



**Forest Oak**

**Positive Mental Health and Well-being.**

**Policy & Guidance**

**Written: I. Jerrard with guidance from Creative Education**

**1st edition: 2017**

**Update approved by Governors: November 2022**

Staff/PSHE update Autumn 2023

**Review: July 2025**

# Positive Mental Health and Wellbeing Policy

## 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 and wellbeing for every pupil and member of staff. We work to achieve this through SMILE whole school approach and specialised, targeted approaches aimed at vulnerable pupils.

In addition we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we have a safe and stable environment for students affected both directly, and indirectly by mental ill health.

## Scope

- This policy is intended as guidance for all staff including non-teaching staff and governors.
- It should be read with medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and in conjunction with individual pupils' EHCP.

## Safeguarding, reporting and communication:

- This document is used within safe-guarding policies and procedures which remain priority
- All Tier 2-4 concerns should be reported on [MYCONCERN® Safeguarding Software | The Safeguarding Company](#)
- lead DLS will involve SMHL and key staff in support where necessary (weekly meetings)

## Policy Aims:

### Whole school community will:

- Promote positive mental health in all staff and students
- Consistent, positive, restorative practice
- Sense of belonging
- Increase understanding and awareness of common mental health issues

### Pupils will:

- feel safe, understood and supported.
- Emotionally aware
- Able to self-regulate
- Positively engage in learning
- have improved concentration and attention

### Staff will:

- Alert staff to early warning signs of mental ill health
- Feel Supported
- be involved through clear communication and referral processes
- Provide support to staff working with young people with mental health issues

### Parents will:

- Feel child is understood and treated as an individual
- Feel supported, involved & confident to manage child in distress

***“Nothing about them without them.”***

## Solihull Healthy Schools

Forest Oak is recognised as achieving Enhanced Healthy Schools Status. The aim of the Solihull Healthy Schools' programme is to support and improve the health and wellbeing of all pupils and staff in our schools <https://www.solgrid.org.uk/education/education-improvement/health-and-wellbeing/solihull-healthy-schools/>

## Lead Members of Staff

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

- Donna Luck- Principal and deputy DSL
- Kendrick Poxon-Deputy Forest Oak & Merstone Schools/ Lead DSL
- Lyndsay Powers – Lead DSL DH, Behaviour & Attendance lead, KS3&4 lead
- Issy Jerrard – Senior Mental Health Lead, PSHE lead, Personal development SIP lead
- Marie Holladay - PSHE Lead, Pupil voice lead
- Helen Ellis AHT, DSL, curriculum lead, KS2 lead
- Emma Byrne AHT, DSL achievement & CPD lead, KS3/4 lead
- Jez Curzon, DSL, 6th form lead, Personal development SIP lead
- Barbara Roberts- Learning mentor
- Sam Pitt- Child and Family Support Worker, DSL
- MISP trained staff: Issy Jerrard, Sarah Twiddy
- Mental health first aid trained staff:  
Youth: Issy Jerrard, Sam Pitt, Barbara Roberts, Emma Bryne, Helen Ellis, Emily Baroch, Aimee Lennon, Lisa Jopling, Laura Allt  
Adult: Donna Luck, Issy Jerrard, Kieran Grealish, Georgia Travers,
- Trained First aid staff: led by Emma Byrne

**Governor with responsibility:** Antoinette Fisher Chair & Wellbeing

## Our whole school Approach:

We have a whole school approach to teaching positive coping skills using the nhs 5 ways to wellbeing, adapted for our pupils: 'Give me 5 to make me **SMILE!**'

### SMILE aim

"To empower our school communities (staff and students) to become 'architects of their own emotional health and well-being' within an enabling environment."



with Forest Oak School  
an ethos based approach to supporting school community mental health & wellbeing

### The SMILE Approach

Adapted from the NHS 'Five Ways to Mental Wellbeing' est. Forest Oak School 2014 Nef 2008

• Connect	→	• Socialise
• Be active	→	• Move
• Take notice, be mindful	→	• Interest
• Keep learning	→	• Learn
• Give to others	→	• Engage



**SMILE activities aim to:**



## Principles

- **For all** – children, staff and the whole school community
- **Attainment** – good mental health leads to good life outcomes
- **Listening to each other**
- **Care, concern and respect for everyone**
- **Kindness and gratitude**

- ☺ raise awareness of the importance of mental and emotional health.
- ☺ talk about mental and emotional health openly.
- ☺ learn about the ‘5 ways to well being.’
- ☺ take part in fun activities we can all do every day to promote well being.

SMILE whole school approach was developed with reference to DFE guidance:

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing> and <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

### SMILE activities to support MHWB:

- Weekly ‘SMILE time’ sessions in classes
- Daily mindfulness in classes
- Daily ‘move’ exercise in classes
- Daily RP ‘check ins’ in classes
- Individual coping scales
- Individual support sessions: CBT, anxiety, anger & self-management
- MISPP . breathe (mindfulness in schools programme)
- Pet therapy
- Heart-Math to support mindful breathing
- Individual or group Play & Music therapy
- Staff yoga & gym sessions
- Pupil Restorative Practice Mediators & Playground leaders
- Wellbeing days and arts weeks

### Teaching about Mental Health and wellbeing:

- We follow advice & statutory guidance from DfE in relation to our teaching of PSHE and Mental Health. <https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education> <https://www.gov.uk/guidance/teaching-about-mental-wellbeing>
- 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; 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.
- More information about PSHE/RSE/Citizenship including intent, implementation and impact can be found in the PSHE policy documents.

### Monitoring & measuring Wellbeing & Mental health:

- Staff closely observe and are trained to notice changes & warning signs
- Daily ‘check ins’ –all pupils to share feelings at an age and development appropriate level
- Restorative practise circles to help pupils link feelings, thoughts and behaviour
- Adapted WEMWBS Pupil Self-assessment to encourage pupils to share feelings and measure their coping skills; given to pupils between years 6-13 at least twice a year and are reviewed by class teams, supported by SMHL to help identify early, pupils with low or very low self-esteem.
- Risk Reduction plans in place for pupils who require additional support/de-escalation

- Staff work closely with other professionals: Solar CAMHS, EP, CDNT, school nursing team, SISS & Safeguarding team to support more detailed assessments and specialised support

## Forest Oak Whole School Provision Map: Emotional Mental Health & Wellbeing

Tier 0: Universal level support focused by SMILE approach and restorative practice		
<p>These concerns are categorised as short periods of feeling they are not able to cope. These will be incidents that cause a child distress but do not seem to have a long-term or lasting impact on wellbeing</p>		
What are concerns?	Who deal with?	How respond?
<ul style="list-style-type: none"> <li>• Pet death</li> <li>• Friendship problems</li> <li>• Arguments with home</li> <li>• Low level worry needing reassurance such as before change/transition/work</li> <li>• Past history of Mental health concerns which need monitoring</li> </ul>	<p>Class staff Led by class teacher Advice from SMHL/MHFA</p> <p>(alerting DLS/behaviour lead/CFSW where necessary)</p>	<ul style="list-style-type: none"> <li>• check in with child</li> <li>• Listen using RP script</li> <li>• Reassure</li> <li>• Possible SMILE time or adjustments to activities</li> <li>• Possible coping scale with planned strategies/tools</li> </ul>
Tier 1: Universal level support- response to low level incidences and concerns		
<p><b>MILD:</b> Impacting on life: longer term and beginning to impact on welfare, academic progress and/or wellbeing of child</p>		
What are concerns?	Who should deal with?	How respond?
<ul style="list-style-type: none"> <li>• Sustained periods of series of short periods of not feeling able to cope</li> <li>• Communicating distress verbally or through behaviour</li> <li>• Long term or repeated friendship issues without resolution (RP2/3)</li> <li>• More significant anxiety in class or surrounding a specific element of home/school life despite class support</li> <li>• Divorce of parents</li> <li>• Bereavement of extended family member (not parent/sibling/guardian)</li> <li>• Emotional response to event which causes distress (but not specific safeguarding concern)</li> </ul>	<p>Class staff led by class teacher</p> <p>Advice/support/directing towards resources from SMHL/MHFA</p> <p>(Alerting DLS/behaviour lead/CFSW where necessary)</p>	<ul style="list-style-type: none"> <li>• check in with child</li> <li>• Listen using RP script</li> <li>• Reassure</li> <li>• Possible SMILE time or Adjustments to activities on longer term basis</li> <li>• Coping scale with planned strategies/tools/resources on system or available in SMILE room-SMHL advice</li> <li>• Possible Risk reduction Plan-DH/behaviour lead advise</li> </ul>
Tier 2: Targeted support-planned intervention in school to address mental health concerns		
<p><b>MODERATE:</b> Making life difficult: A sustained concern affecting wellbeing &amp; academic progress of young person. These could be long term concerns over anxiety/depression, mental health, or a response to an incident graded as Tier 2</p>		
What are concerns?	Who deal with?	How respond?
<p>Examples include</p> <ul style="list-style-type: none"> <li>• Persistent low mood/on-going emotional regulation difficulties and triggered responses</li> <li>• Bereavement of close family member (parent/guardian/sibling/guardian/close grandparent)</li> </ul>	<p>SMHL/lead DLS-DH LM/CFSW/</p> <p>Clear advice to class team</p>	<ul style="list-style-type: none"> <li>• SMHL or DSL contact parents</li> <li>• Log on myconcern</li> <li>• In school intervention from LM/SMHL/CFSW</li> <li>• Behaviour lead support Risk Reduction plan and/or review with class staff if behaviour impact</li> </ul>

<ul style="list-style-type: none"> <li>• Historic abuse that causes mental health distress</li> <li>• Historic bullying that causes distress</li> <li>• Self-harm</li> <li>• Risky behaviour</li> <li>• Questioning gender identity or sexual orientation leading to any of the above (this is not in itself a mental health difficulty)</li> </ul>		<ul style="list-style-type: none"> <li>• Internal referrals considered by SLT/DSL/SMHL to -play therapy, music therapy, lego therapy, learning mentor, CFSW, school nurse</li> <li>• External signposting considered by DSL/SMHL to single point access Solar Camhs, MHST <a href="https://www.bsmhft.nhs.uk/our-services/solar-youth-services/">https://www.bsmhft.nhs.uk/our-services/solar-youth-services/</a> and/or CDNT, EP, Edwards trust, EBSN team, young minds, AWM, Kooth, nursing team, OT</li> </ul>
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**Tier 3: Personalised professional referral/ support for high level mental health concerns**

**SEVERE** : Daily functioning is extremely difficult

What are concerns?	Who deal with?	How respond?
<p>Examples include:</p> <ul style="list-style-type: none"> <li>• Emotionally based school refusal or avoidance (result of persistent low mood/on-going emotional regulation difficulties/anxiety)</li> <li>• Diagnosed anxiety disorder or depression</li> <li>• Disclosure of incident of witnessed domestic abuse</li> <li>• Disclosure of direct abuse</li> <li>• Sustained self-harm</li> </ul>	<p>Report to DLS face-face immediately</p> <p>SLT advice to Staff team</p>	<ul style="list-style-type: none"> <li>• Referral to external professionals to advise strategies Solar/Camhs, EP, OT</li> <li>• Log on myconcern</li> <li>• DLS to make dynamic risk assessment and plan for pupil/family/carers</li> <li>• Solar Camhs to discuss referrals-office hours call 0121 301 2750</li> <li>• Referral form from: <a href="https://www.bsmhft.nhs.uk/our-services/solar-youth-services/">https://www.bsmhft.nhs.uk/our-services/solar-youth-services/</a></li> <li>• SLT discuss possibility of reasonable adjustments including personalised timetable</li> </ul>

**EMERGENCY LIFE THREATENING:** incidences which require immediate professional intervention out of school

What are concerns?	Who deal with?	How respond?
<ul style="list-style-type: none"> <li>• Serious sustained self-harming not responsive to MHFA advice</li> <li>• is an imminent risk to themselves or others due to a deterioration in their mental health</li> <li>• has active thoughts and plans of suicide with intent</li> <li>• is severely depressed and in need of crisis assessment and intensive home treatment to prevent admission to hospital</li> </ul>	<p>Report to DSL face-face immediately</p> <p>School nurse/first aider MHFA</p> <p>Familiar staff requested by child</p>	<ul style="list-style-type: none"> <li>• Call 999 or go to A&amp;E now if: Someone's life is at risk, for example they have serious injuries or have taken an overdose</li> <li>• First aider/nurse if medical attention needed</li> <li>• Move child to safe place in school to talk to an adult (MHFA/DLS if possible)</li> <li>• Ask child if want particular staff member</li> <li>• MHFA ALGEE suicide script assessment</li> <li>• Contact parents urgently</li> <li>• Crisis Camhs referral call: 0121 301 2750 01213015500</li> <li>• Work in tandem with other professionals identified</li> </ul>

**Individual Care Plans- Risk Reduction Plans:** For all pupils who have a risk reduction plan this should be reviewed, evaluated and adapted at least termly. Where changes in behaviour, mental health condition or



symptoms the risk assessment should be revisited and adapted. For pupils experiencing mental health issues, this should include in addition

- 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

### Working with CAMHS (Child & Adolescent Mental Health Service) SOLAR:

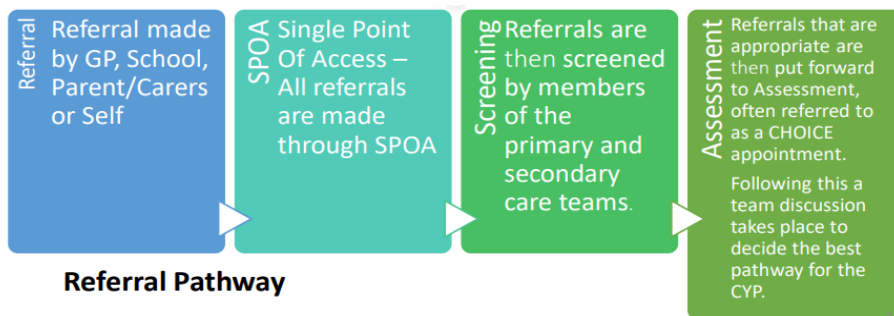
- partnership between Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), Barnardo's and Autism West Midlands that provide Emotional Wellbeing and Mental Health Services to Children, Young People and Families in Solihull.
- supports young people (0-19 years old with some aspects going up to 25 years old) who are experiencing emotional wellbeing and/or mental health concerns.
- Young people with emotional wellbeing needs and less complex mental health needs are often supported by the Barnardo's aspect of the service, often referred to as Tier 2 or MHST or Primary care.
- The more complex mental health needs and young people with higher risk are supported within the NHS aspect of the service, often referred to as Tier 3 or CORE CAMHS.
- The service is based across 2 sites; Bishop Wilson Clinic and Freshfields Clinic.



### Accessing Solar: Staff should make referrals in consultation with SMHL & DSL

**Referral form:** [Solar - Birmingham and Solihull Mental Health NHS Foundation Trust \(bsmhft.nhs.uk\)](https://www.bsmhft.nhs.uk) (this form may be subject to change in future.) Advice on completing can be found in **appendix F**.

To discuss referral call office hours on **0121 301 2750** or access MHST lead through SMHL



### MHST Mental Health Support Teams

As a Mental Health Support Team School, SMHL in consultation with DLS, will link with MHST lead and individual practitioners to co-ordinate joint working.

Once a referral accepted and school notified, any school risk assessment reduction plan should be shared with named SOLAR link professional by DLS/SMHL with parental consent as part of support process.

#### Core Functions of MHST:

1. Deliver evidence-based interventions for mild to moderate mental health issues.
2. Supporting SMHL in each school or college to introduce or develop their whole school or college approach.
3. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education



**Emergencies:** If a child's mental state gets worse quickly, and you are worried about their safety, it's important to get help quickly. Contact the Solar **crisis service via 0121 301 2750** (Monday-Friday, 9am-5pm) for access to a trained clinician who will assess whether a child needs to be seen by Crisis Team and advise what to do next.

**Out of hours crisis team:** available (weekdays 5pm-8pm, weekends 8am-8pm) via Northcroft switchboard **01213015500** ask for the Solar Crisis Team. The operator will take the best contact number and then pass it to the staff member on call and they will call you back as soon as possible.

**Call 999 or go to A&E if:**

**Someone's life is at risk, for example they have serious injuries or have taken an overdose**

## Signposting

- We will ensure that staff, pupils and parents are aware of sources of support within school and local community. Support available within our school and local community, who it is aimed at and how to access is outlined in Appendix D.
- We will display relevant sources of support on our website and key rooms and will regularly highlight sources of support to students within relevant parts of the curriculum and through pastoral support.

**Local services and contact information can be found, updated here:**

**The Waiting Room** (Birmingham & Solihull Health & wellbeing services):

<https://the-waitingroom.org/yp#block>

**Anna Freud:**

<https://www.annafreud.org/on-my-mind/youth-wellbeing/find-a-service-near-you/>

**Local Offer - Emotional Wellbeing and Mental Health Services**

<https://www.solihull.gov.uk/Children-and-family-support/localoffer/emotional-wellbeing-mental-health-services>

**Solihull Local Transformation Plan for Children and Young People's Mental Health and Wellbeing:**

<https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/strategic/3188-solihull-children-and-young-peoples-mental-health-and-wellbeing-local-transformation-plan-2020-21/file>

## 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 DSL and SMHL.

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 so all staff need to know how to respond appropriately to a disclosure.

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



## We will follow the mental health first aid 5 step ALGEE approach:

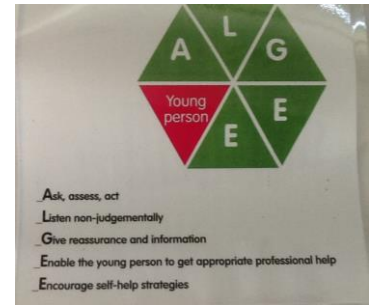
**Ask, assess, act**

**Listen non-judgementally**

**Give reassurance and information**

**Enable the young person to get appropriate professional help**

**Encourage self-help strategies**



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

All disclosures should be recorded on myconcern & given to DSL, following safeguarding procedures. DSL will store the record appropriately, consulting if necessary SMHL & Mental health first aider, and offer support and advice about next steps. See appendix F for guidance about making a referral to Solar CAMHS.

### Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil 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. If we think a pupil is in danger or at risk of harm we must tell DLS ASAP, in line with safeguarding procedures.

Parents must always be informed if there is a safeguarding issue linked to mental health.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DLS Lyndsay Powers 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 consider the following questions (on a case by case basis):

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

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear 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 and give further sources of information 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.

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

In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website <https://www.forest-oak.solihull.sch.uk/smile-our-wellbeing-approach/> and through dojo

- Ensure all parents are aware of who to talk to, and how if they have concerns about their own child or a friend of their child (**SMILE signposting leaflets on website**)
- Make this policy easily accessible to parents via the school website.
- Share ideas about how parents can support positive mental health in their children through our regular coffee mornings.
- 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

## EBSA Emotionally Based School Avoidance

If a child's attendance is of concern and anxiety around school or avoidance of school is identified by DSL/attendance lead, the DSL will put in place a 'TEAM....' approach working with pupil, parents/carers, family involving key staff. A plan, do review cycle will use solution focussed practical support & script modelling to ensure evidence-based intervention is used to support & improve attendance with pupil & parent/carer support central.

### KEEP IN MIND SUPPORT AREAS:

**1.Predictable environment** (Routine, boundaries, control, feeling safe)

**2.Transition home/school**

Drop off, independence, soft landing, welcome, parent communication

**3.Readiness for learning**

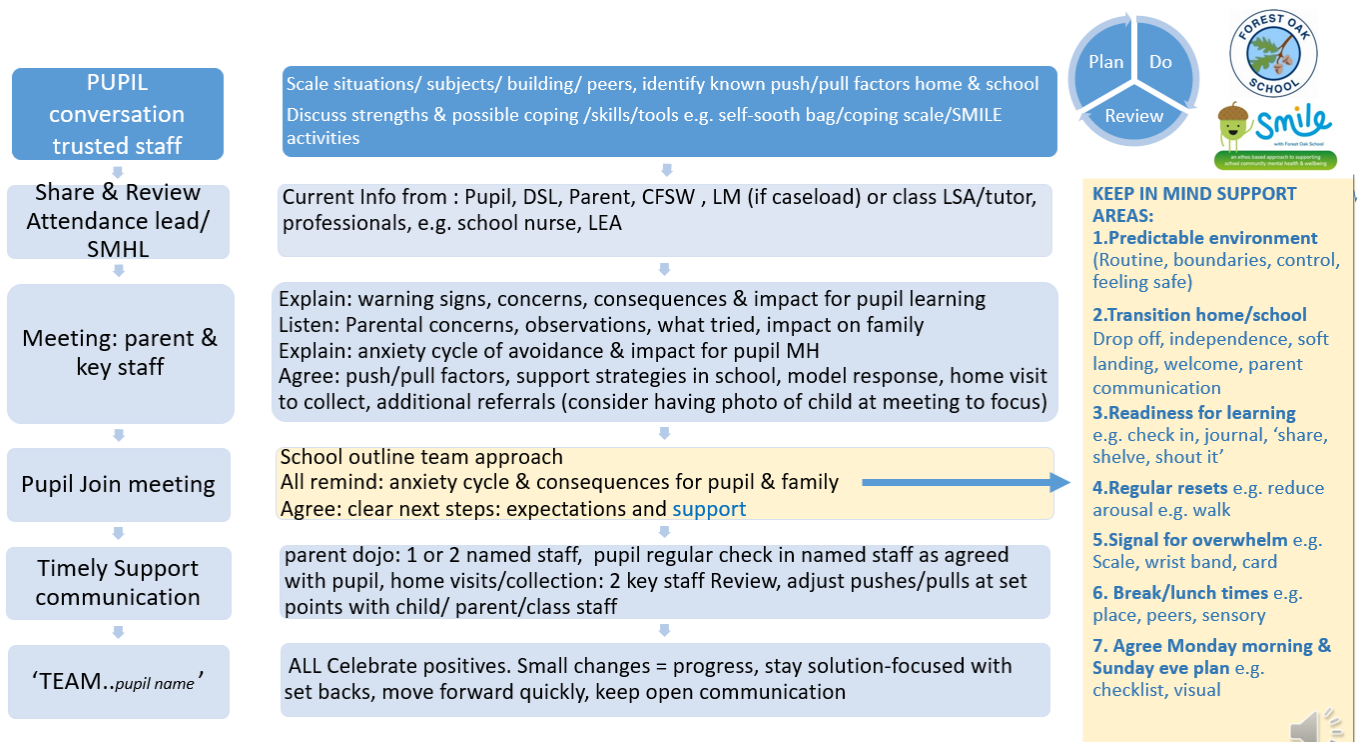
e.g. check in, journal, 'share, shelve, shout it'

**4.Regular resets** e.g. reduce arousal e.g. walk

**5.Signal for overwhelm** e.g. Scale, wrist band, card

**6. Break/lunch times** e.g. place, peers, sensory

**7. Agree Monday morning & Sunday eve plan** e.g. checklist, visual



Solar/EP pathway for EBSN (EBSA) with tools for professionals and families can be found here including analysis & action planning forms:

<https://www.solihull.gov.uk/Children-and-family-support/localoffer/Emotionally-Based-School-Non-Attendance>

## 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 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

### Staff 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.
- The SMHL and DLS are available after school and throughout the day to discuss pupils, queries and areas of mental health and wellbeing and staff should discuss training needs if any.
- Staff have had access to Creative Education courses and information.
- The [MindEd learning portal](#)<sup>1</sup> provides free online training suitable for staff wishing to know more about a specific issue.
- [Home : Mentally Healthy Schools](#) provides support and resources to support staff around pupil and staff wellbeing
- Where the need to do so becomes evident, SMHL and SLT in conjunction with MHST Solar and EP service will provide training sessions for all staff to promote learning or understanding related to mental health.
- Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

### Support for staff

- **Forest Oak has signed up to the Education Staff Wellbeing Charter:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1034032/DfE\\_Education\\_Workforce\\_Welbeing\\_Charter\\_Nov21.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1034032/DfE_Education_Workforce_Welbeing_Charter_Nov21.pdf)

- **Solihull Employee Health & wellbeing policy for schools** is followed and staff have opportunities to access wellbeing support from SLT, SMHL, MHFA and a staff SMILE team.
- The principal is responsible for making reasonable adjustments and has an open door policy for all staff.
- Staff wellbeing, CPD and workload consultation feeds into the school SIP, providing a range of staff support e.g. staff wellbeing space, emotional help script, mindfulness sessions, designated PPA room and timeline changes.
- All staff have had wellbeing targets through performance management to link with their own and colleagues wellbeing as well as pupils.
- **SAS:** <https://schooladvice.co.uk/> Staff are encouraged to download app and access wellbeing support
- **ESP:** [https://www.educationsupport.org.uk/get-help/help-for-you/helpline/?gclid=EA1aIQobChMIvt\\_r6OLr-AIVhoflCh2o8qc9EAAYASAAEgLssfD\\_BwE](https://www.educationsupport.org.uk/get-help/help-for-you/helpline/?gclid=EA1aIQobChMIvt_r6OLr-AIVhoflCh2o8qc9EAAYASAAEgLssfD_BwE)

- Staff are signposted to agencies and are encouraged through SMILE to support their own EHWP as a preventative measure and seek help when necessary.

## Appendix A:

### Prevalence of Mental Health and Emotional Wellbeing Issues

<https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/>

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

### Issues most commonly seen in school-aged children

- The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but here because useful for school staff too.
- Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

### Further information and sources of support about common mental health issues

#### 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://www.selfharm.co.uk): [www.selfharm.co.uk](http://www.selfharm.co.uk) (14-19 year olds)

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

[Self Injury Support webchat](#) (for women and girls) is open Tuesday, Wednesday and Thursday from 7pm to 9.30pm

[Mind](#) – call [0300 123 3393](tel:03001233393) or text 86463 (9am to 6pm on weekdays)

[Harmless](mailto:info@harmless.org.uk) – [email info@harmless.org.uk](mailto:info@harmless.org.uk)

[Self-injury Support](#) (for women and girls)

[CALM](#) (for men)

[YoungMinds Parents Helpline](#) – call [0808 802 5544](tel:08088025544) (9.30am to 4pm on weekdays)

[National Self Harm Network forums](#)

If you struggle with suicidal thoughts or are supporting someone else, the [Staying Safe website](#) provides information on how to make a safety plan. It includes video tutorials and online templates to guide you through the process.

## Depression

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

### Online support

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

## Anxiety, panic attacks and phobias

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

### Online support

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

Email: [westmidlands@papyrus-uk.org](mailto:westmidlands@papyrus-uk.org)

## 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

**Helplines - Beat** ([beateatingdisorders.org.uk](http://beateatingdisorders.org.uk))

[help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)

**Helpline:** 0345 634 1414 **Youthline:** 0345 634 7650 [www.b-eat.co.uk](http://www.b-eat.co.uk)

## Appendix B: School Based Support



Free, safe and anonymous online counselling and support

"I don't think I could've gotten so comfortable 'face to face'."

Keeth  
www.keeth.org.uk

umbrella  
0121 237 5700  
Sexual health services for everyone

0345 634 7650  
beat  
beating eating disorders



These are people who can help in school

Ms Luck Principal  
Miss Powers Deputy Head

Mrs Ellis, Assistant Head

Miss Jerrard, Wellbeing

Sam, Child & Family Support  
Barbara, Learning Mentor

My class Tutor & Staff

Mental Health First Aiders

School Nurses  
Sharon & Laura

CLICK CEOP  
Internet Safety  
Worried? We can help.

ChildLine  
0800 1111

85258  
here for you 24/7  
TEXT US NOW

BullyingUK  
www.bullyinguk.co.uk

Having a mental health crisis?

Text 19 to 8558 for free 24/7 support across the UK if you are experiencing a mental health crisis. All calls are answered by trained volunteers, with support from experienced mental health professionals.

YOUNG MINDS  
Crisis Message

solar  
Brightening young lives

If urgent mental health help is needed you can ring 0121 262 3555 or 0800 915 9292 for advice and support.

Share how you are feeling!  
You can talk to any adult in school and they will listen.



## Appendix C: Sources of support

Local services and contact information can be found and updated here:

The Waiting Room:(Birmingham & Solihull Health & wellbeing services): <https://the-waitingroom.org/yp#block>

Anna Freud: <https://www.annafreud.org/on-my-mind/youth-wellbeing/find-a-service-near-you/>

### (School based staff)

What it is	Who it is suitable for	How access	How this information is communicated to students and families
<b>Class based individual support work from LSA, for example sessions in assembly time.</b>	Pupils who need additional emotional support and confidence with their learning. Areas could be anxiety, coping, anger	Class staff identify and differentiate needs within group. Use coping scale & SMILE resources Consult SMHL if needed	Shared through parent evenings and review of EHCPs by class teacher.
<b>Lego Therapy</b>	Pupils who would benefit from support to develop/practise social skills	Class staff identify to SMHL LM discussion with pupil	Shared by learning mentor
<b>Learning mentor</b>	Pupils displaying Social emotional and behaviour needs in KS3/4 and 6 <sup>th</sup> form. Particularly those at risk of exclusion, bullying or self-harm.	Referral form by class teacher to LM and SMHL.	Discussion by SMHL/LM with child. LM contacts family.
<b>Child and Family Support Worker</b>	Parents, carers and family members and children across school. Particularly families who need TAF support.	Discussion with class staff and families. Referral Forms to CFSW. All information shared with DLS	Regular meetings and phone contact from CFSW.
<b>Bereavement support Child &amp; family support worker trained</b>	Pupils who have experienced loss.	Discussion with class staff and families. Referral Forms to CFSW.	Discussion by SMHL/CFSW with child CFSW contact family.
<b>Mental health first aider</b>	More vulnerable pupils with concerns of or identified mental health issues. Pupils with low WEMWBS wellbeing scores.	Completed wellbeing questionnaires. Parents' or staff concerns about behaviour or mental health issues referred to SMHL	SMHL speak to pupils and families.
<b>Designated Safeguarding Lead (Kendrick Poxon, Lyndsay Power lead DSLs)</b>	Pupils who make disclosures and who have safeguarding issues. (Tier 2/3 referrals to Solar Camhs)	Referral to DLS through myconcern & face-face Referrals to multi agencies completed by class staff.	Shared with families and overseen by DSL.DSL share with families dependent on


			advice from MASH.
<b>DSL Decides &amp; supports referrals to:</b> <ul style="list-style-type: none"> <li>• Education Psychology</li> <li>• Clinical Psychology</li> <li>• SISS teams - Autism, sensory, SEMH</li> </ul>	Pupils with significant issues impacting on learning and wellbeing	Class teacher/SLT discuss with DLS	DLS speak to parent and make referral with class teacher
<b>DSL supports referrals to:</b> <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Speech &amp; language therapy</li> <li>• Physiotherapy</li> </ul>	Pupils with additional needs which may be part of or additional to EHCP	Class teacher/SLT discuss with DLS	DLS speak to parent and make referral <a href="https://childrenscommunitytherapies.uhb.nhs.uk/">https://childrenscommunitytherapies.uhb.nhs.uk/</a>
<b>Pet therapy</b>	Pupils who respond to animals at times of Crisis. Frequently named on Risk reduction plan RRP	No referral- when needed. Classes can request sessions with Oakleigh from principal.	Ask child if wanted.
<b>Wellbeing support teacher</b>	Pupils with mild MHWB issues not responding to class interventions.	Discussion with SMHL/CL	Class teacher speak to child & contact parent.
<b>MISP .breath IJ, ST trained staff</b>	Pupils experiencing anxiety who would benefit from mindfulness support with sleep, attention, social interaction	Discussion with SMHL/CL	Class teacher ask pupil and MISP teacher send MISP letter to parents/carers
<b>Drawing and talking Mrs N Williams</b>	Pupils with mild MHWB issues not responding to class interventions.	Discussion with SMHL	Class teacher speak to child & contact parent
<b>Zentangle Miss Windsor</b>	Y7 + Pupils with mild MHWB issues in need of calming/regulation time	Discussion with SMHL	Class teacher speak to child & contact parent
<b>School Nurse</b>	staff concerns about a pupil regarding health particularly diet and exercise. Children with medical conditions Additional support for PSHE lessons such as puberty & first aid skills	Verbal referral by teacher, attendance lead and CFSW. 0121 717 0088	School nurse contact families to arrange appointments.
<b>Play and creative arts therapy</b>	Pupils who are displaying SEMH issues not responding to class interventions.	Discussion with SMHL SDQ and Referral form by class staff	SMHL phone and send consent form. Play therapist contact parents to meet.

<b>Music Therapy</b>	Pupils who are displaying SEMH issues not responding to class interventions.	Discussion with SMHL SDQ and Referral form by class staff	SMHL phone and send consent to parents, Music therapist contact parents.
<b>Mental Health Support team Solar Camhs</b> Tel: 0121 301 2730 <a href="https://www.bsmhft.nhs.uk/our-services/solar-youth-services/">https://www.bsmhft.nhs.uk/our-services/solar-youth-services/</a>	Pupils with mild to moderate anxiety who would benefit from low level CBT	Discussion with DLS/ SMHL Solar referral via SMHL or parent referral through GP	Class teacher/SLT contact parent for referral consent, child to give consent via
<b>Edwards Trust</b> <a href="http://www.edwardstrust.org.uk">www.edwardstrust.org.uk</a> Tel: 0121 454 1705	Bereavement support offering a comprehensive holistic bereavement service to children and parents for as long as they need it.	Referral by GP, family or school	<a href="#">Referral-Criteria-July-2021.pdf (edwardstrust.org.uk)</a>
<b>Young carers:</b> Telephone: 0121 788 1143 Website: <a href="http://www.solihullcarers.org">http://www.solihullcarers.org</a> Email: <a href="mailto:centre@solihullcarers.org">centre@solihullcarers.org</a>	Support for young people caring for family members	Signpost parents to referral form	Referrals for young carers or adult carers: <a href="https://www.solihullcarers.org/make-a-referral/">https://www.solihullcarers.org/make-a-referral/</a>
<b>Shout 85258</b>	UK's first free, confidential, 24/7 text support service. It's a place to go if you're struggling to cope and need mental health support.	Self-referral Text "SHOUT" to 85258 to contact the <a href="#">Shout Crisis Text Line</a> , or text "YM" if you're under 19	Signpost to pupils/parents/staff
<b>Kooth</b>	Free, safe and anonymous online support for young people. Live online support available: Monday to Friday: from 12pm to 10pm. Saturday and Sunday: from 6pm to 10pm.	Self-referral <a href="http://www.kooth.com">www.kooth.com</a>	Signpost to pupils/parents  Pupils may need help to sign up to log in
<b>The Samaritans of Solihull</b>	If you need to talk to someone urgently, a reply within 24 hours	Self-referral freephone 116 123 email: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a>	Signpost to parents/pupils
<b>Time to Change</b>	Information for children and young people to get them talking about mental health, and support for friends, family and colleagues.	School staff use & signpost resources <a href="http://www.time-to-change.org.uk">www.time-to-change.org.uk</a>	Signpost to pupils/parents

<b>Childline</b>	A free and confidential helpline for children and young people, 24 hours a day	Self-referral If you're under 19, call <a href="tel:08001111">0800 1111</a> to talk to <a href="https://www.childline.gov.uk">Childline</a> . The number will not appear on your phone bill.	Signpost to pupils
<b>NHS 111</b>	Information and signposting for physical and emotional health services	Self-referral	Signpost to parents and pupils - call 111
<b>Young Minds</b>	for children and young people Information about mental health and emotional wellbeing parent helpline Free and confidential support for families and carers looking after young people aged up to 25 years..	Self-referral Tel: 0808 802 5544 <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>	Signpost to parents and pupils
<b>Outminds</b>	support group run by Solihull Mind and is open to anyone who identifies as lesbian, gay, bisexual, transgender or questioning their sexuality who live within the borough of Solihull.	Self-referral <a href="http://www.solihullmind.org.uk/lgbtq.htm">http://www.solihullmind.org.uk/lgbtq.htm</a>	DLS signpost parents and pupils
<b>Mermaids</b>	A safe place for transgender, nonbinary and gender-diverse young people to find support and help one another	<a href="https://mermaidsuk.org.uk/young-people/">https://mermaidsuk.org.uk/young-people/</a>	DLS signpost parents & pupils
<b>National Trans helpline :</b>	calls are taken by trans and non-binary volunteers	Self referral 0300 330 5468 -	DLS signpost parents and pupils
<b>Birmingham LGBT</b>	Wellbeing Support, safe space to discuss and access additional services	Self referral <a href="https://blgbt.org/">https://blgbt.org/</a> 0121 643 0821	DLS signpost parents and pupils
<b>PAUSE</b>	Mental Health Drop in service affiliated to the Childrens' Society – part of Forward Thinking Birmingham	Phone 0300 300 009	Signpost to pupils and families 9
<b>The Mix</b>	Information support and listening for people under 25	Phone 8088084994 <a href="https://www.themix.org.uk/get-support">https://www.themix.org.uk/get-support</a>	Signpost to pupils and
<b><u>Solihull Action Through Advocacy</u></b>	“Solihull Action through Advocacy is a charity created to support adults with learning disabilities living in Solihull. Enabling individuals to speak up for themselves wherever possible.”	Referral by GP or school Telephone: 0121 706 4696 E-mail: <a href="mailto:office@solihulladvocacy.org">office@solihulladvocacy.org</a> .	Signpost to parents
<b>KIDS West Midlands:</b>	services to disabled children and young people, aged 0-25 years & families We offer activities and opportunities for children , including Kites, as well as offering families respite care	Parent contact Tel: <b>0121 355 2707</b>	Signpost to parents

	and support for parents and carers.		
<b>DIAL</b>	free, impartial and confidential information & advice service and an advocacy service as defined by The Care Act 2014.	School, self or GP referral Solihull Helpline: <b>0121 770 0333</b>	DLS Signpost to parents
<b>SOLO</b>	We help people with learning disabilities to look afresh at their true potential, to learn new skills, become more independent – and have fun together. Run after school & holiday clubs for children with disabilities	<a href="https://sociallifeopportunities.org/">https://sociallifeopportunities.org/</a>	Signpost parents to SOLO staff in school

### Appendix D: Other Agencies to support parents:

			
<b>Parenting Programmes</b>	Solar co-ordinates parenting workshops across Solihull.	Contact Parenting Team: 0121 301 2773 or <a href="mailto:bsmhft.parenting@nhs.net">bsmhft.parenting@nhs.net</a>	
<b>Talking</b>	For face to face help with issues such as debt, housing and accommodation or other social care issues	<a href="#">Community Information and Advice Hubs</a> in North and South Solihull.	
<b>Getting out and about</b>	If you feel lonely or bored and want help finding meaningful activities, details of organisations in your area that interest you.	<a href="#">The Solihull Directory</a>	
<b>Activities locally</b>	Your GP can also refer you to the which has its own directory of community activities available in the borough.	<a href="#">Health Exchange</a>	
<b>Mental Health Matters</b>	Mental Health Matters provides support on behalf of the Council. They offer one-to-one support and group sessions, seven days a week, from community locations in north, central and south Solihull	<a href="#">Mental Health Matters website</a> emailing: <a href="mailto:soldropin@mhm.org.uk">soldropin@mhm.org.uk</a> calling: 07977 170456	
<b>Solihull Mind</b>	Solihull Mind provides a number of services for people requiring emotional support, including: You can contact Solihull Mind by visiting the	<a href="http://www.solihullmind.org.uk">www.solihullmind.org.uk</a> website emailing <a href="mailto:contact@solihullmind.org.uk">contact@solihullmind.org.uk</a> calling 0121 742 4941	
<b>Counselling and psychological services</b>	In Solihull, therapies are provided by the Improving Access to Psychological Therapy (IAPT) service.	You can be referred to IAPT by your GP or refer yourself by calling 024 7667 1090 (Monday to Friday - 9.00am to 4.30pm) visiting <a href="http://www.covwarkpt.nhs.uk/iapt">www.covwarkpt.nhs.uk/iapt</a> <a href="#">The Solihull Directory</a> also has a number of local counselling services.	

**The following agencies also offer a self referral service for parents:**

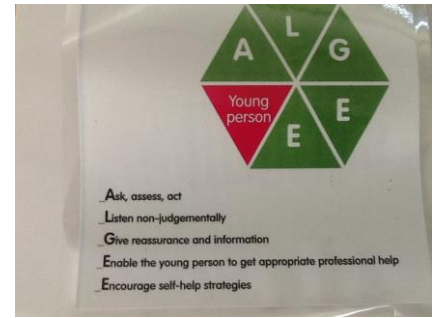
- Gingerbread: 0808 802 0925
- Birmingham & Solihull Women's Aid: 0808 800 0028
- KIDS West Midlands: 0121 355 2707
- Aquarius: 0121 411 9816 AquariusEmail: [solihull@aquarius.org.uk](mailto:solihull@aquarius.org.uk)
- SIAS– Solihull Integrates Addiction Service: 0121 301 4141 [enquiries@sias-solihull.org.uk](mailto:enquiries@sias-solihull.org.uk)
- The Meadow Centre- 0121 722 8010
- Solihull Action Through Advocacy: Telephone: 0121 706 4696E-mail: [office@solihulladvocacy.org.uk](mailto:office@solihulladvocacy.org.uk)
- Trident Reach: 0800 111 4223



## Appendix E: Talking to students when they make mental health disclosures

We will follow the mental health first aid 5 step ALGEE approach:

- Ask, assess, act
- Listen non-judgementally
- Give reassurance and information
- Enable the young person to get appropriate professional help
- Encourage self-help strategies



**What makes an adult someone to turn to about your mental health?**

They are:

- Open-minded**  
reflective, considerate and have good knowledge of the young person.
- Patient**  
and know when to listen.
- Comforting**  
with a calm tone of voice and the ability to manage their own reactions.
- Observant**  
they notice the young person.
- Reliable**  
honest with clear boundaries.
- Supportive**  
and hold the emotions safely for the young person.
- Big-hearted**  
with empathy, connection and a sense of calm.
- Committed**  
they stand alongside the young person.

**YOUNGMINDS**  
For more information visit [youngminds.org.uk](http://youngminds.org.uk)

Using what pupils tell us...

### 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 being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

### **Offer support**

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

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues 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 policies and consult appropriate colleagues.

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

Keep in mind Solar Guidance for support levels:

Guidance			Support
<p>We understand life is challenging for us all at times, it is important to consider the amount that a difficulty impacts on:</p> <p><b>Functioning</b> (the ability to take part in daily activities) and the amount of <b>Distress</b> or discomfort this causes.</p> <p>[Difficulties should be considered within an age-appropriate and situational context.]</p>			<p>It is important you understand what support may be offered from Solar (and/or other services)</p>
	Functioning	Distress	<p><b>None:</b> No additional support needed at this time</p> <p><b>Getting Advice:</b> Information for families, self-help materials</p> <p><b>Getting Help:</b> Assessment of need, short term, brief interventions</p> <p><b>Getting More Help:</b> Support that may include more than one person helping</p> <p><b>Getting Risk Support:</b> Risk Management and Crisis Response</p>
None	There are 'typical' / 'normal' difficulties and everyday worries, which occasionally get out of hand (e.g. anxiety triggered by an exam).	No distress or noticeable difficulties over and above those typical or expected difficulties and worries we experience.	
Mild	Symptoms cause occasional disruption. Most age appropriate activities could be completed given the opportunity with some reasonable adjustments.	Distress may be situational and/or irregular. Most people who do not know the child would not think there was a problem.	
Moderate	Functioning is impaired in at least one context (home/school/social) but may be variable.	Distress occurs most days in a week. The problem is apparent to most people who meet the child.	
Severe	Child / Young person is completely unable to participate in daily activities.	Distress is extreme and constant on a daily basis and would be clear to anyone.	

### Before making the referral

- have a clear outcome in mind, you might be looking for advice, strategies, support or a diagnosis for instance.
- You must 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 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?
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with Camhs?
- 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?

# Solihull CAMHS SOLAR REFERRAL FORM

<https://www.bsmhft.nhs.uk/our-services/solar-youth-services/>

About Us (About Solar)			
Solar provides emotional wellbeing and mental health support to 0-19 year olds in Solihull. There is more information on our <a href="#">website</a> that may be useful before you contact. See guidance at the end of this form.			
About this form (Requesting Support)			
<b>About the Child / Young Person</b>	information we need to provide a service, including reason for referral		
<b>About other people and services</b>	information we need about who else is supporting the young person		
<b>Emotional Wellbeing / Mental Health</b>	Information we need to make sure the most effective service is offered		
To avoid delay in accessing a service, please complete this form with as much detail as possible. Once complete, please return this form to <a href="mailto:bsmhft.solihullcamhs@nhs.net">bsmhft.solihullcamhs@nhs.net</a> , fax to 0121 301 2751 or post to <b>Solar, Bishop Wilson Clinic, Craig Croft, Chelmsley Wood, B37 7TR</b>			
About Data and Information (Privacy Notice)			
Our full privacy notice is on our website: <a href="http://www.bsmhft.nhs.uk/our-services/solar-youth-services/">www.bsmhft.nhs.uk/our-services/solar-youth-services/</a> By completing this form and sending it to us you understand the child's and your personal data will be stored to provide a service in the public interest.			
About the Child / Young Person (Person Requiring Support's Details)			
<b>Name of Child / Young Person:</b>		<b>Date of Birth:</b>	<b>Gender:</b> Please select
<b>Address:</b> <b>Postcode:</b>			
<b>Living with:</b>	Please select	<b>NHS Number:</b>	
<b>Young Person's Mobile Number:</b>		<b>Young Person's Email Address:</b>	
<b>Ethnic Origin</b>	Please select	<b>Interpreter Required?</b>	Please select If Yes, please give details:
<b>Safeguarding the child(ren) have/are</b>	Please select	<b>Is the child Looked After under the Children Act?</b>	Please select
<b>Legal Status</b>	Please select	<b>Placing Authority (If not Solihull):</b>	
<b>Current School/College</b>	Please select	<b>Is there an Education and Health Care Plan (EHCP)?</b>	Please select
Does the child / young person have caring responsibilities?		Please select	
Person(s) with Parental Responsibility for the Child / Young Person [including Local Authority if applicable] (please include all person(s) regardless of whether they live in the same household)			
<b>Parent / Carer / Worker Name:</b>		<b>Relationship to child:</b>	Please select
<b>Date of Birth:</b>		<b>Additional Support/ Parent known to services?:</b>	Please select
<b>Full Address</b>			
<b>Email Address:</b>		<b>Telephone Number:</b>	
<b>Parent / Carer / Worker Name:</b>		<b>Relationship to child:</b>	Please select

<b>Date of Birth:</b>		Additional Support/ Parent known to services?:	Please select
<b>Full Address</b>			
<b>Email Address:</b>		<b>Telephone Number:</b>	
<b>About You (Person Requesting Support [Referrer]'s Details)</b>			
<b>Referrer:</b>	Please select	<b>Name (and Job Title / Relationship to child):</b>	
<b>Full Address:</b>			
<b>Email address:</b>		<b>Telephone Number:</b>	
Have you gained the <b>young person and parent's consent</b> to contact Solar?			Please select
If 'no' please detail all reasons why not: <input type="text"/>			
<b>About the GP (GP's Details)</b>			
If the child has a Birmingham or Warwickshire GP, we may not be able to provide a service and you will need to contact <a href="#">Forward Thinking Birmingham</a> or <a href="#">Coventry and Warwickshire RISE</a>			
<b>Name of GP:</b>		<b>Name of Practice:</b>	Choose an item.
<b>Telephone:</b>		<b>Fax / Email:</b>	
<b>Others involved in Supporting Child/Young Person and Family</b>			
<b>Agency/Service</b>	<b>Involvement</b>	<b>Further details (e.g why/when were they involved) Named Person / Contact Details</b>	
Please select	Please select		
Please select	Please select		
Please select	Please select		
<b>Referral Reason - About the Presenting Difficulty / 'Problem' (Please Refer to Guidance on the next page)</b>			<b>Severity</b> [See guidance]
Please select			Please select
Please select			Please select
*Please note if you have selected 'Autism' or other 'Neurodevelopmental conditions' that Solar do not provide these assessments or diagnoses in Solihull, you would need to contact the <a href="#">Specialist Assessment Service</a> or a Community Paediatrician, your GP or school can help you do this.			
<b>Understanding the emotional wellbeing and mental health needs What support do you think you need?</b>			
Please provide more information below, you may want to think about:			
<ul style="list-style-type: none"> <li>• How the child/young person knows they are having difficulties, what are their thoughts, emotions, behaviours or physical feelings?</li> <li>• What triggered / contributed to these difficulties? When did they start?</li> <li>• What keeps the problems going and means they keep feeling/thinking that way?</li> <li>• What is going well for them? What helps them to feel better?</li> </ul>			
<b>About Risk</b>			
<b>Risk Factors</b> Please detail: Frequency (how often), Severity (how harmful), Protective Factors (what helps)			



Please note if a child is at risk of significant harm you must [report this as a Child Protection concern](#) in line with your policies / procedures

Risk Factors	Risk Level	Further information / Details:
Self-Harm	Please select	
Suicidal Thoughts	Please select	
Parents/Siblings with Mental Health Difficulties	Please select	
Harm to Others	Please select	
Harm from Others	Please select.	
Child Exploitation	Please select	

Guidance	Support
<p>We understand life is challenging for us all at times, it is important to consider the amount that a difficulty impacts on:</p> <p style="text-align: center;"><b>Functioning</b> (the ability to take part in daily activities) and the amount of <b>Distress</b> or discomfort this causes.</p> <p>[Difficulties should be considered within an age-appropriate and situational context.]</p>	<p>It is important you understand what support may be offered from Solar (and/or other services)</p>

	Functioning	Distress	
<b>None</b>	There are 'typical' / 'normal' difficulties and everyday worries, which occasionally get out of hand (e.g. anxiety triggered by an exam).	No distress or noticeable difficulties over and above those typical or expected difficulties and worries we experience.	<p style="text-align: center;"><b>None:</b> No additional support needed at this time</p> <p style="text-align: center;"><b>Getting Advice:</b> Information for families, self-help materials</p> <p style="text-align: center;"><b>Getting Help:</b> Assessment of need, short term, brief interventions</p> <p style="text-align: center;"><b>Getting More Help:</b> Support that may include more than one person helping</p> <p style="text-align: center;"><b>Getting Risk Support:</b> Risk Management and Crisis Response</p>
<b>Mild</b>	Symptoms cause occasional disruption. Most age appropriate activities could be completed given the opportunity with some reasonable adjustments.	Distress may be situational and/or irregular. Most people who do not know the child would not think there was a problem.	
<b>Moderate</b>	Functioning is impaired in at least one context (home/school/social) but may be variable.	Distress occurs most days in a week. The problem is apparent to most people who meet the child.	
<b>Severe</b>	Child / Young person is completely unable to participate in daily activities.	Distress is extreme and constant on a daily basis and would be clear to anyone.	