain and whether the family would be content for you to make any statement that will essentially confirm the death;*
  - b. Whether the death could be subject to any police investigation, in which can you may be restricted in making any comment.*
- Assuming that these key issues have been considered, it would be prudent to prepare a statement and to run this past the family as soon as possible.
- If you have not had an opportunity to do so when approached for a comment, it is entirely appropriate for you to say that you are not yet able to share a statement but will do as soon as possible, committing to get back to them directly.
- In drafting a statement, you may wish to consider:
  - ✓ Acknowledging the tragic loss of the young person's life and explaining that the thoughts of the teaching staff and governing body are with their family at this very difficult time;
  - ✓ Reflecting on the unique qualities of the young person, perhaps referencing any particular characteristics or contributions they have made to school life;
  - ✓ Explaining the support that you will be giving to the pupils of the school (particularly relevant for direct communications with parents/carers).
  - ✓ Avoid details of the method used or the location;
  - ✓ Avoid speculation about the 'trigger' for the death;

- ✓ Avoid making the deceased appear heroic or brave or that his/her death was a solution to a problem;
- ✓ Avoid endorsement of myths around suicide;
- ✓ Bear in mind the language used;
- ✓ Do not over emphasise the school/college community's expressions of grief;
- ✓ Be sensitive to the beliefs and feelings of family and friends;
- ✓ Encourage sharing helplines and support organisation details;
- ✓ Bear in mind that interest is sometimes generated by campaigning groups/bereaved families, with the aim of raising awareness of the issues.

### **Samaritans Media Guidance:**

- Avoid details of the method used or the location;
- Avoid speculation about the 'trigger' for the suicide;
- Avoid making the deceased appear heroic or brave or that suicide was a solution to a problem;
- Avoid endorsement of myths around suicide;
- Bear in mind the language used;
- Do not over emphasise the school/college community's expressions of grief;
- Be sensitive to the feelings of family and friends;
- Encourage sharing helplines and support organisation details;
- Bear in mind that interest is sometimes generated by campaigning groups/bereaved families, with the aim of raising awareness of the issues

### **Social Media Statement:**

If you or someone you know is feeling desperate, help is always available. The best way to honour (person's name) is to seek help if you or someone you know is struggling. If you're feeling lost, desperate or alone, please contact:

#### **Samaritans**

Telephone: 116123  
[www.samaritans.org](http://www.samaritans.org)

#### **Papyrus (Hopeline UK)**

Telephone: 0800 068 41 41  
 Text: 07786 209 697  
[www.papyrus-uk.org](http://www.papyrus-uk.org)

#### **Childline**

Telephone: 0800111 11  
[www.childline.org.uk](http://www.childline.org.uk)

#### **Young Minds**

Text: YM to 85258  
[www.youngminds.org.uk](http://www.youngminds.org.uk)

#### **Parents Helpline**

Telephone: 0808 802 5544

#### **CALM (Campaign Against Living Miserably)**

Telephone: 0800 58 58 58

[www.thecalmzone.net](http://www.thecalmzone.net)

**Harmless**

[www.harmless](http://www.harmless)

## **Supporting Pupils / Students and Staff:**

We will

- Support and respond in collaboration with the Suicide Response Team.
- Provide facilities for students/colleagues who require a quiet area and will be offered opportunities for further support.
- Ensure that relevant support resources are communicated to all staff and to our school community (see Appendix F).
- Reassure our students/pupils that grief is a normal response to death, and there is no wrong or right way to grieve. We will believe everyone's expression of grief and offer support.
- Recognise that student/pupil distress might manifest in their behaviour and/or performance.
- Continue the conversation about suicide in a reassuring and safe way to reduce stigma and encourage openness. We will use helpful language when talking about suicide, following the guidance at **Appendix E**.
- Liaise with our support agencies including The Child & Educational Psychology Service, CAMHS, CHUMS and our School Nursing Service to develop a plan to support colleagues and students/pupils.
- Debrief colleagues and 'check in' with students/pupils and encourage an ethos of care and support throughout the school/college.
- Ensure that staff are familiar with this policy and receive relevant training on
- what to do if there is a concern about a colleague or student/pupil.
- Ensure that staff know what risk factors and signs to look out for in colleagues and students/pupils including self-harm.
- Remember our student/pupil who has died.
- Consult with the family about disseminating the funeral arrangements.
- Consult with the family about an assembly memorial or short-term memorial site, but will avoid romanticising suicide with a prolonged site.
- Be aware that longer term issues may arise, particularly for those at risk and at the anniversary of the young person's death, and we will facilitate appropriate discussion and support.

## **Sharing and Updating the Policy:**

This policy will be brought to the attention of all staff and Governors immediately, or during their induction and annually thereafter by the safeguarding lead operational.

The policy will be updated annually or when contact information changes, by our nominated Emotional Health and Wellbeing Lead in collaboration with:

- Our Safeguarding Lead
- Our Pastoral Support Managers
- Members of our senior leadership team
- Matron
- Our CAMHS link worker
- Our students
- Our parents and carers.
- Governors

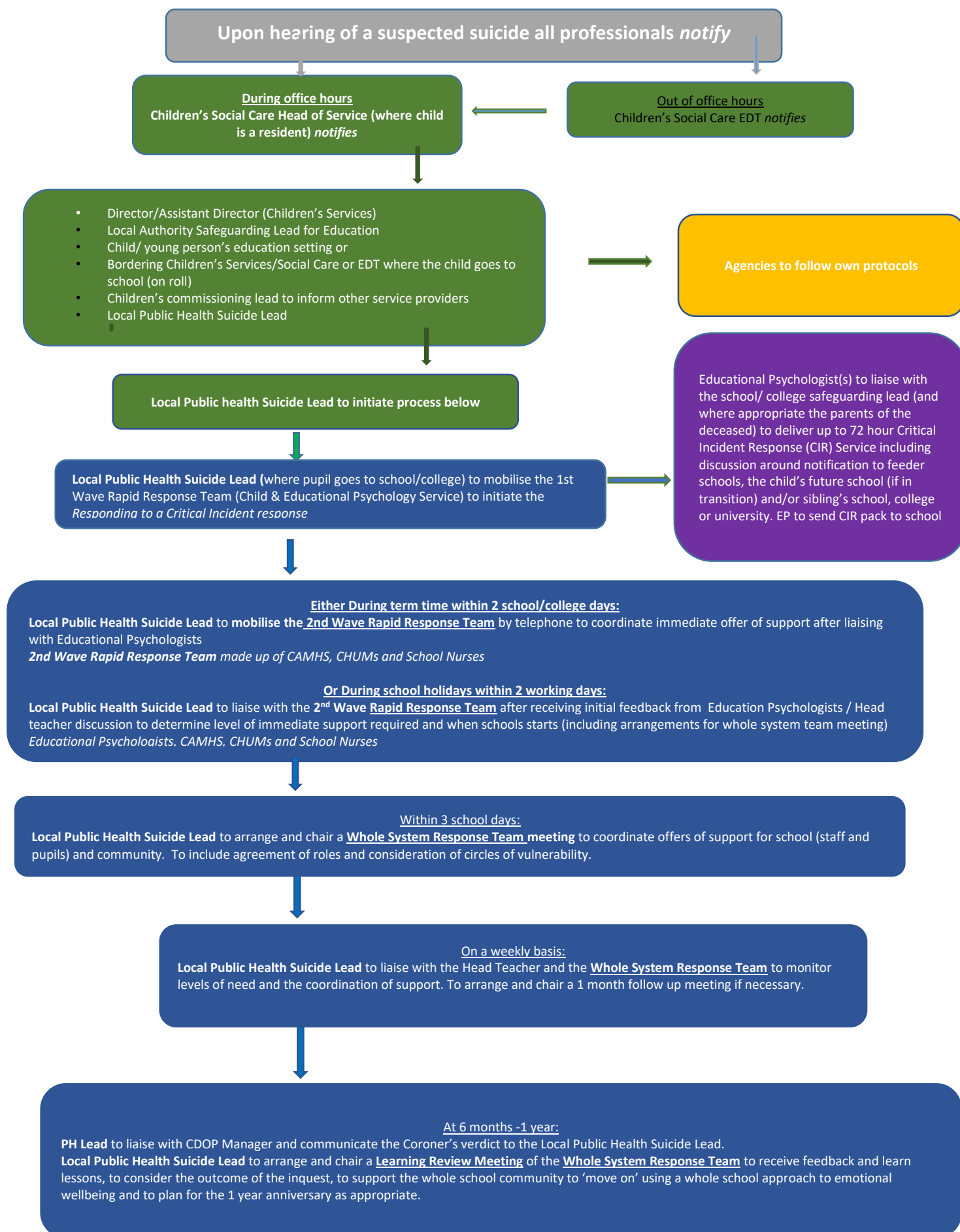
### **Links to Our Other Policies:**

- Safeguarding
- Luton Schools and Colleges Model Emotional wellbeing and Mental Health Policy
- Critical Incident Policy
- Medical Policy
- SEND
- Relationship, Sex and Health Education Policy
- Behaviour and attendance (disruptive, withdrawn, anxious behaviour may be related to unmet emotional or mental health need)
- Health & Safety Policy
- Drugs & Substance Abuse Policy

### **Responding to Critical Incidents in school – Educational Psychology Service Support**

A 'Critical Incident' or traumatic event for a school is defined as a sudden, unexpected event or sequence of events that are distressing to pupils and/or staff. It may involve violence against members of the school, serious accident or sudden death of a child or adult member of staff including death by suicide, or it could be that the school is subjected to major vandalism, such as arson attack or child abduction. The Educational Psychology Service offers up to 72 hours of immediate Critical Incident response as part of their core (free) service to all Luton schools including academies. In most situations, schools inform the Service Director for Education: Support, Challenge and Intervention who then contacts the Educational Psychology Service. It is also possible for schools to contact the Principal Educational Psychologist directly. The Educational Psychology Service has produced a Critical Incident information pack for schools which includes more about what the Psychology Service is able to provide at the time of a Critical Incident and other information to help schools manage Critical Incident situations before ('wise before the event'), during and after a traumatic event (see link document).

## Appendix B- Suspected Pupil Suicide Community Action Plan to Support Students in a Luton Educational setting



### *Additional guidance when talking to your children / young people.*

Professionals have given us the following advice and guidance when talking to your children and we hope this will be helpful.

- Children can react very differently to news of a death, some may appear to carry on almost without reacting, while others may cry and be completely overcome by their feelings. It is good to remember that there is no right or wrong way to grieve and no rule book to follow.
- Be honest when talking about the death and use sensitive but honest language such as “died by suicide” and “took their own life”.
- Try not to overwhelm your child with information or give more information than asked for. Children may, when receiving news of a death, ask a few questions at a time in order to process the information. Like adults, children may need to hear the story more than once and ask the same questions again.
- It is ok to say that you don’t know why the young person took his/her life, rather than to speculate on things that may have been said, especially on social media.
- Reassure your children that you are available to listen and talk about the death.
- If your child is concerned and upset by how they are feeling it can help to know that other people often feel shocked, numb, angry, sad and overwhelmed by the death.
- Encourage your child to ask for support in school if needed.
- If you are concerned about the emotional and mental health of a child or adult contact a professional. If not school, contact your GP or take them to an A&E department.
- If they or you are worried about them harming themselves, ask them direct questions, such as “sometimes when people feel like you do, they think about suicide and harming themselves, is that what you are thinking about”?
- We have urged children to be especially sensitive when using social media and instant messaging and to respect the family’s privacy at this very sad time.

**See Appendix D Sources of support:**



### **Appendix C Helpful and unhelpful language**

<b>Helpful Language</b> (around suicide or attempted suicide)	<b>Unhelpful Language</b> (around suicide or attempted suicide)
Ended their life	Successful suicide
Died by suicide/ attempted suicide	Committed suicide (it isn't a crime)
Took/attempted to take their own life	Attention seeking/ A cry for help (belittles the pain they are in)
Killed themselves	Doing something silly (suggests the person's thoughts are stupid)
<b><i>Whilst the right language is helpful, the most important response is one which is non-judgemental, caring and calm.</i></b>	

Appendix D

SOURCES OF SUPPORT			
Organisation	Tel	Website / Email address	About
The Education Psychologist service			
The Luton School Nursing Service	0333 405 0087	ccs-tr.0-19Luton@nhs.net	<p>The Luton School Nursing Service are part of Luton Children Community Health Services 0-19 team. The team are made up of specialist nurses, staff nurses and support health professionals. The team can support children and young people with their physical and emotional health needs from when they start school until they leave. The School Nurse service can provide support and advice to children, young people and their families in the home, school or community health settings. We offer face to face support through school 'health and wellbeing drop in sessions', home visits, school class and assembly workshops and via ChatHealth SMS text service.</p> <p>ChatHealth text 07520616070. <a href="http://www.cambscommunityservices.nhs.uk/luton/chathealth">www.cambscommunityservices.nhs.uk/luton/chathealth</a> For safe, professional and anonymous support, advice via text for young people aged 11-19.</p> <p>The School Nursing Service can be contacted via duty telephone, email, electronic referral or during drop in sessions in school.</p> <p>Other health advice and support resources:</p> <p>Parents/carers/ grandparents can also access parenting advice and support via online Solihull <a href="http://www.solihullapproachparenting.com">www.solihullapproachparenting.com</a></p> <p>NHS – <a href="http://www.nhs.uk/common-health-questions/childrens-health/">www.nhs.uk/common-health-questions/childrens-health/</a></p> <p>Kooth – <a href="http://www.kooth.com">www.kooth.com</a> Free, safe and anonymous online support for young people</p>

<b>Samaritans</b>	116 123	<a href="https://www.samaritans.org">https://www.samaritans.org</a> <a href="http://www.samaritans.org/sites/default/files/kcfinder/files/help-a-friend-in-need.pdf">http://www.samaritans.org/sites/default/files/kcfinder/files/help-a-friend-in-need.pdf</a> <b>Samaritans Media Guide (2013)</b> <a href="https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide">https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide</a>	A national charity: "There for people when <i>they</i> need us, which could be any time of day or night. People talk to us for as long as they like, as many times as they like. We don't rush, interrupt or push anyone out of the door. We let people lead the conversation at their own pace. There's no waiting lists, and no assessments."
<b>Papyrus</b> (HOPELINEUK)	Call: 0800 0684141 Text: 07786 209 697	<a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a> <a href="mailto:admin@papyrus-uk.org">admin@papyrus-uk.org</a>	Papyrus is the national charity dedicated to the prevention of young suicide. They exist to reduce the number of young people who take their own lives by shattering the stigma around suicide and equipping young people and their communities with the skills to recognise and respond to suicidal behaviour.
<b>Childline</b>	0800 1111	<a href="http://www.childline.org.uk">www.childline.org.uk</a>	Childline is here to help anyone under 19 in the UK with any issue they're going through. Whether it's something big or small, our trained counsellors are here to support you. Childline is free, confidential and available any time, day or night. You can talk to us:
<b>Young Minds</b>	0808 802 5544 (Parents helpline)	<a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>	The UK's leading charity fighting for children and young people's mental health. Leading the fight for a future where all young minds are supported and empowered, whatever the challenges. To make sure they get the best possible mental health support and have the resilience to overcome life's difficulties.
<b>CALM</b> (Campaign Against Living Miserably)	0800 58 58 58	<a href="http://www.thecalmzone.net">www.thecalmzone.net</a>	The Campaign Against Living Miserably (CALM) is an award-winning charity dedicated to preventing male suicide, the single biggest killer of men under the age of 45 in the UK. In 2015, 75% of all UK suicides were male.
<b>Harmless</b>		<a href="http://www.harmless.org.uk">www.harmless.org.uk</a>	Harmless was established to respond to the needs of people who do or are at risk of self-harm and suicide. It is a national voluntary organisation for people who self harm, their friends, families and professionals.
Organisation	Tel	Website / Email address	About
<b>CHUMS</b> (Emotional Wellbeing Service)	01525 863924	<a href="http://www.chums.uk.com">www.chums.uk.com</a>	CHUMS Mental Health & Emotional Wellbeing Service for Children and Young People provides therapeutic support in a variety of ways. CHUMS has developed a unique service delivery model to ensure that children and young people are able to access a service that supports their individual needs.
<b>Wellbeing Service</b>			

<b>Child and Adolescent Mental Health Services</b>			
<b>Autism Bedfordshire</b>	01234 350704	<a href="http://www.autismbedfordshire.net">www.autismbedfordshire.net</a>	Autism Bedfordshire's services help break down the barriers to social participation for autistic people and their families by providing places where they can go and feel comfortable, accepted and not judged by society. With the encouragement and support of specialist trained staff we help autistic people build their confidence, self-esteem, and social skills through taking part in social activities and mixing with other people
<b>Child Bereavement UK</b>	0800 0288840 helpline	<a href="http://www.childbereavementuk.org">www.childbereavementuk.org</a>	Child Bereavement UK supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. Every year we train more than 9000 professionals, helping them to better understand and meet the needs of grieving families
<b>OTHER USEFUL SOURCES</b>			
<b>Calm Harm</b>		<a href="http://www.stem4.org.uk/calmharm/">www.stem4.org.uk/calmharm/</a>	Self-help app to prevent self-harm
<b>PSHE Association</b>	020 7922 7950	<a href="https://www.pshe-association.org.uk/">https://www.pshe-association.org.uk/</a> <a href="mailto:info@pshe-association.org.uk">info@pshe-association.org.uk</a>	We are the national association for PSHE education professionals. Providing members with dedicated support, resources, training & guidance.
<b>DEAL</b> (Developing Emotional Awareness and Listening)		<a href="http://www.samaritans.org/your-community/samaritans-education/deal-developing-emotional-awareness-and-listening">www.samaritans.org/your-community/samaritans-education/deal-developing-emotional-awareness-and-listening</a>	A free teaching resource aimed at students aged approximately 14 and over and inclusive of all abilities and learning styles. It has been developed by Samaritans in consultation with young people and schools across the UK
<b>Public Health England</b>		<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf</a>	A practical toolkit, based on our understanding of suicide clusters, however incomplete. It provides a framework for action, together with some step-by-steps, that we hope local authorities will adapt to their own particular needs, resources, and strengths

## **Appendix F: Further information and sources of support about common mental health issues**

### ***Prevalence of Mental Health and Emotional Wellbeing Issues<sup>3</sup>***

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

Below is 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.

### **[Supporting mental health and emotional wellbeing in secondary schools](#)**

The Supporting mental health and wellbeing in secondary schools booklet for school staff offers some tips for school staff in relation to some of the mental health problems that children and young people in secondary schools may face, such as exam stress and eating disorders.

[1<sup>st</sup> edition Supporting mental health booklet range, suitable for all ages including primary schools.](#)

### **[Heads Together](#)**

Mentally Healthy Schools brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. Our aim is to increase staff awareness, knowledge and confidence to help you support your pupils.

Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) ([www.youngminds.org.uk](http://www.youngminds.org.uk)), [Mind](http://www.mind.org.uk) ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) ([www.minded.org.uk](http://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](http://SelfHarm.co.uk): [www.selfharm.co.uk](http://www.selfharm.co.uk)

[National Self-Harm Network](http://National Self-Harm Network): [www.nshn.co.uk](http://www.nshn.co.uk)

3Source: [Young Minds](#)

[“Lets talk about self harm” ... The self harm tool kit](#)

## **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](http://Depression Alliance): [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

<http://studentsagainstd Depression.org/>

## **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](http://Anxiety UK): [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

## **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](http://www.ocduk.org/ocd)

## ***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](http://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/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

<http://www.stampoutsuicide.co.uk/>

## ***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](http://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](http://www.inourhands.com/eating-difficulties-in-younger-children)

## ***Psychosis***

Psychosis is a general term to describe a mental health problem in which a young person experiences changes in thinking, perception, mood and behaviour which can severely disrupt their life. For a young person experiencing psychosis it can be hard to maintain relationships and friendships and can significantly affect their ability to look after themselves and fully concentrate with activities at work and at school.

## **Online support**

<https://www.hearing-voices.org/>

<http://www.voicecollective.co.uk/>

<https://www.bipolaruk.org/>

## **Appendix G: Meeting the mental health needs of children and young people with Special Educational Needs and disabilities (SEND)**

Children and young people with Special Educational Needs and disabilities (SEND) are at increased risk of social exclusion, bullying and displaying behavioural and / or mental health problems when compared to those children without SEND. It is estimated that up to 50% of young people with learning disabilities display behavioural and / or mental health problems at some time during childhood.

Schools need to be aware of the increased vulnerability and risk of developing mental health issues for pupils with SEND and schools' mental health policies should include specific strategies aimed at preventing social exclusion and bullying and to support young people with SEND when issues affecting their mental health arise.

Intervention should be at every level within school and should include school ethos and staff training. Schools should promote positive messages about mental health and resilience to let pupils know help is available and they will not be stigmatised. Schools should strive to create a culture that fosters confidence in pupils to approach any member of staff or a student well-being ambassador if they are struggling with mental health issues. It is a good idea to also promote sources of help and advice such as Childline around the school so that a child who may not yet be ready to talk to someone in school can still access support. Policy should include how staff and other students can recognize signs of developing mental health issues in pupils with SEND, understand times of particular vulnerability, e.g. when they have exams coming up, and provide clear processes for reporting and escalating concerns about mental health. Children and young people with SEND should be actively involved in mental health policy development.

Schools should be aware of the outside agencies that they can refer to for support for children and young people with mental health issues and SEND such as the specialist Child and Adolescent Mental Health Service (CAMHS), Educational Psychology Service, local voluntary organisations, etc.

In January 2018 the Luton Student Voice Forum\* was consulted about what they thought schools should do to promote the mental health of pupils with SEND. They highlighted the following practical strategies for schools to consider:

- There is a need for specific support around emotional well-being because having SEND is an additional risk factor for poor mental health. Children with autism were highlighted as a particular group for whom anxiety can be a real problem and there should be support consistently available for children with ASD. There should be regular groups (e.g. social/ social skills groups) in schools for these students. These could be after school clubs or lunchtime clubs.
- School staff need more training about understanding children and young people with additional needs. Staff need to notice more when children and young people with SEND are struggling with their emotions, often related to their SEN; becoming overwhelmed, feeling out of control, going from a low level of difficult emotions to a high level very quickly. In addition, peer factors; feeling rejected, picked on and excluded leading to feeling lonely and less sense of belonging.
- Staff need to actively demonstrate they have time and availability for children and young people with SEND. SEND students felt they are not always given



the time they need to feel really listened to/ heard – they may need more time to be able to identify and express issues. There needs to be more staff, clearly identified in school for young people to be able to access support with their emotional well being needs. There should be advocates in school for children and young people with SEND.

- All pupils in schools should be taught about children with SEND and in particular, autism and the kinds of difficulties they have.
- There should be more input on the curriculum about mental health issues stemming from self-image issue and social media.
- There should be more assemblies in school to address emotional well-being/ mental health issues.
- Children and young people with SEND need to feel 'safe and valued' in schools and within the community and there should be strategies to ensure this issue is regularly considered in schools.
- All young people should be taught the benefits to emotional well-being of helping others / not being self-absorbed. Young people in schools could do fundraising activities where the proceeds could be donated to causes that specifically support children and young people with SEND and their families.

*\*This is a forum for young people in Luton who have SEND / additional needs to have their say and potentially influence policy and practice that affects them*

#### References:

<https://www.nspcc.org.uk/globalassets/documents/information-service/schools-briefing-supporting-children-mental-health-issues.pdf>

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

## **Appendix H: Curriculum resources**

“We know that what is taught to pupils is an important part of any whole school approach..... Every child will learn about mental wellbeing, building on the existing sound base that schools offer to pupils”.

The Children and Young peoples Mental Health green paper. December 2017

### **Resources**

#### ***PSHE Association resources***

- Preparing to teach about mental health and emotional wellbeing. Lesson plans for Key stages 1, 2 ,3 and 4

Guidance and lessons plans for schools on preparing to teach about mental health and emotional wellbeing. This mental health guidance has been produced under a grant from the Department for Education and is accompanied by a set of lesson plans spanning key stages 1-4.

Key issues are covered, including:

- Why it is important to teach about mental health and emotional wellbeing
- Building teaching about mental health into a planned PSHE programme
- Promoting wellbeing and resilience from an early age
- Ensuring teaching is appropriate to the age and maturity of pupils
- Key principles in teaching about mental health and emotional wellbeing safely and confidently
- Using visitors to the classroom to support lessons
- Addressing challenging mental health issues such as eating disorders, self-harm and suicide

### **Rise Above - PHE lesson plans**

Rise Above is a website for young people (aged 11-16) that aim to delay and prevent them from engaging in exploratory risky behaviours and promote good mental health. By tackling multiple behaviours, it aims to build and improve the all-round resilience and well-being of young people so they are able to avoid risky behaviours.

#### Body image in a digital world plan pack

Explore with students what body image is, how social media can influence it and how to reduce stress caused by online pressure.

#### Exam stress

Help students identify the signs and symptoms of exam stress, and develop stress management strategies

#### Bullying and cyberbullying

Examine with your class the meaning and impact of bullying, and discover ways of responding to this type of behaviour.

#### Online Stress

Helping students explore online stress and the fear of missing out.

### Wellness Recovery Action Planning (WRAP)

A comprehensive guide and resource centre for creating a WRAP, a prevention and wellness process to help people get well and stay well. This process is used extensively by individuals, those who support them, and by health care and mental health systems all over the world.

**Samaritans Emotional Health lesson plans [External link]**- lesson plans exploring a range of topics such as: what is emotional health? The link between physical and emotional health and what factors can impact on emotional health

**Dove Confident Me** - Teaching resources targeted for teachers running PSHE body-confidence workshops

**Tackling Mental Health Stigma** - a series of session plans exploring what mental health is, myths about mental health, attitudes to mental health and how to stop the stigma attached to mental health.

**Academic Resilience** - Young Minds' resource pack on how to implement a school wide approach to build pupils' academic resilience.

### Time to change

Time to change has some excellent free resources such as assemblies, short films, lesson plans and parent materials. The site also has downloadable posters for display boards.

**BBC Learning** - educational videos to help teachers introduce the topic of mental health to primary school children.

The five short films address different ways children might be able to deal with OCD and depression, panic attacks, eating disorders, being bullied and being a bully.

### **School Health Education Directory (SHED)**

The SHED directory is a collation of providers that offer services to schools.

### **Primary assemblies**

Assemblies can be a useful place to share information and open up general discussions about children's mental health. They also provide opportunities for children to see themselves as part of the wider, whole-school community which shares a common set of values and has a positive ethos about mental health and wellbeing.

## No Harm Done

Three short films, co-created with young people, parents and professionals, reflecting their real-life experiences of self-harm.

The films provide hope and give practical support to those affected by self-harm and counteract the negative and frightening messages widely available online. The accompanying digital packs, also co-created by young people, parents and professionals, dispel myths; answer frequently asked questions, provide practical advice and signpost to further help and support.

[Recognising and responding to self-harm-Next steps for staff working with young people](#)

[A Parent's Journey-Next steps for parents or carers whose child is self-harming](#)

[Things Can Change-Information and help for young people worried about self-harm](#)

## **GCSE wellbeing guides**

New GCSE wellbeing guides for [teachers](#), [pupils](#) and [parents](#)

## **Year 6 Wellbeing: -An Emotionally Healthy Approach to SATs For Teachers, School Leaders, Parents, Carers & Pupils**



Year 6 Wellbeing An  
Emotionally Healthy ri

## Appendix I: Guidance and advice documents

- [Mental health and behaviour in schools](#) - Departmental advice for school staff. Department for Education (2014)
- [Counselling in schools: a blueprint for the future](#) - Departmental advice for school staff and counsellors. Department for Education (2015)
- [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2015). PSHE Association. Funded by the Department for Education (2015)
- [Keeping children safe in education](#) - Statutory guidance for schools and colleges. Department for Education (2016) [proposed changes Sept 2018](#)
- [The link between pupil health and wellbeing and attainment](#). Public Health England
- [Promoting children and young people's emotional health and wellbeing](#). Public Health England
- [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)
- [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk) Royal College of Psychiatrists
- The Royal College of Psychiatrists website includes readable and well-researched information about mental health for the public, with information for parents, teachers and young people.
- [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)
- [Transforming children and Young People's Mental Health Provision: a Green Paper](#)
- [Promoting resilience in schools Public health England](#) 2014
- [A whole school framework for emotional well-being and mental health-- Supporting resources for school leaders](#) NICE
- [Children and young people's mental health —the role of education](#)

## **Appendix J: Sources or support at school and in the local community**

*This will be unique to every school. Take time to collate a thorough list of support available at school and within the local community.*

### **School Based Support**

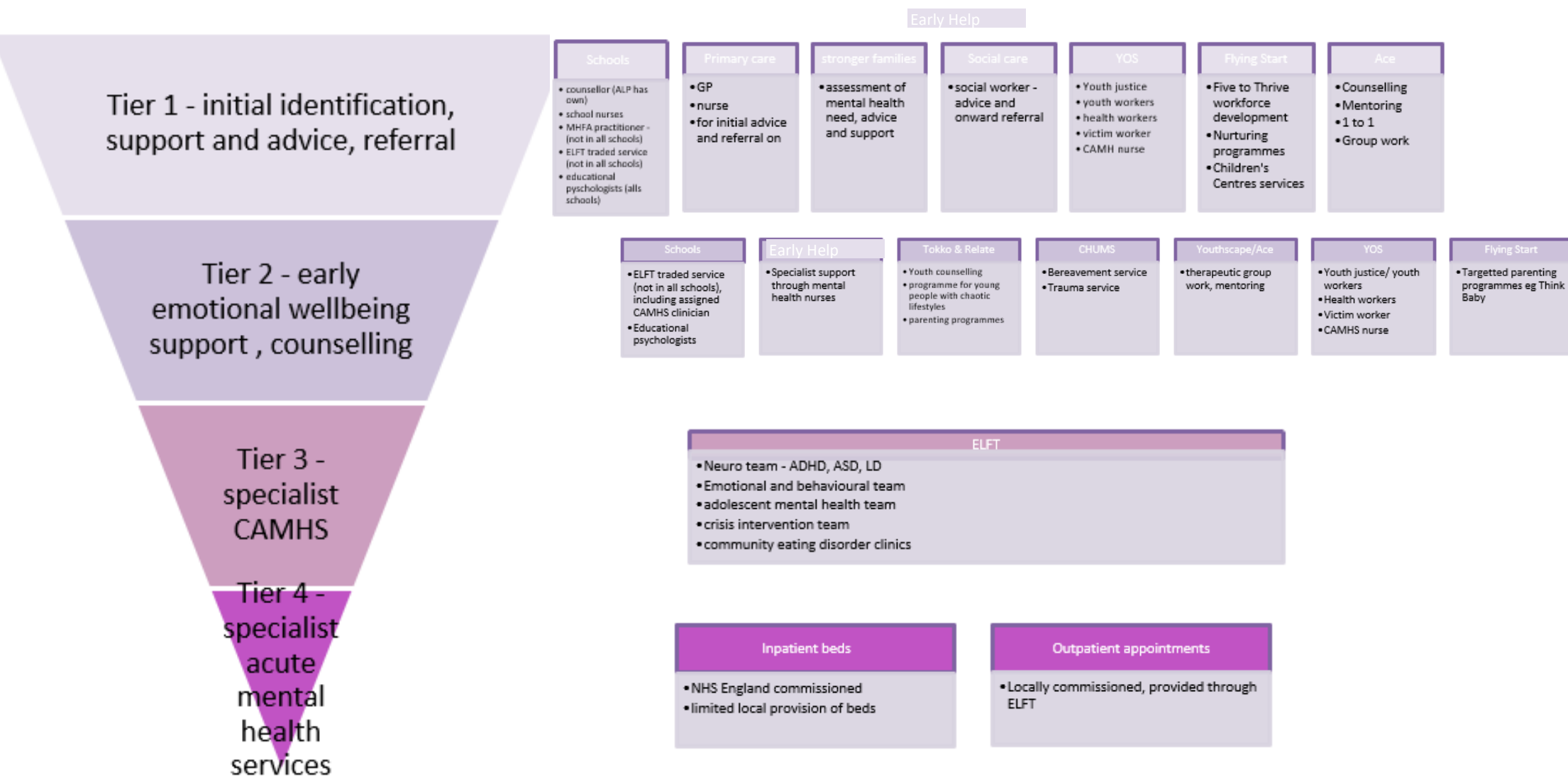
List the full range of support available to students. For each include:

- ☐ What it is
- ☐ Who it is suitable for
- ☐ How it is accessed
- ☐ How this information is communicated to students

This is likely to include information about pastoral staff including behaviour and learning support and school counsellors.

You should also include details of any specific groups or interventions run at the school. This information is often not widely shared. Putting it in an appendix in your policy will help to ensure that those students who most need support are able to access it.

## Local Support Services



## Local Support Services

Service	Eligibility criteria	Description of service	Referral route	Contact details
<b>Tier 1</b>				
School nurse support	universal	Provide school based drop in clinics for children and young people to access advice and support. Recognition of signs and symptoms Advice and guidance Prompt/early signposting to other services	Via teacher in school	0333 405 0088 <a href="mailto:Luton.schoolnursing@nhs.net">Luton.schoolnursing@nhs.net</a>
GP support	universal	Recognition of signs and symptoms Advice and guidance Prompt/early signposting to other services	Self referral	
Early help support	universal	Recognition of signs and symptoms Advice and guidance Prompt/early signposting to other services	Via school School Nurse	
ACE@ The Hub	universal	mentoring, outreach and counselling services we offer, both group and 1-1 interventions	Referral	Martin Watson <a href="mailto:Martin.Watson@luton.gcsx.gov.uk">Martin.Watson@luton.gcsx.gov.uk</a> Safeguarding Lead ACE@theHUB and ALPS New landline number 01582 748806 07920 757697
MHFA	universal	Accredited 2 day training programme Recognition of signs and symptoms Giving advice Sign posting and referrals Self help	Via School Health Education Specialist	<a href="mailto:Tara.lewis@luton.gov.uk">Tara.lewis@luton.gov.uk</a>
The Child & Educational	Universal: 1. 'Core' statutory service	Core: It is statutory that psychological advice is sought from an EP for all children undergoing the statutory assessment process.	Schools (SENCO)	Dr Linda Delmar Principal Educational





Psychology Service	<p>2. Traded Service with schools – all Luton schools buy back and EP service (differing amount of days per year) in addition to the core service they receive.</p> <p>The EP Service works with children and young people aged 2- 25 years.</p>	<p>Core: Critical Incident Response to schools for up to 72 hours following incident at school (e.g. child death/ serious incident)</p> <p>Core: 3.5 days a week Senior, Specialist EP for LAC/ Social care</p> <p>Traded Services with schools: Schools choose how to use the EP time they buy back however this is always in collaboration with the EP about what may be appropriate at individual, group or whole school level. The EP Service does not operate a Tier system. Usually EP work is reserved for the more 'complex' c/yp in schools (i.e. those with a range of presenting difficulties).</p> <p>Work related to cognition and learning, communication and interaction, physical, medical and sensory and social, emotional and mental health (and with any combinations of the above) may include consultation with parents/ carers, school staff and children/ young people (c/yp) – gaining views, observation/ assessment of c/yp, training for staff (individual, group, whole school), supervision for staff, drop-in sessions for parents/ staff, intervention with c/yp (from one off session to several weeks, sometimes over some months), e.g. CBT, play therapy, Mindfulness courses, managing exam stress. Training, suggested strategies and approaches and interventions are evidence-based and evaluated for effectiveness.</p>	<p>Support, Challenge and Intervention/ PEI Service Director</p> <p>Social care</p> <p>Virtual School/ Social Care</p> <p>Schools (SENCO)</p>	<p>Psychologist, Manager for Educational Psychology Service Futures House, The Moakes, Marsh Farm, Luton, LU3 3QB 01582 548150/ 07796 336 775 <a href="mailto:Linda.delmar@luton.gov.uk">Linda.delmar@luton.gov.uk</a></p>
<b>Tier 2</b>				
CHUMS – Mental Health & Emotional	<b>Bereavement service</b> – supports children young people and their parent or	Telephone, individual & group support at home or in school. Ages 3-18. Ongoing monthly group support, specialist workshops, remembrance service	Open access	Operations & Development Director

Wellbeing Service for Children and Young people	<p>carer following the death of someone close to them.</p> <p><b>Trauma service</b> – Specialist support for traumatic bereavement including murder, suicide, sudden death, PTSD. Also support for young people traumatised by sexual abuse, witness to domestic violence or another traumatic incident.</p> <p><b>Young carers</b> – support for young carers</p> <p><b>Recreational therapeutic service</b> – uses football and music to engage young people who are not able to engage with traditional therapies</p> <p><b>CHUMS Friendship Scheme</b></p>	<p>Individual specialist psychological techniques such as EMDR and trauma focussed CBT undertaken by clinical and counselling psychologists. Ages 5-18</p> <p>Support groups in school and the community, social groups, activity days. Individual mentoring by trained mentors. Ages 5-25</p> <p>Support groups in schools and the community, social groups and activity dates. Individual mentoring by trained mentors</p> <p>Social group for young people with disabilities aged 11-25. Friday evening 7-9 pm during term time, some holiday activities. Delivered from Chalk hills Academy</p> <p>Individual, couples and ongoing group support following the death of a baby. Annual memory day. Siblings access core bereavement service</p> <p>Individual and ongoing group support for anyone living in Bedfordshire bereaved by suicide. Specialist workshops</p>	<p>Open access</p> <p>Open access</p> <p>School based groups</p> <p>Open access</p> <p>Open Access</p>	<p>Amanda Thaxter 01525 863924 <a href="mailto:Amanda.thaxter@chums.uk.com">Amanda.thaxter@chums.uk.com</a></p>
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	<p><b>Stillbirth &amp; Neonatal Bereavement Service</b> – for adults and families</p> <p><b>Bedfordshire Suicide Bereavement Service</b> – for people of all ages bereaved by suicide</p> <p><b>Early Intervention Therapeutic Group Programmes 5-10</b></p>	8 week early intervention programme using craft and games for up to 10 children aged 5- 10 displaying early signs of anxiety , low self esteem , withdrawal in the classroom	<p>Open Access</p> <p>Traded Service-direct purchase by schools</p>	
Relate	Aged 5-21	<ul style="list-style-type: none"> <li>• Children and young people's counselling (10 - 21 years old) – in schools and community venues;</li> <li>• Family Counselling Redgrave &amp; Pastures Way CC's</li> <li>• Free at point of access</li> <li>• Maximum 6 sessions (more sessions based on clinical evidence)</li> </ul>	Self-referral TOKKO	<p>Tina Miller</p> <p><a href="mailto:Tina.miller@relatebedsandluton.co.uk">Tina.miller@relatebedsandluton.co.uk</a></p> <p>01234 356350</p>
ACE@ The Hub	universal	Mentoring, outreach and counselling services we offer, both group and 1-1 interventions	Referral	<p>Martin Watson</p> <p><a href="mailto:Martin.Watson@luton.gcsx.gov.uk">Martin.Watson@luton.gcsx.gov.uk</a></p> <p>Safeguarding Lead ACE@theHUB and ALPS New landline number 01582 748806</p>

				07920 757697
		•		
TOKKO	<p>Fairbridge Programme - young people with chaotic lifestyles aged 13-25 including educational underachievers, homeless, care leavers, and those with disabilities, mental health concerns, drug / alcohol addiction</p> <p>Youth counselling – young people aged 10-21, must live or go to school in Luton for this project.</p>	<p>Project involves a compulsory 5-day access course which includes a 3-day residential element. Targeting NEET young people with chaotic lifestyles aged 13-25 including educational underachievers, homeless, care leavers, and those with disabilities, mental health concerns, drug / alcohol addiction and needing support to develop personal and social skills to enable them to achieve positive outcomes of education, training, employment or volunteering.</p> <p>4-6 week period of counselling. tier 2 counselling for a 4-6 week intervention period.</p>	Referrals from all sources accepted including self-referrals.	<p>Fairbridge Programme Joff Talbot Youth Worker <a href="mailto:Jonathon.talbot@tokko.co.uk">Jonathon.talbot@tokko.co.uk</a></p> <p>TOKKO Youth Counselling Hannah Outlaw Hazel Mellon Business Support Business Manager <a href="mailto:Hannah.outlaw@tokko.co.uk">Hannah.outlaw@tokko.co.uk</a>  <a href="mailto:Hazel.mellon@tokko.co.uk">Hazel.mellon@tokko.co.uk</a></p>
Youthscape	Young people aged 11-18 young people struggling with social and emotional wellbeing for group work and mentoring.	Supporting young people with their social, emotional and spiritual wellbeing in secondary schools and the community in Luton, particularly young people who are in care or leaving care, those who are disengaging with the education system and who are at risk of becoming NEET, or those struggling with social and emotional issues. Delivering	Via school, Social Services, parents, self-referral etc.	<a href="mailto:hello@youthscape.co.uk">hello@youthscape.co.uk</a>

	Vulnerable young people throughout our projects mainly	therapeutic eight-week group work and 1:1 mentoring (anger, low self-esteem, self-harm etc.), specific courses, projects, art installations, detached work, a daily after school drop in centre, residential and Summer Camp		 Staff Referral Form.pdf
The CAMH Traded Early Intervention and Prevention Service	Determined directly with specific school	<p>Training, consultation, advice and support – including Specialist training and continued partnership support for schools working with vulnerable children and their families/caring systems.</p> <p>An early and accessible pathway into specialist CAMHS for assessment and therapeutic intervention, with the accessibility to a specialist multi-disciplinary team, including clinical psychology, family therapy, child psychotherapy, art and play psychotherapy, access to psychiatry, mental health nursing, and a CAMHS crisis service, either for consultation or direct intervention.</p> <p>School will have a specific assigned CAMHS clinician.</p> <p>Can include bespoke packages around behavioural problems, exam stress, skills-based</p>		 REFERRAL-FORM---Luton.docx  In case of urgent concerns contact Luton CAMHS duty clinician on 01582 708140 from 9:00-5:00
Early Help - Stronger Families programme  Allocated Early Help Coordinator to coordinate TAF process	Families experiencing at least 2 of 6 following eligibility criteria: <ol style="list-style-type: none"> <li>1. Parents &amp; young people involved in crime &amp; antisocial behaviour</li> <li>2. Children who have not been attending school regularly</li> <li>3. Children who need help</li> <li>4. Adults out of work or at risk of financial exclusion, and young people at</li> </ol>	Whole family assessment and plan to address identified complexities. Support to manage debt (including rent arrears, housing issues, parenting support, emotional well being support, employment advice & support and parental support and counselling.	Early Help Assessment signed by family	Catherine Barrett <a href="mailto:Catherine.Barrett@luton.gov.uk">Catherine.Barrett@luton.gov.uk</a>

	<p>high risk of worklessness</p> <p>5. Families affected by domestic violence or abuse</p> <p>6. Parents and children with a range of health problems</p>			
<b>Tier 3</b>				
ELFT	<p>Neuro team – ADHD, ASD and LD clinics ASD – from 13 years</p> <p>Emotional and behavioural team – assessment and treatment service for up to 18 years old with emotional/ behavioural difficulties</p> <p>Adolescent mental health team – multi-disciplinary team for people aged 13-18. Assessment and treatment for young people with a severe mental health problem</p> <p>Crisis intervention team – works directly with A&amp;E staff to assess young people presenting in crisis in an acute setting</p>			

	Community eating disorder clinic			
<b>Tier 4</b>				
Inpatient through L&D	Diagnosed acute mental health problem			
Parenting support				
TOKKO	<p>TOKKO Young mothers - Mothers up to 24</p> <p>TOKKO Young fathers - Fathers up to 24</p> <p>TOKKO Tots – young parents up to 24</p>	<p>Supporting and being an advocate for young mothers aged up to 24 years with their individual needs to enable them to develop good parenting skills and a more stable home environment. Assisting some of our youngest mothers in the transition into adulthood providing independent support, advice &amp; guidance.</p> <p>Supporting and being an advocate for young fathers aged up to 24 years with their individual needs to enable them to develop good parenting skills and a more stable home environment. Assisting some of our youngest mothers in the transition into adulthood providing independent support, advice &amp; guidance.</p> <p>Parent, baby and toddler group run on a Wednesday lunchtime to support young parents up to 24 with small children. Opportunity for children and young parents to learn through play and develop a stronger bond in a safe and supportive environment. Advice is on hand through professionals; embedding the 'Five to Thrive' Flying Start strategy.</p>		<p>Young Father's Worker <a href="mailto:Neil.hannah@tokko.co.uk">Neil.hannah@tokko.co.uk</a></p> <p>TOKKO Young Mothers Project Nikki Bennett Youth Worker <a href="mailto:Nicola.bennett@tokko.co.uk">Nicola.bennett@tokko.co.uk</a></p> <p>Tokko Totz <a href="mailto:Danielle.kavanagh@tokko.co.uk">Danielle.kavanagh@tokko.co.uk</a> <a href="mailto:Nicola.bennett@tokko.co.uk">Nicola.bennett@tokko.co.uk</a></p>
Flying Start				
Staff Support				
CHUMS	Staff Training and Consultation	Available to schools and other professionals. Training available on variety of mental health difficulties including bereavement, loss and grief. Group consultation sessions also available for support with mental health difficulties in schools and / or safeguarding	Traded service-direct purchase	Operations & Development Director Amanda Thaxter 01525 863924

				<a href="mailto:Amanda.thaxter@chums.uk.com">Amanda.thaxter@chums.uk.com</a>
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## Appendix K: Talking to students when they make mental health disclosures

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

### Focus on listening

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

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

### Don’t talk too much

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

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

### Don’t pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone

would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

## Don't be afraid to make eye contact

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

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

## Offer support

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

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

## Acknowledge how hard it is to discuss these issues

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

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

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

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

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

## Never break your promises

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

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

## Appendix L: What makes a good CAMHS referral?

*(Adapted from Surrey and Border NHS Trust)*

*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 CMHS 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/carers' 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?
- 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?

### **Mental Health Symptoms**

- Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
- Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
- Depressive symptoms (e.g. tearful, irritable, sad)
- Sleep disturbance (difficulty getting to sleep or staying asleep)
- Eating issues (change in weight / eating habits, negative body image, purging or binging)
- Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
- Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
- Delusional thoughts (grandiose thoughts, thinking they are someone else)
- Hyperactivity (levels of over activity & impulsivity above what would be expected; in all settings)
- Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

### **Harming Behaviours**

- History of self harm (cutting, burning etc.)
- History of thoughts about suicide
- History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
- Current self harm behaviours
- Anger outbursts or aggressive behaviour towards children or adults
- Verbalised suicidal thoughts\* (e.g. talking about wanting to kill self / how they might do this)
- Thoughts of harming others\* or actual harming / violent behaviours towards others

***In case of urgent concerns contact Luton CAMHS duty clinician on  
01582 708140 from 9:00-5:00***

***In cases of serious deliberate self harm or other mental health emergency the young person should be accompanied to Luton A&E.***

***Deliberate self-harm and other mental health emergency will be screened and assessed by the CAMHS Psych Liaison team at the Luton Hospital A&E.***

For further support and advice, our primary contacts are:

***Professional's advisory line 123456789 email@email.com***

***Primary Mental Health worker team 123456789 email@email.com***

***Name, Role: 123456789 email@email.***

## Appendix O: Measuring the well-being of children and young people

**School wellbeing** measures pupils' perspectives on the overall values and ethos of their school. The values the school instils into their pupils include behaving well, working hard, helping others, and keeping fit and healthy. The ethos the school creates for the pupils includes fairness, friendliness, and confidence-building.

**Emotional wellbeing** measures pupils' happiness, and is based on questions exploring, for example, how they feel about how they look and whether they like the way they are. It measures their feelings (sadness, happiness, loneliness, etc.) and how well they feel they get on with others.

There are three main purposes for measuring wellbeing:

- 1. Evaluation: to consider the impact of whole school support and interventions-**  
This approach is used to ensure the support put in place is helping children and young people with findings used to reflect on and improve practice. The method requires looking at outcome changes by measuring them before and after.
- 2. Identification: to identify individual students who might benefit from early support-**Typically done using screening tools that pick up mental health problems.
- 3. Snapshot: to understand needs on aggregated basis, provide evidence for Ofsted and to plan whole- school support -**Used to identify needs or strengths within whole cohorts e.g. across a year group. This method is commonly used for preventative work; inform planning decisions and/or providing evidence of good practice.

Public health Luton provides schools with free access to the Luton bespoke SHEU survey. SHEU is an independent research unit that has been working with young people and with education and health professionals since 1977. The results provide evidence for the new OFSTED framework whilst also informing the local authority and supporting service.

Other well-being measures can be found here:

- [Measuring and monitoring children and young people's mental wellbeing :A toolkit for schools and colleges](#)

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