



**Woodlane High School**

achieving success in a nurturing environment

# Positive Mental Health Policy

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**Next Update: November 2025**

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

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

## Scope

This document describes Woodlane High 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.

## The Policy Aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/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:

- Claire Maynard - Designated Child Protection / Safeguarding Officer
- Robert Morgan - Second Designated Child Protection / Safeguarding Officer/  
Pastoral Lead
- Mary-Louise Jelen - Medical and Mental Health Lead Practitioner
- Dona John - Lead First Aider
- Jennifer Jermaine and Mary-Louise Jelen - CPD lead
- Emma Cullen - PSICHE subject leader
- Lucy Farrell and Chloe Ponciano- Medical and Mental Health HLTAs

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection officer (headteacher or deputy). If the pupil 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 Robert Morgan or Mary-Louise Jelen as they are the mental health lead and pastoral support. Guidance about referring 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 PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the [PSHE Association Guidance](#)<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

### **School Based Support:**

- Drawing and Talking
- Respond Art Therapy
- Sensory Circuits
- Games Club
- Lego therapy
- Targeted Intervention support
- Zones of Regulation
- ELSA support
- Named staff member to talk to
- Emotion Coaching
- Self-Referrals (co-regulation with SLT)
- Anna Freud psychologist in school

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<sup>1</sup> [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

### **Community based support:**

- CAMHS
- West London Mental Health NHS Trust
- Childline
- Hammersmith and Fulham Mind
- MindEd online training for parents

We will display relevant sources of support in assemblies, on the school website and communal areas, such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring they understand:

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

### **Warning Signs**

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the headteacher or deputy headteacher, 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 / 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 so all staff need to know how to respond appropriately to a disclosure.

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

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

All disclosures should be discussed with the Designated Safeguarding Leads and recorded on CPOMS on the day the disclosure took place. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the Mental Health Lead, Mary-Louise Jelen who will offer support and advice about next steps. See appendix E for guidance about making a referral to CAMHS.

## **Confidentiality**

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell 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 (pupils up to the age of 16 who are in danger of harm).

It is essential to share disclosures with a Designated Safeguarding Lead, as 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 must always be informed and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. 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, but the Designed Safeguarding Lead, Claire Maynard or Robert Morgan must be informed immediately.

### **Working with Parents**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we 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 pupil, other members of staff.
- What are the aims of the meeting?

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

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record, in 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 get about this, if they have concerns about their own child or a friend of their child
- Make our Mental Health Policy easily accessible to parents

## **Supporting Peers**

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

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

Additionally, we will want to highlight with peers:

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

## **Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training and read Keeping Children Safe in Education in order to enable them to keep pupils safe.

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 developing situations with one or more pupils.

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

Suggestions for individual, group or whole school CPD should be discussed with Headteacher Claire Maynard and Jennifer Jermaine CPD coordinator, who can also highlight sources of relevant training and support for individuals as needed.

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

### **Prevalence of Mental Health and Emotional Wellbeing Issues**

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

(YoungMinds,2022)

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 of 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. (Mental Health Foundation, 2021)

Online support

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

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

## Books

Michelle Mitchell (2020) *Self Harm: Why Teens Do It And What Parents Can Do To Help*. London: ReadHowYouWant

Dr. Julie Smith (2022) *Why Has Nobody Told Me This Before?* London: Michael Joseph

## Depression

Ups and downs are a normal part of life for all of us, but for someone who is experiencing 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. (NHS,2019)

Online support

MIND: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/about-depression/>

NHS: <https://www.nhs.uk/mental-health/conditions/clinical-depression/symptoms/>

Action Mental Health: <https://www.amh.org.uk/news/depression-in-young-people/>

## Books

Dr. Kenneth Bock (2021) *Brain Inflamed: Uncovering the hidden causes of anxiety, depression and other mood disorders in adolescents and teens*. London: Piatkus Publishing

Joseph V Ciarrochi (2020) *Your Life, Your Way: Acceptance and Commitment Therapy Skills to Help Teens Manage Emotions and Build Resilience*. London: New Harbinger

## 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. (CDC,2022)

## Online support

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

Helpguide: <https://www.helpguide.org/articles/anxiety/anxiety-in-children-and-teens.htm>

NHS inform: <https://www.nhsinform.scot/illnesses-and-conditions/mental-health/anxiety-disorders-in-children>

## **Books**

Cathy Creswell, Lucy Willetts, Prof Peter Cooper, Polly Waite (2019) *Helping Your Child with Fears and Worries 2nd Edition: A self-help guide for parents*. London: Robinson Publishers.

Louise Bomber (2020) *Know me to teach me: Differentiated discipline for those recovering from Adverse Childhood Experiences*. London: Worth Publishing

## **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. (OCD UK, 2021)

## **Online support**

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

Young Minds: <https://www.youngminds.org.uk/young-person/mental-health-conditions/ocd/>

OCD Action: <https://ocdaction.org.uk/i-need-support/young-people/>

## **Books**

Kelly Wood and Douglas Fisher (2019) *Stand Up to OCD! A CBT Self-Help Guide and Workbook for Teens*. London: Jessica Kingsley Publishers

Patricia Zurita (2019) *The ACT Workbook for Teens with OCD: Unhook Yourself and Live Life to the Full*. London: Jessica Kingsley Publishers

## **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. (NIMH, 2020)

## **Online support**

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

Rethink Mental Illness: <https://www.rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/>

National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/suicide-prevention>

Beyond Blue: <https://www.beyondblue.org.au/the-facts/suicide-prevention>

## Books

Nicole LaPera (2022) *Synopsis And Outline of How To Do The Work: Recognize Your Patterns, Heal From Your Past and Create Your Self*. London: Independently published

Brené Brown (2018) *Rising Strong*. London: Random House Publishing

## 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. (National Centre for Eating Disorder, 2022)

## 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)

National centre for Eating Disorders: <https://eating-disorders.org.uk/>

SEED: eating disorders support service: <https://seed.charity/>

## Books

Lynne Crilly (2019) *Hope with Eating Disorders Second Edition: A self-help guide for parents, carers and friends of sufferers*. London: Hammersmith Health Books

Nicola Davies (2017) *I Can Beat Anorexia!: Finding the Motivation, Confidence and Skills to Recover and Avoid Relapse*. London: Jessica Kingsley Publishers

## Appendix B: Guidance and advice documents

[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 (2016)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2021). PSHE Association. Funded by the Department for Education (2021)

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (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 (2017)

[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 (2018)

[NICE guidance on social and emotional wellbeing in primary education](#)

[NICE guidance on social and emotional wellbeing in secondary education](#)

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

## Appendix C: Data Sources

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

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

## Appendix D: 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 they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

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

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

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

Never break your promises

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

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



## **Appendix E: 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)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carers' attitudes to the referral?

### **Basic information**

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

### **Reason for referral**

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

### **Further helpful information**

- Who else is living at home and details of separated parents if appropriate?
- 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?