THE HOWARD PARTNERSHIP TRUST (THPT)

5. Mental Health & Emotional Well-being Policy

Purpose:

This policy outlines the ethos of The Howard Partnership Trust (THPT) regarding mental health and emotional well-being, and it summarises the preventative measures each school undertakes. The policy also aims to give all staff clear guidance as to which steps to take in the event of a child or young person developing a mental health difficulty.

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<tr>
<th>Date created:</th>
<th>September 2018</th>
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<tr>
<td>THPT Committee Responsible:</td>
<td>THPT Standards &amp; Performance Committee</td>
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<td>Review period:</td>
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<td>THPT Lead:</td>
<td>Trust Safeguarding Lead/Inclusion Lead</td>
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<tr>
<td>Last reviewed:</td>
<td>July 2019</td>
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<td>Next Review:</td>
<td>September 2020</td>
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Safeguarding and promoting the welfare of children and young people, including their mental health, is everyone’s responsibility. THPT Schools are committed to safeguarding and promoting the welfare of children and young people and we expect all Trustees, Governors, staff and volunteers to share this commitment.

This policy is part of the following THPT suite of annually updated safeguarding policies:

1. Child Protection and Safeguarding
2. Supporting Children and School with Medical needs/Managing medicines
3. Internal Complaints and Concerns (Whistleblowing)
4. Staff Code of Conduct
5. Mental Health & Emotional Well-being Policy
6. Online safety
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Mental Health Statement

We recognise that the prevalence (as outlined on page 8) of mental health difficulties is rising and this includes children and young people of all backgrounds. We are committed to building strong and resilient children and young people in a supportive, caring and preventative manner. We have a duty to provide or seek support for those with additional needs due to their mental health difficulties.

We make every effort to be inclusive and will endeavour to support children during times of mental health difficulty.

The purpose of this policy is to provide Staff, Governors and Trustees with the framework they need to promote good mental health in all THPT schools and it highlights our duties when we have concerns about a child or young person’s mental health.

The policy also informs parents and carers as to how we promote good mental health including details of many resources that are available free of charge.

Operational & Key Personnel

Each THPT school has a Designated Lead member of staff for Mental Health, with a Mental Health Champion and additional nominated staff members as appropriate. There is also a Designated Governor Lead. At each school, and on the associated website, the following information will be displayed:

<table>
<thead>
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<tr>
<td>The Senior Lead for Mental Health* is Mr Stuart Milne</td>
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<tr>
<td>Contact details: 01883 712425 Ext: 295</td>
</tr>
<tr>
<td>The Mental Health champion is/are Mr Charlie O’Sullivan / Mrs Paula Waller</td>
</tr>
<tr>
<td>Contact details: <a href="mailto:cosullivan@oxtedschool.co.uk">cosullivan@oxtedschool.co.uk</a> / <a href="mailto:pwaller@oxtedschool.co.uk">pwaller@oxtedschool.co.uk</a></td>
</tr>
<tr>
<td>Telephone: 01883 712425 Ext: 248/ 274</td>
</tr>
<tr>
<td>The Mental Health Portfolio Governor is (if different to Safeguarding Portfolio Holder): Mrs A Murdoch</td>
</tr>
<tr>
<td>Contact details: 01883 712425</td>
</tr>
<tr>
<td>The Designated Safeguarding Lead (DSL) is: Mr Stuart Milne</td>
</tr>
<tr>
<td>Contact details: 01883 712425 Ext: 295</td>
</tr>
<tr>
<td>The Head of School is: Mr Russell Bond</td>
</tr>
<tr>
<td>Contact details: 01883 712425</td>
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*The Designated Senior Leads for Mental Health is a new government initiative to be in place for Sept 2019.
Policy Introduction

The Mental Health Policy has the following objectives:

- Ensure all THPT schools have identified their key staff needed to support children and to help all staff understand their role
- Raise awareness of good mental health and its impact on learning and behaviour
- Support staff in promoting good mental health to children, parents and carers
- Support staff in identifying those that could be at risk and taking the right action
- Signpost staff to organisations that can support children and/or their families.
- Outline immediate steps to be taken when there are high levels of risk.

This policy applies to all members of Staff, Governors and Trustees in the Trust.

Policy Principles & Values

Mental Health can affect everyone.
Mental Health can affect all of us. How we think and feel about ourselves and our lives impacts on our behaviour and how we cope in tough times. It affects our ability to make the most of the opportunities that come our way and play a full part amongst our family, school, workplace, community and friends. It is also closely linked with our physical health. Whether it is called well-being, emotional welfare or mental health, it is key to living a fulfilling life.

Every Child Matters.
The mental health policy is a whole-school policy. Resources will be made available to every school within THPT to ensure we promote well-being, monitor the child’s needs and respond accordingly.

Healthy Bodies and Healthy Minds.
Research has shown that good physical health can lead to good mental health. THPT will promote both of these aspects given they will both impact on achievement and learning.

Confidentiality and Sharing Information

All matters relating to child protection will be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners’ (DfE 2018) guidance.

Information will be shared with staff within THPT schools who ‘need to know’.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children, and that the Data Protection Act 1998 and General Data Protection Regulations are not a barrier to sharing information where a failure to do so would place a child at risk of harm. There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.
All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or well-being. However, staff are aware that matters relating to child protection and safeguarding are personal to children and families. In this respect they are confidential and the Headteacher or Designated Safeguarding Leads (DSLs) will only disclose information about a child to other members of staff on a need-to-know basis.

All staff will always undertake to share our intention to refer a child to Social Care with their parents/carers unless to do so could put the child at greater risk of harm or impede a criminal investigation.

**Terminology**

**Mental health** is defined as 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 Organisation*)

**Health** is ‘not merely the absence of disease or infirmity but a state of complete physical, mental and social well-being’. (*World Health Organisation*)

**Mental Health Problem** is a state of mind that prevents or impedes us from working productively and fruitfully due to one or more psychological or neurological conditions outlined in either *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) or *International Statistical Classification of Diseases and Related Health Problems* (ICD-11). This is also known as a **Mental Health Disorder**.

**Child Protection** is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**Early Help** means the providing support as soon as additional needs and support emerge at any point in a child’s life.

**Staff** refers to all those working for or on behalf of THPT schools, full- or part-time, temporary or permanent, in either a paid or voluntary capacity. This includes Governors and Trustees.

**Child(ren) and Young People** includes everyone under the age of 18. On the whole, this will apply to pupils of THPT schools; however, the policy will extend to visiting children and young people from other establishments. Furthermore, this will also include sixth form students who have already reached their 18th birthday.

**Parents/carers** refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers, carers and adoptive parents.

**Social Care** refers to Children’s Services in the area in which the child is resident, unless a child is a Child Looked After then this responsibility will lie with the Children’s Services in their home authority.

**MASH** refers to the Surrey Multi Agency Safeguarding Hub.
Guidance and documents referred to in this policy

THPT Child Protection and Safeguarding policy

THPT Inclusion Policy

THPT Staff Code of Conduct

Responsibilities for Safeguarding

Our goal is to ensure the safety of all children, young people, staff and visitors. Each THPT school has Designated Safeguarding Leads (DSL). All concerns regarding mental health will also raise safeguarding concerns, therefore the school's DSL must be involved. See the Child Protection and Safeguarding Policy for further information.

THPT has a duty to keep children and young people safe and we share that responsibility with parents and carers. We therefore operate the following policy:

- Staff will inform parents/carers if there are concerns about risk to self or others. For example, reporting deliberate self-harm or suicidal ideation. In the majority of circumstances, reporting this information to parents/carers will have the child’s consent, however, we may overrule this when concerned about their risk.

- We expect parents to keep the school informed if there are concerns about mental health that could affect their child’s safety while attending school. Information will be treated confidentially and will only be shared with staff on a ‘need-to-know’ basis. In some cases, historical facts about mental health should be shared with the school.

- We will pass on details to other organisations if we have concerns about the safety, risk or well-being of a child or young person. **This is our duty.**

The culture of openness & talking to trusted adults

For several years research has been undertaken to measure the resilience of a child or young person to cope with life’s adversities. Research has identified the number one factor needed to help a child is a trusted adult. In the majority of cases, this is a parent or carer, however, not all children would consider their parent to be supportive and not all parents are equipped with the emotional skills to support a child through a difficulty.

Professional staff are often considered to be the trusted adult because they are seen as independent, accessible, trusted and caring.

At THPT we seek to create an environment in which every child has access to staff in a private and confidential setting if required. Each will be heard and not judged, helped or signposted.

Responsibility of the Directors, Trust & Governors

THPT Directors and Governors will ensure the following:
• Each school has a designated and trained mental health first-aid champion
• Each school has additional trained staff to support mental health difficulties.
• Each school will follow the safeguarding guidelines where the child’s safety and well-being will always remain the first priority.
• Each school will use their professional judgement, and if appropriate, will recommend external professional services such as a GP or NHS Mindsight CAMHS when concerned about mental health.
• Each school will share information with other services if it is deemed necessary for the safety and well-being of the child or young person.

**Designated people within a school that are responsible**

THPT has the following Trust-wide appointments who can be contacted for advice:

**Dr. David McKie:** Principal Clinical Psychologist who offers advice, can assess, diagnose and suggest treatment options. Furthermore, some complex referrals to other services are led by David.

**Julie Menhennett:** Trust Lead for Inclusion

**Jonathan Roddick:** Director of Primary Education & Executive Head & Trust Lead for Safeguarding

**Vanessa Wallden:** Primary Executive Head & Trust Lead for Inclusion

Each school has the following:

**Mental Health First Aid Champion, with:**

- an understanding of common mental health issues and how they can affect young people
- the ability to spot signs of mental health issues in young people and guide them to a place of support
- the knowledge and confidence to advocate for mental health awareness
- the skills to support positive well-being
FLOW CHART FOR RAISING SAFEGUARDING/MENTAL HEALTH CONCERNS ABOUT A CHILD– OXTED SCHOOL

**Designated Safeguarding Leads:**
- Mr Stuart Milne
- Deputy Designated Safeguarding Leads:
  - Mr Charlie O’Sullivan
  - Mrs Paula Waller
- Mental Health First Aider: Mr Charlie O’Sullivan
- Link Governor: Mrs Alex Murdoch

Any concerns should be put in writing & handed to
Mr Charlie O’Sullivan/ Mrs Paula Waller

Designated Safeguarding Lead with Deputy DSL will review concerns raised and makes a decision about next steps

If you have a concern regarding someone who works with children, please contact the LADO on:
- 0300 123 1650
- LADO@surreycc.gov.uk
- NSPCC whistleblowing advice line
  - 0800 028 0285
  - help@nspcc.org.uk

**Discuss**

Decision made to discuss the concern informally with the parents/carers

Decision made to refer the concern to social care or another professional

**Monitor**

Teachers asked to monitor child and feedback to the Designated Safeguarding Lead within an agreed timescale

In exceptional circumstances, concerns **should** be referred directly to children’s social care

**Refer**

Designated Safeguarding Lead discusses decision with Deputy DSL and agree to refer to Multi-Agency Safeguarding Hub

**Contact Details**

Social Care Referrals:
- Multi Agency Safeguarding Hub (MASH)
  - 0300 470 9100
Prevent/Channel Referrals:
- Anisha Uddin 07788300341
  - Prevent Officer – East Surrey
    - anisha.uddin1@surrey.pnn.police.uk
CAMHS helpline
- 0300 2225755

**Names of DSLs**

Mr Charlie O’Sullivan
Mrs Paula Waller
Supporting staff when dealing with difficulties

Staff may face personal difficulties associated with supporting the needs of children.

**Health Assured Employee Assistance Programme (EAP)** is a 24-hour helpline to support staff. They will support family issues, medical information, lifestyle addictions, gambling, financial concerns, relationships, domestic abuse, insurance claims, consumer issues, debt, legal issues, stress, or childcare, work and housing problems. Access to telephone and face-to-face counselling, and online Cognitive Behavioural Therapy (CBT) is also available.

[www.healthassuredeap.com](http://www.healthassuredeap.com) (A password is required to access)

24-hour Helpline: 0800 030 5182

**Support from external organisations**

There are a vast number of organisations and websites designed to support individuals with mental health difficulties. In many cases, self-help can make a difference.

Full details of all the organisations are available online

[https://www.thehowardpartnership.org/docs/General/Organisations_Supporting_Mental_Health.pdf](https://www.thehowardpartnership.org/docs/General/Organisations_Supporting_Mental_Health.pdf)

The details online will be updated every 6-12 months.

Any referral on behalf of a child or young person should be discussed with the school’s DSL and/or Pastoral Team. Consent from parents should also be considered.

**Prevalence of Mental Health**

There are many sources of research suggesting that mental health difficulties are on the rise.

For example:

- One in ten children has a diagnosable mental health disorder – that is roughly 3 children in every classroom.
- One in five young adults has a diagnosable mental health disorder.
- Half of all mental health problems manifest by the age of 14, with 75% by age 24.
- Almost one in four children and young people show some evidence of mental ill health (including anxiety and depression).
- In 2015, suicide was the most common cause of death for both boys (17% of all deaths) and girls (11%) aged between 5 and 19.
- One in 12 young people self-harm at some point in their lives, though there is evidence that this could be a lot higher. Girls are more likely to self-harm than boys.

Given the prevalence and trends, THPT will endeavour to identify needs early and provide support wherever possible.
Appendices

Promoting Well-being and good Mental Health

Research suggests that a healthy body and mind will learn more effectively. Poor physical health can lead to poor mental health. At THPT we seek to promote both by raising the awareness amongst our children, staff, parents and carers. We will achieve this by using a combination of the following:

- Raising awareness through lessons and our curriculum
- Raising awareness through newsletters and emails to parents and carers.
- Offering more training for our staff on matters of health and well-being.
- Embracing a number of different ‘awareness days’ to promote and increase understanding.
- We will use school-wide measures to assess our children and tailor support activities accordingly.
- We will use technology as an enabler to help promote well-being.

Identifying the signs of poor Mental Health

The most effective way for a child or young person to obtain support for a mental health difficulty is to ask a trusted adult for their help. Understandably, this does not always occur, especially with children and young people. Many will be confused or embarrassed about their feelings and may be unsure what caused them. Others might be frightened regarding what happens next and others may not have a trusted adult in their life.

Trusted adults therefore need to be alert to see the signs and/or changes in behaviour that may lead to identifying some mental health difficulty. Some of those signs are:

- Change in behaviour e.g. more withdrawn, angrier, more promiscuous, less confident
- Change in the way they dress e.g. covering their arms, lots of wrist bangles to hide cuts, using their hair to cover things or an unwillingness to undress for PE.
- Increased absenteeism or lateness
- Decrease in eye contact
- Change in personality
- Decline in academic work
- Tiredness or sleeping in class
- Difficulties with concentration
- More emotionally fragile. e.g. cries or gets upset more easily.

Note: Many of the above should also raise Safeguarding concerns too. See the Child Protection and Safeguarding Policy.
Known factors affecting Mental Health

Over the last 50 years, studies have looked at factors that affect a person’s well-being and specifically those that increase the likelihood of developing mental health difficulties. Some of those factors are:

- abuse, trauma, or neglect
- social isolation or loneliness
- experiencing discrimination and stigma
- sleep difficulties
- neurological conditions such as Autism, ADHD and Learning Disabilities
- genes and hereditary conditions
- identity, sexuality or gender difficulties (e.g. LGBTQ)
- being socially disadvantaged, in poverty or debt
- bereavement
- crime within the family
- severe or long-term stress
- having a long-term physical health condition
- unemployment
- homelessness or poor housing
- being a long-term carer for someone
- drug and alcohol misuse
- domestic violence, bullying or other abuse
- significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- physical causes – e.g. an injury or poor physical health

It is recognised that THPT staff may not always be aware of all the difficulties a child or young person might face, however, staff training aims to raise awareness of these factors so that support, if appropriate, can be provided.

Dealing with risk

When a child or young person has developed a mental health difficulty, there could be an increase in risk of harm, abuse, neglect or vulnerability. There are three categories of risk:

- **Risk to self** (a child or young person has considered doing something intentional to harm themselves or is considering doing a harmful act).
- **Risk from others** (a child or young person may become vulnerable and is therefore at increased risk from other children or other adults).
• **Risk to others** (a child might have thoughts or plans to inflict pain upon another person)

Concerns about the risk of a child or young person has safeguarding implications. See a separate policy on Child Protection and Safeguarding.

It is helpful to consider risk in three levels; low, medium and high:

**LOWER:** Children and Young people may develop thoughts that are ‘darker’ in nature but it does not mean they will necessarily act upon these thoughts. If the thoughts have remained as thoughts and there is no evidence of an intent to act upon them, this is considered a lower level risk. It would be recommended for the child or young person to be monitored regularly to ensure the unhelpful thoughts reduce. They may need professional support to help them. Depending on the wider context, there may be justifiable reasons to inform the child’s parents or carers.

**MEDIUM:** If a child has acted upon a thought (this could involve purchasing something they need that could harm themselves, hiding items in their bedroom, typing “how to ....” into Google) this should be considered medium because it has developed beyond a thought. This too will need monitoring, may need professional support, and parents/carers may need to be informed. Children and young people who are thinking of acting upon an unhelpful thought are those that need prompt help in order to prevent thoughts developing into actions.

**HIGH:** If a child has acted upon a thought for the first time, for example, deliberately harmed themselves that has caused bleeding, bruising or swelling, then this should be considered a higher level risk. Furthermore, if a child has a detailed plan to act upon a thought and the plan would increase the risk to life, this too must be considered high risk.

**HIGH:** Any case of hearing voices, paranoia, hallucinating, psychotic features, thought disorder, delusional or thought transfer – this should be considered high risk.

**HIGH:** Any case of deliberate self-harm (DSH) which has involved cutting into a major blood source (e.g. ulnar artery) should be considered high risk.

**HIGH:** Any case where suicide has been attempted should be considered high risk. For example, if a child reported taking a number of tablets the previous day, he/she could remain at risk. Any case of a person who has tried to ligature will remain at risk for several hours due to inflamed tissue/muscle. This too should be considered high risk and will need an immediate medical assessment.

**HIGH:** Any case which combines a complex or risky medical condition should be considered high risk. For example, an eating disorder where their weight for height is considered low with symptoms of dizziness, visual problems, chest pain, feeling cold all the time, tingly feelings in extremities or their menstrual cycle has stopped should be considered high risk. Also forms of epilepsy, seizures or
absences should be considered high risk unless their symptoms are consistent with their care-plan. A medical assessment should be sought when in doubt.

All high-risk cases should involve the following immediately:

- Contact the school’s Designated Safeguarding Lead (DSL) immediately who may contact the Trust’s clinical psychologist.
- The child should not be left unattended.
- Seek consent from the child to discuss with a parent/carer but overrule if necessary on the grounds of safeguarding.
- Make contact with parents/carers and ideally consider a face-to-face meeting.
- Consider immediate medical professional support which may involve an urgent appointment with their GP or the Crisis Referral Line at NHS CAMHS (See section for CAMHS referrals) or 999/A&E.
- Document everything including advice to parents/carers by following the safeguarding guidelines for documentation and reporting.

**Additional Information on Deliberate Self-Harm (DSH)**

There are several reasons for DSH. The most common is to release the feeling caused by a psychological problem e.g. low mood or anxiety. The effects of a physical cut potentially release the psychological pain for a while. Another reason, often found with children, is they cut a part of their body they dislike e.g. thighs or stomach. Some children see DSH as a form of punishment on their body because they are a bad person and deserve pain, whilst others are experimenting perhaps because a friend may have shared their own experience of DSH. Whatever the reason, **reacting appropriately and in a timely fashion is critical.**

DSH has inherent risks, however. For some children it will remain their coping mechanism and it may take several months to develop other coping strategies.

Discretion needs to be applied by somebody trained in mental health to use appropriate judgement when deciding how to manage DSH. For example, if the child’s parents/carers are aware of the fact DSH is present and it is reported the child has cut again, it may be more damaging to inform the parents on every occasion. Professional advice is recommended and decisions of this nature should always be made with the school’s Designated Safeguarding Lead (DSL).

**How to refer to THPT Clinical Psychologist**

THPT have employed a part-time CAMHS clinical psychologist, Dr. David McKie. Referrals can be made via an internal referral process once parental consent has been agreed. Psychologists are able to assess, diagnose and recommend treatment options. Psychologists are not licenced to prescribe medication, therefore Mindsight CAMHS will remain involved for some children and young people.
If a staff member is concerned about the risk of a child or young person, the School Psychologist is available to advise, however, this must be channelled through the Designated Safeguarding Lead (DSL) first.

If there is a complex referral to Mindsight CAMHS required, the School Psychologist will be able to assist with the referral process.

Parents cannot refer directly to the School Psychologist; however, they can discuss their concerns with a school staff member.

THPT has also offered training posts to one Assistant Psychologist and one doctorate trainee Clinical Psychologist from Surrey University.

**Internal Referrals for Counselling/Listening**

Referrals to Internal counsellors/listening services, where available will be made through the Designated Safeguarding Lead, SENCo or Mental Health Champion/First Aider.

**How & when to refer to Mindsight Surrey CAMHS**

The Child and Adolescent Mental Health Service (CAMHS) is part of the NHS and they are commissioned to see children from 6 years old up to their 18th birthday. If 18 years old and still in full-time education, an adult referral should be considered because they would not be accepted into CAMHS.

CAMHS has a multi-disciplinary team consisting of psychiatrists, psychotherapists, psychologists, social workers, nurses and therapists.

CAMHS in Surrey has partnered with a number of organisations, and referrals are channelled to the most appropriate partner. For example, for milder difficulties, ‘Heads Together’ might be recommended, however, for higher risk or for complex cases, the referral will be directed to CAMHS.

Each school should have a nominated person(s) who is responsible for external referrals due to potential mental health issues.

Consent should be obtained from the parents/carers before a referral is made. Where consent is declined, a letter of concern should be written to the parents/carers and the concerns discussed with the Designated Safeguarding Lead (DSL).

Consent should be obtained from the child/young person if deemed to have the capacity to understand the decision.

A potential referral can be discussed on the telephone with Mindsight CAMHS and they will advise what should be considered next.

Where a referral is made to CAMHS, seek consent from the parents/carers for CAMHS to share information with the school that is considered helpful for the child.
CAMHS Website and contact details.

https://www.sabp.nhs.uk/mindsightsurreyCAMHS/referrals

**Taught Curriculum for Well-Being & Mental Health**

THPT schools are committed to delivering a broad and balanced curriculum in all key stages that promotes well-being and mental health.

**Recommended clinical measures**

Founded in 2002 by a group of mental health professionals, the Child Outcomes Research Consortium (CORC) is the UK’s leading membership organisation that collects and uses evidence to improve children’s and young people’s mental health and well-being.

https://www.corc.uk.net/about-corc/

CORC hold data relating to mental health and well-being outcomes of more than 400,000 children and young people in the UK, representing the largest data set of this kind worldwide.

THPT has embraced a school-wide measure recommended by CORC to monitor resilience and mental health. The measure will be applied annually. The measures will help each school to (a) direct interventions to support the child/young people who need additional input and (b) over time will help each school to measure which interventions are more successful.

The school-wide measure of Developing Positive well-being and mental health surveys (Child Youth and resilience measure CYRM-28 and CYRM-26) was launched in 2018/19.

**Supporting children when not attending school**

The mental health of some children and young people may prevent them from attending school for short periods of time and may be placed on a flexible timetable or if more complex, may remain at home.

THPT has an obligation to educate all children that are enrolled and every effort will be made to support each child. For most children, this will involve work being emailed or posted to their home. Children will be encouraged to physically come to school to collect and discuss work that has been given and where appropriate, teachers will be flexible when those meetings take place.

Other mental health or educational agencies may be involved in supporting the school to determine the exact format of education recognising that for some children, additional stress may not help in the short-term.

Education is good for mental health. Regular structure, mental stimulation and social interaction and all considered good for an individual’s health, therefore THPT seeks to work with other professionals and the child or young person to support a prompt return to full-time education.

**Mental Health awareness for parents/carers**
THPT’s commitment to the well-being of children and young people extends to helping parents and carers using a range of different methods.

**Suicide**

Working with children and young people will have inherent risks and wherever possible, THPT will seek to mitigate those risks or even remove them.

Each year there are approximately 150 adolescent suicides reported in England. In London, adolescent suicide has doubled in three years. In Great Britain, approximately 6,500 suicides were reported last year and the largest age category was that of parents of adolescents.

In Surrey, schools have lost parents, children and staff to suicide. Suicide is devastating for families, friends and communities. Whilst THPT will make every effort to prevent loss of life, it may happen at a THPT school.

**Mental Health in relation to school trips and residential**

THPT believes in the value of school trips and residential as a means to enhance learning and strengthen relationships. That said, they may increase the stress upon a child or young person and therefore increase their risk if there is a pre-existing mental health difficulty.

THPT will seek professional advice regarding the suitability of school trips and residential for those children experiencing mental health difficulties. THPT will do all it can to support a child on a trip. However, if advice suggests the risks are too high, then THPT may need to withdraw this option from some children. THPT will not make this decision lightly and will consider professional advice from a health expert.

**Mental Health in relation to exams**

There are statutory guidelines available which specify what support children are able to receive for their examinations when there is diagnosed difficulty. Medical evidence should be provided by the parents if alternative arrangements need to be made. Each school has a SENCO and if further information is required, they can be contacted for advice.

**Government Initiatives to Monitor**

Mandatory Health Education in Schools – Consultation closes 7 Nov 2018

https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/

**Additional Reading - Government Papers**

Transforming Children and Young People’s Mental Health Provision: a Green Paper (December 2017)

Government Response to the Consultation on Transforming Children and Young People’s Mental Health Provision: a Green Paper and Next Steps (July 2018)


Healthy Child Programme (March 2018)


Transforming Care (January 2017)


Future in mind - Promoting, protecting and improving our children and young people’s mental health and well-being (September 2015)


Mental Health Act 2007


Childhood Obesity – A plan for action