Oxford Diocesan Schools Trust

Oxford Diocesan Schools Trust, St Mary's Convent, Denchworth Road, Wantage, Oxfordshire, OX12 9AU

Positive Mental Health Policy

North Leigh CE Primary School

Valuing Everyone in our school, in our community, in our world.

This policy was updated in November 2025.

The policy must be reviewed and updated at least every 36 months.

All children are provided with equal access to the curriculum. We aim to provide suitable learning opportunities regardless of gender, ethnicity or home background.

The impact of this policy on staff workload has been considered.

Signed	*Ben McPherson*	*Sophie Warner*
	Headteacher	Chair of Governors
Date	*24 November 2025*	

Positive Mental Health Policy

Review date: November 2025 Next review: November 2028

Policy Statement

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

At our school, we aim to promote positive mental health for every member of our school community. We pursue this aim through our ethos, whole school approaches and specialised, targeted approaches aimed at vulnerable children.

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

Rationale

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

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

Aims

We wish for all our children to feel valued and nurtured in order that they may realise their full potential and live a full and meaningful life. Therefore, we seek to:

- Promote positive mental health across the school community
- Increase everyone's understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with children with mental health issues
- Provide support to children 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 children, staff with a specific, relevant remit include:

- Mr Ben McPherson – Headteacher, Designated Safeguarding Lead
- Mrs Elizabeth Mason - Assistant Headteacher, Pastoral Lead, Mental Health Lead, Deputy Safeguarding Lead
- Miss Emma Cuthbertson – SENDCo, Deputy Safeguarding Lead

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to Elizabeth Mason (or the Headteacher in her absence) in the first instance. If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to one of the school's Designated Safeguarding Leads. If the child presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by our SENDCo in the first instance. Guidance about referring to CAMHS is provided in Appendix F.

At all stages, school will be working in partnership with parents.

Teaching about Mental Health

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

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

We deliver the Jigsaw PSHE curriculum to ensure that we teach mental health and emotional wellbeing issues in a safe, sensitive and age appropriate manner which helps rather than harms. Our school ethos and wider curriculum provision promotes the 5 Ways to Wellbeing.

Signposting

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

We display relevant sources of support in communal areas and regularly highlight sources of support to children within relevant parts of the curriculum, ensuring children understand:

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

Warning Signs

School staff may become aware of warning signs which indicate a child 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 Mrs Elizabeth Mason, our mental health and emotional wellbeing lead.

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

Managing Allegations

A child may choose to share 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 child chooses to share 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 child's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively, see appendix E.

This information should be recorded on CPOMS and shared with the mental health lead, Elizabeth Mason, who will offer support. 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 child on, then we should discuss with the child:

- 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 child without first telling them. Ideally we would receive their consent, though in most situations we would seek to share information with parents as soon as possible unless we felt that this would place the child at risk of harm (in which case we would follow safeguarding procedures).

It is always advisable to share what children have told us with a colleague, usually the mental health lead, Elizabeth Mason (or the Headteacher in her absence). This helps to safeguard our own emotional wellbeing so we are no longer solely responsible for the child. It ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed unless there is a safeguarding concern in relation to the safety of a child which prevents this. We should always give children the option of us informing parents for them or with them.

Working with Parents

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

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

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

We offer appropriate signposting to support where available. 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 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 CPOMS.

Working with All Parents

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

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their child
- Make our Mental Health Policy easily accessible to parents
- Keep parents informed about the mental health topics their children are learning about in PSHE
- Signpost parents to parent support groups (on-line or in the local community) through our fortnightly newsletter
- Raise awareness of support available to parents through the Mental Health Support Team (MHST) through our fortnightly newsletter
- Offer a 'Support First' approach to attendance or potential attendance issues with Elizabeth Mason, Attendance Champion (assitanthead@north-leigh.oxon.sch.uk).

Supporting Peers

When a child 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 child 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 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

Key members of staff receive regular training about recognising and responding to mental health issues.

The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD is supported throughout the year where it becomes appropriate due to developing situations with one or more children. We are committed that there is always at least one staff member who has competed Mental Health First Aid Training.

We host regular CPD in school for staff in supporting children's Social, Emotional and Mental Health.

Monitoring and Review

The School Improvement Committee of the Local Governing Body together with the Headteacher monitors this Policy every three years or earlier if required to take account of any legislative changes and/or national policy development as well as feed back from North Leigh School staff. The Committee reports its finding and recommendations to the Local Governing Body as necessary if the Policy needs modification. The Committee gives serious consideration to any comments from parents about mental health and makes a record of all such comments.

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

Prevalence of Mental Health and Emotional Wellbeing Issues

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

Below, 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), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (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
National Self-Harm Network: 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 1 Source: Young Minds @CharlieWTrust www.cwmt.org.uk
Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Selfharm 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
Depression Alliance: 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

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

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 Conners (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
Coping with suicidal thoughts and feelings: https://www.childline.org.uk/info-advice/your-feelings/mental-health/coping-suicidal-feelings/

Books
Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Selfharm 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: https://www.beateatingdisorders.org.uk/

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

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 (2014) https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015) https://www.gov.uk/government/publications/counselling-in-schools

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015) https://pshe-association.org.uk/guidance/ks1-4/mental-health-guidance

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014) https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

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) https://www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old

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) https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

NICE guidance on social and emotional wellbeing in primary education
https://www.nice.org.uk/guidance/ph12

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) https://www.ncb.org.uk/sites/default/files/uploads/files/ncb_framework_for_promoting_well-being_and_responding_to_mental_health_in_schools_0.pdf

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. https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

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. https://www.gov.uk/government/organisations/public-health-england

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. http://www.hbsc.org/

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

Support in School:

Elizabeth Mason – Pastoral Lead, Mental Health Lead, Attendance Champion and Emotional Literacy Support Assistant (ELSA)

Elizabeth Mason can be contacted via the office 01993 881525 or email assistanthead@north-leigh.oxon.sch.uk. She is the point of contact for the mental health support team and can talk to families about how our Early Mental Heath Practitioner may be able to support. She is ELSA trained and provides ELSA support in school to children.

There is a Young Carers' group within school. Please contact Elizabeth Mason if you feel your child performs a caring role.

Emma Cuthbertson - SENDCo

If you feel your child's additional needs are affecting their mental health, please make Miss Cuthbertson or Mrs Mason aware (sendco@north-leigh.oxon.sch.uK).

Alice Joynes and Romana Rossa – Nurture Lead Teaching Partners

Mrs Joynes and Mrs Rossa have been trained to deliver Drawing and Talking and Sand Play therapeutic intervention support sessions with children. Please speak to Mrs Mason if this is something you are keen to learn more about for your child.

Local Area Support:

CAMHS – Child and Adolescent Mental Health Service Oxfordshire

CAMHS is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.
Resources for parents and carers | Oxford Health CAMHS

OSCA - Outreach Service for Children & Adolescents

We provide individualised home and community treatment to support children, young people and their families. We work with children and young people between 11 and 18 years old.

We do three main things:

- provide Dialectical Behavioural Therapy (DBT)
- see young people who may need a more flexible approach to treatment, and
- support young people during and after an emergency assessment.

Our teams are at work 24 hours a day, 7 days a week.
https://oxfordhealth.nhs.uk/camhs/oxon/osca/

Health Services to support children and young people with SEN

Services to help children, young people and families with general, specialist and therapeutic needs.
https://www.oxfordshire.gov.uk/children-and-families/oxfordshire-send-local-offer

Childhood Bereavement Network

The hub for those supporting bereaved children
http://www.childhoodbereavementnetwork.org.uk/?gclid=CjwKCAjwlPTmBRBoEiwAHqpvhUtEST--8X2Ltnbhdb_uyXrLxefzyakNc3h9lisjIbtJxGS1nW49zxoCpMQQAvD_BwE

Oxfordshire Mental Health Partnership
A more generalist and adult focussed partnership. Self-referrals can be made via the resources tab on the home page.

Our Mission is to:
Support recovery, hope and ambition.

We do this by being:
Compassionate
Creative
Collaborative
https://oxfordhealth.nhs.uk/omhp/

OCC Support for General Health and Wellbeing
A list of support services and advice all in one easy to use page:
https://www.oxfordshire.gov.uk/business/support-general-health

School Health Nurse Team
Text: 07312 263227
Parent Line for 5-11 year olds: https://oxfordhealth.nhs.uk/school-health-nurses/

Health Visitor Team (pre 5 years)
Text: 07312 263081
Parent Line for 0-5 years: https://oxfordhealth.nhs.uk/hv/

Young Carers Team (Oxfordshire)
We create real, lasting change for children and teenagers aged 8-17 years who care for loved ones.
https://befreeyc.org.uk/

Appendix E: Talking to children when they share mental health concerns

The advice below is from children themselves, in their own words, together with some additional ideas to help you in initial conversations with children when they share mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and safeguarding 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 child 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 child 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 child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the child 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 overanalyse 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 child 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 child 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 child.

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 child 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, let alone share that with anyone else. If a child 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 child.

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 child 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 child.

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 child 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 child'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 CAMHS 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 social care support 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?

For further support and advice, our primary contacts are:

https://www.oxfordhealth.nhs.uk/camhs/oxon/
Tel: 01865 902515
Email: OxonCAMHSSPA@oxfordhealth.nhs.uk

Online referrals:
https://oxfordhealth.nhs.uk/camhs/support/referral/

Address:
Oxon CAMHS SPA
Raglan House
23 Between-Towns-Road
Cowley
OX4 3LX

The screening tool below will help guide you as to whether or not a CAMHS referral is appropriate.

	INVOLVEMENT WITH CAMHS
	Current CAMHS involvement – **END OF SCREEN***
	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 binging)
	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

		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**