

# *Ysgol Hendrefelin*



## **Positive Mental Health and Wellbeing Policy**

<b>Policy Review</b>		<b>Signature</b>	<b>Signature</b>
Date approved by Governors	18/07/2023	<i>R M Blank</i> (Chair of Governors)	<i>L W Lewis</i> (Headteacher)
Date Reviewed			
Date Reviewed			

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## Contents Page

Front Cover	Page 1
Contents Page	Page 2
Policy Statement	Page 3
Scope	Page 3
Policy Aims	Page 3
Lead Members of Staff	Page 3/4
Teaching about Mental Health	Page 4
Signposting	Page 4
Warning Signs	Page 5
Managing Disclosures	Page 5/6
Confidentiality	Page 6
Working with Parents/Carers	Page 6/7
Supporting Peers	Page 7/8
Training	Page 8
Policy Review	Page 8
Appendix A: Further Information and Sources of Support About Common Mental Health Issues	Pages 9-11
Appendix B: Guidance, Advice Documents and Data Sources	Pages 12/13
Appendix C: Sources of Support at School and in the Local Community	Page 14
Appendix D: Talking to Students When They Make Mental Health Disclosures	Pages 15-17
Appendix E: Mental Health Information Sheet for Parents	Pages 18-22
Appendix F: What Makes a Good CAMHS Referral?	Pages 23-24

## **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 Ysgol Hendrefelin we recognise how mental health is everybody's business and we aim to promote positive mental health for every member of our staff and pupils. We pursue this aim by providing a whole-school approach to mental health and offering more specialised, targeted interventions to vulnerable pupils. We work closely with external agencies to ensure a co-ordinated approach is provided for each young person attending Ysgol Hendrefelin.

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

## **Scope**

This document describes Ysgol Hendrefelin's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff, including non-teaching staff and governors. It is also made available on the school's website for parents and carers.

This policy should be read in conjunction with other documentation and policies where a pupil has an identified special educational need and our safeguarding policy.

## **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 and ensure staff know what to do if they are concerned about a pupil
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents or carers

## **Lead Members of Staff**

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

- Nick Lloyd - Deputy Headteacher/Well-Being Lead
- Ryan Duford - Deputy Headteacher/Designated Safeguarding Lead (DSL)

- Rhian Williams - Education Social Worker/Play therapist
- Dean Draper - staff well-being team lead
- Rachel Phillips - Attendance Officer
- Paul Thomas - ALNCO
- Karen Haynes, Sam Powell, Dave Jones, Lisa Jones Cerian Flannery, Rhian Duford - Unit Leaders
- Gemma Sayce - ALN School council lead

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the well-being lead, Education Social Worker/Play therapist or unit lead in the first instance, or if this is not possible another member of staff from lead members. 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 DSL, assistant DSL or the head teacher. If the pupil presents with a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Unit Leaders, the Well-being Lead, the Education Social Worker/Play therapist or another key member of staff from the lead members. Guidance about how to make a referral to CAMHS is provided in Appendix F.

## **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 Health and Well-being 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.

Awareness sessions around understanding mental health, promoting positive mental health and associated issues are delivered to pupils. Similarly, staff are provided with mental health sessions which focus on promoting positive mental health and wellbeing in staff.

## **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 through external agencies in the local community is outlined in [Appendix C. A detailed list of available websites, apps and telephone lines to support young people's mental health is outlined on our school's website.](#)

We will display relevant sources of support in around school and we 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 and 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 Unit Leaders, the Well-being Lead, the Education Social Worker/Play therapist or another key member of staff from the pastoral team.

Possible warning signs include:

- 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 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 pupil may choose to disclose concerns about themselves or a friend to any member of staff, therefore 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 D.

All mental health disclosures should be recorded on the yellow form. 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
- Relevant people contacted

This information will then be shared with the relevant staff in school and brought to the attention of the SLT well-being meeting who can support and advice with the next steps.

## **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 them:

- 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 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 or carer. This is when a pupil presents as at risk of harm or informs us that others are at risk of harm and is highlighted in more detail in our child protection and safeguarding policy.

Staff should ensure they share disclosures with a colleague, the SLT member and/or unit leaders as they can then inform other staff members where required. 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.

Parents and carers must always be informed if a pupil's mental health is suffering. If this is the case, pupil are encouraged to tell parents themselves and share this information before the school contacts parents or carers. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed; staff should inform the designated safeguarding lead (DSL), or the assistant designated safeguarding lead (DSL) within each site.

## **Working with Parents and Carers**

Where it is deemed appropriate to inform parents and carers, we need to be sensitive in our approach. Before disclosing to parents or carers we should consider the following questions on an individual 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 pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents or carers 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 or carer time to reflect.

We should always highlight further sources of information and give parents and carers a mental health information sheet to take away where possible (see Appendix E). Parents and carers often find it hard to take much information in whilst coming to terms with the news that their child is struggling. Sharing sources of further support aimed specifically at parents and carers can also be helpful too, e.g. parent/carer helplines and forums, which are included in the information sheet and available on the school website.

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 or carers 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 One Note.

## **Working with All Parents and Carers**

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

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents and carers 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 positive mental health and wellbeing policy easily accessible to parents and carers by being available on the school website
- Share ideas about how parents and carers can support positive mental health in their children through information evenings

- Keep parents informed about the mental health topics their children are learning about and share ideas for extending and exploring this learning at home
- Provide information sheets and resource lists for parents and carers around supporting their child's mental health (Appendix E)

## **Supporting Peers**

When a pupil is suffering from mental health issues, it can be a challenging 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. To keep peers safe, we will consider on an individual basis which friends may need additional support. Support will be provided either in one-to-one or group settings by the school therapy worker, and will be guided by conversations with the pupil who is suffering and their parents or carers 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, relevant staff will receive regular mental health training about recognising and responding to mental health issues to enable them to help keep students safe. We will post relevant information for staff who wish to learn more about 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 pupils.

## **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in June 2026. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

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

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

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

Below, 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](http://www.youngminds.org.uk) ([www.youngminds.org.uk](http://www.youngminds.org.uk)), [Mind](http://www.mind.org.uk) ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) ([www.minded.org.uk](http://www.minded.org.uk)).

### Self-harm

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

### Online support

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

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<sup>1</sup> Source: [Young Minds](http://www.youngminds.org.uk)

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

## **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)

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/)

### **Eating problems**

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

### **Online support**

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

## **Appendix B: Guidance, Advice documents and Data Sources**

Framework on embedding a whole-school approach to emotional and mental wellbeing – Welsh government/education Wales (2021)

Supporting learners with healthcare needs – Welsh Government (2017)

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Keeping learners safe - Welsh government/education Wales (2022)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children’s Bureau (2015)

### **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 C: Sources of support at school and in the local community

### School Based Support

Along with a whole-school approach to mental health, Ysgol Hendrefelin provides a range of targeted interventions to support student's mental health and wellbeing. Individual and group therapeutic support is offered in the form of cognitive-behavioural therapy (CBT). CBT is found to be successful in treating an extensive range of mental health problems in children and young people and is one of the main approaches employed within children and young people's mental health services.

### Local Support

Ysgol Hendrefelin works alongside several local services available to support children and young people's mental health and related issues. Information and contact details concerning relevant local services are listed in the table below:

Child and Adolescent Mental Health Service (CAMHS)	Phone: 01639 862744 (open 9am to 5pm, Monday to Friday)
Child Action Wales	Phone: 0300 123 2112 (open 9am to 5pm, Monday to Friday)
Key Mediation	Phone: 0333 772 7789
Public Health Wales	029 2022 7744
Early Intervention Psychosis Service	01639 862957
Young Minds	020 7089 5050

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

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

### Focus on listening

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

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

### Don’t talk too much

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

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

### Don’t pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first

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

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

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

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you 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 to themselves they have a problem, themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

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

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

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

### **Never break your promises**

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

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

# Appendix E: Mental Health Information Sheet for Parents and Carers

## Mental Health in Children and Young People

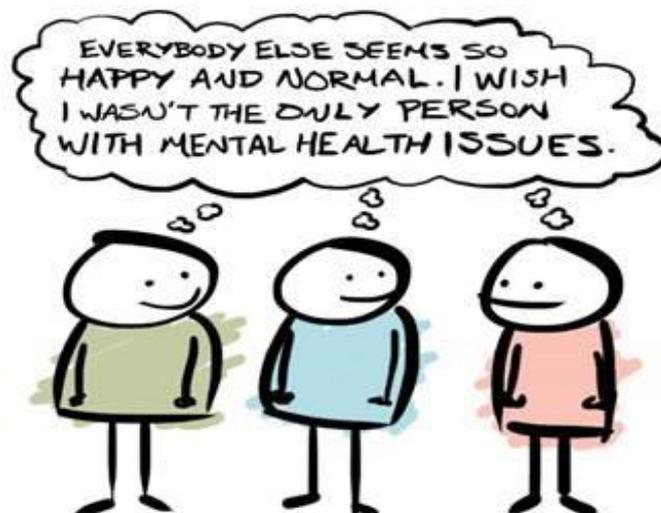
Children and young people's mental health is currently a hot topic in the media and you will have heard it being talked about much more. However, sometimes it can be difficult to distinguish between normal adolescent behaviour and the development of a mental health problem.

This short information sheet discusses mental health in young people, aiming to offer advice and guidance if you are concerned about your child. After reading this information you will feel more confident and equipped in assisting your son and daughter to seek help for any mental health issues they may be experiencing.

### Important Things to Remember

Everyone has mental health just like we all have physical health. However, at times children and young people can struggle to cope and may experience a range of different mental health problems.

Children and young people's mental health problems are a lot more common than you think. Although statistics argue that 1 in 10 children or young people suffer from a diagnosable mental health problem, more recent and accurate figures on the prevalence of mental health problems in young people do not exist. It is estimated that the figures are therefore much higher.



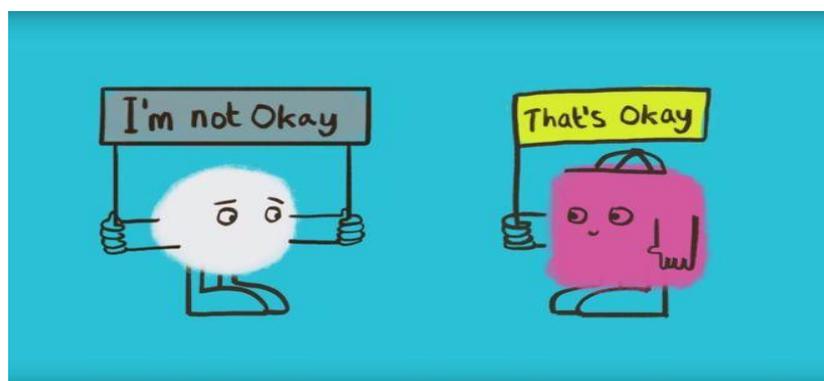
The reasons for the rise in the number of children and young people experiencing mental health problems are varied. However, young people these days face increased pressures to when we were younger. This relates not only to increased academic pressures but also pressures to look and act a certain way, especially given the advent of social media and the increase in bullying.

With the right help and support most young people will recover from their mental health problem. Young people have a much better chance of recovery if their problems are identified early. It is therefore important to talk to your child as soon as you recognise that something may be wrong.

It is helpful to encourage your child to see their mental health problem as just a difficult period in their life in which they can and will get through. Some children manage to overcome their mental health problem with a little help and guidance, and without receiving any specialist support. It is important not to dismiss or play down your child's mental health problem as this may make them think you don't care or see their problems as insignificant.

It can be difficult trying to support your child to overcome their mental health problem therefore it is essential to look after your own health and wellbeing. You cannot be there to help and support your child if you are not feeling well yourself.

### Having the Conversations



Asking your child how they feel can often be difficult, but it is important to do. If they are adamant they do not want to talk then don't push them. They will talk when they are ready, but it is important they know you are always there for them. It might be a good idea to send them a text to let them know you are there for them when they need you, especially given this is often young people's preferred method of communication.

Although different mental health problems have differing signs and symptoms, there are some common characteristics you can look out for in your child which may suggest they are struggling. Some examples of general factors you may observe include changes in appetite, sleeping patterns, personality, mood, behaviour, unexplained physical symptoms, performance at school, withdrawal or avoidance of situations, as well as lack of self-care.

Your child might begin to spend a lot more time alone in their room as this is usually their private space and you may not always be welcome. If you notice changes in your son or daughter over a couple of weeks, then it is important to have a conversation with them about how they are feeling.

It will be helpful to note down any concerns you have as you may need to refer to these later if you have to attend any health appointments. This will also be useful to highlight any patterns to the problem, as well as record the intensity and frequency of symptoms.

Before having the conversations with your child think about what you want to say and ask open questions which will allow your child to explain. Don't let your child see how worried you are as they may be reluctant to open up to you in the future. Be calm, supportive and do not judge how they are feeling.

Respect your child's privacy by not openly discussing their problems with other people who do not really need to know. Talk to your son or daughter about who does need to know about what is happening but discuss with them beforehand what is going to be said.

If your child struggles to talk about how they feel or has difficulties with communication then encourage them to write things down, draw or use music to express how they feel. It is important for them to try and find a way to express themselves which is helpful to them.

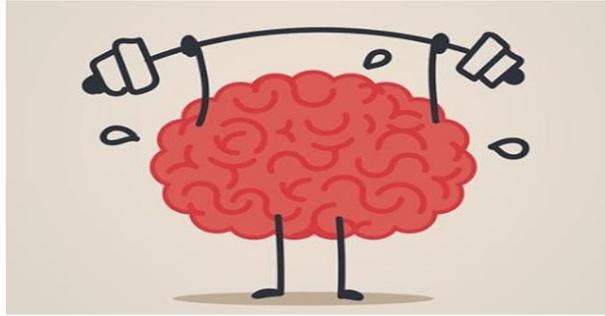
### **How You Can Help**

As a parent or carer of a child with a mental health problem it is important to try to obtain as much information as possible about the problem to allow you to gain a good understanding about what your child is experiencing. Researching the mental health problem will enable you to understand how to help with their recovery and prevent relapses in the future. Ensure you look on reputable websites for information, such as those listed at the end of this tip sheet.

Lots of self-help materials and resources are available so it is useful to encourage your child to access these. Using these self-help materials will help to facilitate the development of practical strategies to help your child overcome their problems, as well as answering any questions they may have. In addition, linking your son or daughter to self-help information they can read and use at their own pace will allow them some privacy and the opportunity to do this in their own time.

It is important to encourage your child to look after themselves by eating healthily, getting enough exercise and sleep. How they feel physically will have a significant impact on their emotional health.

Try not to only focus on your child's mental health problem. Think about all their qualities and what they do well, inspiring your child to do the same. Praise them and encourage them to try out new activities to help to build their confidence and increase their social interaction. Plus, whilst they are struggling don't focus too much on the trivial things, such as a messy bedroom. Focus on what's important instead.



Remember to ask your child themselves what they think will help them as often they will have ideas that you are unaware of. Ensure you talk to your child's other parent about your worries when your child is not around as they may have a different take to what is going on. Try and deal with the problems together so that you are using the same approach and can back each other up.

### **Getting Further Help**

If your child is struggling with their mental health, it is a good idea to let school know. If your child is in secondary school tell their tutor or head of year as they will then inform you child's teachers so that support can be put in place. Many schools offer school counselling and other means of supporting a young person's emotional needs, so this is something you could inquire about when you inform staff in school.

However, if you think more specialist help is required then you need to take your child to their G.P. Your doctor will then be able to make a referral to Child and Young People Mental Health Services (CYPMHS) if they believe it to be necessary. Some schools can also refer directly to CYPMHS which is another reason it is important to keep them informed.

CYPMHS are NHS run teams of professionals from a range of backgrounds who are experts at working with children and young people. CYPMHS will be able to offer different talking therapies to help your son or daughter to overcome their mental health difficulties. However, please be aware that many CYPMHS teams across the country have long waiting times because of the considerable number of referrals they receive. Not every treatment or therapy might be right for your child therefore it is important to find one which is helpful to them.

**If you think more urgent care is needed or that your child is at risk of harming themselves then it is important to take them straight to A&E.**

It is important to remember that whilst receiving help there are likely to be set-backs along the way. Try to view these as experiences to learn from, rather than thinking your child is returning to how they originally felt. A useful way of viewing it like dropping a stitch on a line of knitting, as when this occurs it can easily be picked back up again.

## Summary

You might find it hard to accept your son or daughter has a mental health problem because there is still so much stigma surrounding mental health. Remind yourself that this is just a challenging time which your child is going through and with the right help and support they can and will feel better.

If your child is having problems, please do not be too hard or blame yourself as it is not your fault. Children and young people often take things out on those closest to them, so you are likely to be experiencing the effects of their difficult feelings. The only thing you can do is be there for your child and help them wherever possible. Continue to give them affection and show how much you care about them. However, if things are getting you down then it is important to recognise this and get some help yourself.

Remember that the emotional wellbeing of children and young people is just as important as their physical health. However, just like with physical illnesses recovery can often be a lengthy process and will not occur overnight. You need to be patient because it may take your child a while before they start to feel better again.

Although it is hoped this guidance will offer you advice and information, it is not a definite guide and if you are concerned about a child or young person then you should seek specialist advice.

## Useful Resources

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

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

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

Young Minds Parents and Carers Helpline: 0800 802 5544



*Guidance written by Charlotte Lowe, Mental Health Practitioner & CBT Therapist, 2017 ©*

# Appendix F: What makes a good CAMHS referral?<sup>2</sup>

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 student 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 student?
- Has the student given consent for the referral?
- Has a parent or carer given consent for 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

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<sup>2</sup> Adapted from Surrey and Border NHS Trust

- 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?