

## Wellbeing and Mental Health Policy

Scope:	Senior School (Including Boarding)
Release date:	September 2025
Author:	Senior Deputy Head Senior School
Reviewer:	Senior Deputy Head Prep School
Approval body:	Board of Directors <i>(released pending ratification at Edcomm Meeting)</i>
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### Linked documents

This Policy should be read in conjunction with:

- Anti-Bullying Policy (A4)
- Child on Child Abuse (A4)
- Boarding Handbook (Internal)
- PSHCE Policy (A5)
- Online-Safety Policy (A8)
- Safeguarding Policy (A6)
- Health and Safety Policy (A9)
- SEND Policy (A2)
- Supporting Pupils at School with Medical Conditions Policy (Internal)
- Teacher's Guide (Internal)
- Work Pressure and Stress Policy (Internal)

### Acronyms

IHCP	Individual Healthcare Plan
CAMHS	Child and Adolescent Mental Health Service
DSL	Designated Safeguarding Lead
DST	Designated Safeguarding Team
WGSA	Wisbech Grammar School Staff Association
YMHFA	Youth Mental Health First Aid

### Availability

This Policy is available to parents and prospective parents on the School website, and a printed copy may be requested from the School office / Pupil Services Team.

## 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 Board of Directors.

This policy should be used in conjunction with our Supporting Pupils at School with Medical Conditions Policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

Where a pupil's mental health also triggers a potential safeguarding concern this must be reported to the DSL or a member of the DST

## Definition

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

## Aim

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

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. Worldwide, one in seven 10 – 19 year olds experiences a mental disorder. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for staff and pupils affected both directly and indirectly by mental ill health.

The Policy aims to:

- Promote positive mental health in all staff and pupils,
- 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 pupils suffering mental ill health and their peers and parents or carers.

## **Roles and Responsibilities**

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

- Director Responsible For Safeguarding,
- Safeguarding Advisory Committee Member,
- Senior Deputy Head (Prep School) - Senior Mental Health Lead, DSL and CPD Lead (Prep) and Youth Mental Health First Aid Instructor
- Senior Deputy Head (Senior School) – DSL, and CPD Lead (Senior,)
- School Nurse - medical lead,
- Heads of PSHCE,
- Heads of Section – primary contact,
- Head of Learning Support – source of information and support,
- School Counsellor.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the relevant Head of Section in the first instance, and for boarding pupils, The Head of Boarding or Deputy Head of Boarding. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead, the Head or the Director Responsible for Safeguarding. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the School Nurse and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by relevant Head of Section. The School Nurse may also refer pupils to CAMHS. Guidance about referring to CAMHS is provided in Appendix F.

In the event of major concerns arising, staff should contact the relevant Head of Section and Designated Safeguarding Lead as soon as possible. Other sources of support include the School Nurse or Pupil Services. Parents and Guardians will be informed via Head of Section, Head of Boarding, Deputy Head of Boarding or Designated Safeguarding Lead, and Outside agencies such as CAMHS or emergency services will be contacted if necessary.

## **Individual Healthcare Plans**

Individual Healthcare Plans (IHCPs) are written in partnership with the parents, School Nurse, a member of teaching staff and the pupil. IHCPs are created in order to support a pupil with a medical need which can include those affecting their wellbeing or mental health. The need for an IHCP is determined on an individual basis.

IHCPs are usually initiated by the School Nurse; however, they can be done by any member of staff.

Pupils are highly encouraged to be involved in the creation of an IHCP as it gives the pupil the opportunity to share their feelings, any worries, and any problems that can be resolved, and allows them independence in managing their condition. Pupils can be involved as little or as much as they wish. It is important to note however that there may be times where the pupil may not wish to be involved or it is appropriate for the pupil to be absent from an area of discussion to prevent any unnecessary upset.

Information held within an IHCP 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 pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHCE 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 pupils 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. The Pupil survey and questionnaires also influence the PSHCE provision that we provide.

### **Signposting**

We will ensure that staff, pupils 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.

There is also a range of resources for pupil and staff located on the School T and P Shared Clouds available through Microsoft SharePoint. We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

## **Warning Signs**

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

Possible warning signs include (but are not limited to):

- Physical signs of harm that are repeated or appear non-accidental,
- Changes in eating or sleeping habits,
- Increased isolation from friends or family, becoming socially withdrawn,
- Changes in activity 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 behavior,
- 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 pupil 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 pupil 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 and our first thoughts should be of the pupil'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 uploaded to [www.myconcern.education](http://www.myconcern.education). 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.

This information should be shared with the relevant Head of Section and School Nurse who will store the record appropriately and offer support and advice about next steps. See Appendix F for guidance about making a referral to CAMHS.

## **Confidentiality**

We should be honest with regard 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 pupil if possible:

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

In certain circumstances, it will be necessary to share information being volunteered in order to secure the best outcome for the child. We would not generally share information about a pupil 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 instance pupils who are in danger of harm.

It is almost always good practice, and often essential to share disclosures with a colleague, usually the relevant Head of Section, Head of Boarding or Deputy Head of Boarding, School Nurse or the Designated Safeguarding Lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Pupils should be encouraged to inform parents. Parents must always be informed if there is a risk to the pupil's wellbeing, unless there is a Safeguarding risk to the pupil. In some cases, parents or guardians will be informed as soon as possible, while in others, a period may be given for the pupil to inform them. In all cases, the principle of what is in the child's best interest will apply. If a pupil decides they wish to speak with the parents themselves a follow up contact must be made to ensure that this has happened. We may give pupils the option of us informing parents for them or with them. The staff member must record details of their conversation with the pupil, which is then passed to the Head of Section or Designated Safeguarding Lead and uploaded to [www.myconcern.education](http://www.myconcern.education) They may also attend the subsequent pupil meeting.

If a child gives us reason to believe that there may be underlying child protection issues, parents may be informed by Heads of Section or the Designated Safeguarding Lead in line with the Safeguarding Policy.

## **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):

- Should the meeting happen face to face, or via a phone call?
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil or other members of staff.
- What are the aims of the meeting or call?

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. It is important to take a non-judgemental approach and not come to quick conclusions based upon a parent's reaction.

We should always highlight further sources of information, e.g. give them leaflets or website addresses 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 steps and always keep a brief record of the meeting on the child's confidential record.

## **Working with All Parents and Guardians**

Parents and guardians 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 go 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 information evenings,
- Keep parents informed about the mental health topics their children are learning about in PSHCE and share ideas for extending and exploring this learning at home.

## **Supporting Peers**

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

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

Additionally, we will want to highlight with peers:

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

## **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 to enable them to keep pupils safe. We will provide links to relevant information for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Youth Mental Health First Aid Training has been and will be provided to staff and 6<sup>th</sup> form pupils to become Youth Mental Health First Aiders (YMHFAiders). This is carried out by the SDHPS (YMHFA Instructor). These staff and pupils will be trained to provide first response support by applying the YMHFA action plan and using active listening skills. They will work together to reduce stigma and promote positive mental health within our school community.

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

Suggestions for individual, group or whole school CPD should be discussed with the Senior Deputy Heads, who can also highlight sources of relevant training and support for individuals as needed.



## **Supporting Staff**

Support for staff is available via several routes. Line managers, the Bursar (responsible for HR), the Chair of the WGSA or their relevant representative, the School Nurse, School Counsellor and Staff Liaison Director may offer support and guidance.

Staff may be subject to the same wellbeing and mental health issues as pupils, and many of the points raised in Signposting and Warning Signs apply. Staff should refer to the Work Pressure and Stress Policy, an internal policy available on the shared cloud when appropriate. Where staff feel this policy does not offer the support they need, they should follow the guidelines set out in the Teachers' Guide, an internal document available on the shared cloud, on Staff Liaison and Staff Support.

Staff have access to 'Wellbeing Solutions' an anonymous Employee Assistance Programme giving staff the opportunity to make contact with regard to matters of concern to them. This has been provided by the organisation as a support to staff.

Internally, staff are encouraged to see the relevant Senior Deputy Head who can refer staff to an external counselling service.

Many of the external agencies in Appendix D offer support to adults.

The Education Support Partnership, linked below also offers information and a helpline.

<https://www.educationsupportpartnership.org.uk/>

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

### Prevalence of Mental Health and Emotional Wellbeing Issues<sup>1</sup>

- Recent NHS data indicates that **one in five (20%) children and young people aged 8–25 in England had a probable mental disorder in 2023**, reflecting a continued increase since earlier national surveys. [[england.nhs.uk](https://www.england.nhs.uk)]
- Additional research from The Children’s Society reports that **one in six (17%) children aged 5–16 are likely to have a mental health problem**, demonstrating a substantial rise in prevalence over recent years. [[childrenss...ety.org.uk](https://www.childrenssociety.org.uk)]
- YoungMinds data shows that **32.8% of young people aged 17–24 have self-harmed or attempted to self-harm at some point**, with significantly higher rates among those with a probable mental health condition. [[youngminds.org.uk](https://www.youngminds.org.uk)]
- NHS England findings highlight that **emergency mental health referrals for children and young people, including cases related to self-harm, increased by 10% between 2023 and 2024**, indicating rising levels of acute distress and service demand. [[youngminds.org.uk](https://www.youngminds.org.uk)]
- According to The Children’s Society, **50% of all mental health problems begin by the age of 14**, underscoring the need for early identification and intervention to prevent long-term impacts into adulthood. [[childrenss...ety.org.uk](https://www.childrenssociety.org.uk)]
- National analysis shows that **mental health difficulties among children and young people across the UK have continued to rise**, influenced by factors such as the pandemic, educational disruption, cost-of-living pressures, and inequality. [[centreform...lth.org.uk](https://www.centreformentalhealth.org.uk)]
- Vulnerable populations—including children in care—continue to experience **elevated levels of emotional and behavioural difficulties**, with national evidence emphasising the disproportionate mental health burden faced by these groups. [[centreform...lth.org.uk](https://www.centreformentalhealth.org.uk)]

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents, but they are listed here because we think they are useful for school staff too.

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

### Self-harm

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

**Online support**

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk)

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

## **Books**

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

## **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 Youngminds [www.youngminds.org.uk](http://www.youngminds.org.uk) Depression

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

## **Books**

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

## **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)

## **Books**

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

## **Obsessions and compulsions**

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

## Online Support

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

## Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

## Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

## Online Support

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](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/)

## Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

## Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or 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

Eating Difficulties in Younger Children and when to worry

## Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

## **Appendix B: Guidance and advice documents**

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

Guidance on teaching about mental health and emotional wellbeing (pse-association.org.uk) (2021)

Keeping children safe in education – statutory guidance for schools and colleges. Department for Education (2025)

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 (2021)

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)

## Appendix C: Data Sources

[Children and young people's mental health and wellbeing profiling tool](#) collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

[ChiMat school health hub](#) provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing.

[Health behaviour of school age children](#) is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

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

### School Based Support

- Tutor,
- Head/Deputy Head of Section,
- A teacher you feel you can talk to,
- School Nurse,
- School Counsellor,
- Line Manager (Staff),
- Deputy Bursar (responsible for HR) (Staff),
- Health and Safety Advisor (Staff),
- Independent Listener (for Boarders).

### Local Support

- CHUMS,
- Emotional Health and Wellbeing Team,
- ChatHealth Cambridgeshire,
- ChatHealth Norfolk,
- Centre 33,
- CPSL Mind,
- Cambridgeshire and Peterborough NHS Wellbeing Service,
- Norfolk and Waveney NHS Wellbeing Service.

Further details about all these local services can be found below:

### **CHUMS - Mental Health and Emotional Wellbeing Service for Children and Young People**

<http://chums.uk.com/>

**Contact:** 01525 863924 or email via website

**Age:** 5-25 years

Individuals must be registered with a Cambridgeshire GP

**Hours:** Monday – Friday 0900-1700

### **Services:**

- Group work
- Workshops
- Cognitive Behavioural Therapy (CBT)
- Individual Counselling



**About:** CHUMS are a service set up in January 2018. CHUMS provide a variety of different services for young people with varying needs relating to their mental health and wellbeing. CHUMS have a huge amount of resources on their website including a very helpful section for parents.

**Referrals:** Referrals can be made by the pupil themselves, a parent or professional (including teachers) using the appropriate form on the website or by phone. CHUMS will make contact within approx. 2 weeks to determine the best route of support. If during the wait following referral the situation is escalating the triage team can be notified on 0330 058 1659 and they will endeavour to respond to the referral sooner.

### **Emotional Health and Wellbeing Team**

**Contact:** [ccs.ehw@nhs.net](mailto:ccs.ehw@nhs.net) OR 0300 555 5060

**Age:** School age (4-19 years)

**Hours:** 0930-1630

**Services:** Advice and signposting to services for children and young people

**About:** A Cambridgeshire based service for those supporting young people in the area. The team is made up of School Nurses and other professionals offering advice and signposting to services for young people experiencing difficulties with their emotional health and/or wellbeing.

### **ChatHealth Cambridgeshire**

**Contact:** 07480635443

**Age:** 13- 19 years

**Hours:** Monday – Friday 0930 -1600

**Services:** Confidential text advice

**About:** A service provided by Cambridgeshire School Nurses.

Pupils can anonymously text the service number for confidential advice relating to emotional and mental health, relationships, self harm, bullying, alcohol, healthy eating, drugs and smoking.

Text messages are at the standard rate or come out of any allowance if on contract.

For advice regarding this service contact the School Nurse duty desk on 0300 029 5050.

### **ChatHealth Norfolk**

**Contact:** 07480635060

**Age:** 13- 19 years

**Hours:** Monday – Friday 0900 -1700

**Services:** Confidential text advice

**About:** A service provided by Norfolk School Nurses.

Pupils can anonymously text the service number for confidential advice relating to emotional and mental health, relationships, self harm, bullying, alcohol, healthy eating, drugs and smoking.

Text messages are at the standard rate or come out of any allowance if on contract.

For advice regarding this service contact the School Nurse duty desk on 0300 029 5050.

### **Centre 33 Wisbech**

[www.centre33.org.uk](http://www.centre33.org.uk)

**Contact:** Queen Mary Centre, Queens Road, Wisbech PE13 2PE  
01945 223103

**Age:** 13 – 25 years

**Hours:** 'Drop In' service Thursdays 2.00 - 5.00pm

Advice can be sought Monday to Friday by contacting the Cambridge Centre 33 on 0333 4141809

#### **Services:**

- Counselling (although this has been reduced since the development of the CHUMS service),
- Confidential support,
- Chlamydia testing, condoms and pregnancy testing,
- Support for Young Carers (including confidential advice, support in schools and respite).

**Referrals:** Young people can attend the drop in on a Thursday afternoon or contact the Cambridge branch of Centre 33 to arrange access outside of this time. This is a self-referral service.

### **CPSL Mind**

[www.cpslmind.org.uk](http://www.cpslmind.org.uk)

**Contact:** 01733 362990 [enquiries@cpslmind.org.uk](mailto:enquiries@cpslmind.org.uk)

**Age:** 18 years and over

Individuals must be registered with a Cambridgeshire GP (MIND have branches in all counties that can be found on the internet or contact the number above)

**Hours:** 0900-1630

#### **Services:**

- Counselling (free),
- Cognitive Behavioural Therapy (CBT) (free),
- 'Resilience Together' - building up resilience in Wisbech using a variety of different methods,
- 'Stepping Forward' - a service for those with a formally diagnosed condition such as bipolar, depression etc helping them step away from secondary services.

**About:** CPSL is the local service for Cambridgeshire, Peterborough and South Lincolnshire run by the charity MIND.

**Referrals:** Further information surrounding all these services is detailed on the website as are the appropriate referral forms. This is a self-referral service.

## **Cambridgeshire and Peterborough NHS Wellbeing Service**

[www.cpft.nhs.uk](http://www.cpft.nhs.uk)

**Contact:** 0300 300 0055

**Age:** 17 years and over

Individuals must be registered with a Cambridgeshire based GP. The NHS do have similar services all across the country which can be found on the internet or by contacting the number above

**Hours:** Monday – Friday 0900-1700 referrals can take up to 2 weeks to be processed

### **Services:**

- Self-help reading materials/guided self help,
- Cognitive Behavioural Therapy (CBT),
- Interpersonal Therapy (IPT),
- Eye Movement and Desensitisation and Reprocessing (EMDR),
- Courses for groups including Mindfulness,
- Online options, telephone and face to face work.

**About:** This is the local NHS service for those registered with a GP in Cambridgeshire or Peterborough.

**Referral:** Services are accessed by self referral using the website, phone or a postal form which can be downloaded.

## **Norfolk and Waveney NHS Wellbeing Service**

[www.wellbeingnands.co.uk](http://www.wellbeingnands.co.uk)

**Contact:** 0300 123 1503

**Age:** 17 years and over

Individuals must be registered with a Norfolk/Waveney based GP. The NHS do have similar services all across the country which can be found on the internet or by contacting the number above

**Hours:** Monday – Friday 0800-2000 (Out of hours number for evenings and weekends given to those already registered with the service)

### **Services:**

- One to one support,
- Online guided self help,
- Norwich Minority Support Service,
- Self help advice,
- Relationship counselling for couples, individuals and families,
- Courses to help individuals achieve a better sense of wellbeing,
- Peer support and access to support groups locally,
- Helping individuals find other support for issues affect wellbeing such as debt, housing, employment etc.

**About:** This is the local NHS service for those registered with a GP in Norfolk or Waveney.

A similar service to the one delivered by Cambridgeshire and Peterborough Welllbeing Service above.

**Referral:** Services are accessed by self referral using the website, phone or a postal form which can be downloaded.

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

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

### Focus on listening

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

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

### Don’t pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

### **Don't be afraid to make eye contact**

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

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

### **Offer support**

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

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

### **Acknowledge how hard it is to discuss these issues**

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

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of 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 pupil.

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

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

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

## **Never break your promises**

*“Whatever you say you’ll do you have to do or else the 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 pupil 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 pupil’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

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

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

### Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children,
- Address and telephone number,
- Who has parental responsibility?
- Surnames if different to child's,
- GP details,
- What is the ethnicity of the pupil / family?
- Will an interpreter be needed?
- Are there other agencies involved?

### Reason for referral

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

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

INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement – <b>END OF SCREEN*</b>
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

\* Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care

**Tick the appropriate boxes to obtain a score for the young person's mental health needs.**

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

**Impact of above symptoms on functioning - circle the relevant score and add to the total**

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3
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HARMING BEHAVIOURS		
	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

\* If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)			
	Family mental health issues		Physical health issues
	History of bereavement/loss/trauma		Identified drug / alcohol use
	Problems in family relationships		Living in care
	Problems with peer relationships		Involved in criminal activity
	Not attending/functioning in school		History of social services involvement
	Excluded from school (FTE, permanent)		Current Child Protection concerns

**How many social setting boxes have you ticked? Circle the relevant score and add to the total**

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3
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**Add up all the scores for the young person and enter into Scoring table:**

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

\*\*\* If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice \*\*\*