

MERSTONE SCHOOL



POSITIVE MENTAL HEALTH AND WELL-BEING POLICY

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Date: September 2025

To be reviewed: September 2026

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1. Policy Statement

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. (*World Health Organization*)

At Merstone we aim to promote positive mental health and wellbeing for every pupil and member of staff. We work to achieve this through our SMILE whole school approach and specialised, targeted approaches aimed at vulnerable pupils.

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

2. Aims and objectives

This policy is intended as guidance for all staff including non-teaching staff and governors. It should be read with medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and in conjunction with individual pupils' EHCP.

Safeguarding, reporting and communication:

- This document is used within safeguarding policies and procedures which remain priority
- All Tier 2-4 concerns should be reported on My Concern and to DSLs.
- Lead DLS will involve SMHL (Georgia Travers) and key staff in support where necessary (weekly meetings)

The whole school community will:

- Promote positive mental health in all staff and students
- Will embed a consistent, positive, restorative practice
- Will promote a sense of belonging
- Will increase understanding and awareness of common mental health issues through relevant training.
- Have MHFA in place across the school
- Be working towards a whole school wellbeing qualification
- Have strong SOLAR link to support pupil MH across school
- Have pupil interventions around MH available

Pupils will:

- Feel safe, understood and supported.
- Be emotionally aware and know who their safe people are in school to talk to.
- Have the necessary tools and support to be able to self-regulate
- Positively engage in learning
- Have improved concentration and attention due to having their mental health and wellbeing needs met.

Staff will:

- Alert SLT to early warning signs of mental ill health
- Be involved through clear communication and referral processes
- Relevant staff (such as MHFA or SMHL) will provide support to staff working with young people with mental health issues

Parents will:

- Feel that their child is understood and treated as an individual
- Feel supported, involved and confident to manage their child in distress

2.2. Lead Members of Staff

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

- Kieran Ryan-Grealish – Executive Headteacher, DSL, Adult and Youth MHFA
- Kendrick Poxon – Deputy Headteacher and Lead DSL
- Paula Morbey – Deputy Headteacher, DSL, Youth MHFA
- Joanne Russel- Assistant Headteacher, DSL, Youth MHFA
- Georgia Travers – Assistant Headteacher, DSL, Behaviour Lead, PSHE Lead, Adult and Youth MHFA
- Beverley Sharpe- Senior Family Support Worker, DSL, Youth MHFA
- Rebecca Jennings, Family Support Worker, DSL, Youth MHFA
- Antoinette Fisher. Chair of Governors and governor for wellbeing

2.3 Our whole school Approach:

We have a whole school approach to teaching positive coping skills using the NHS 5 ways to wellbeing, adapted for our pupils: 'give me 5 to make me SMILE!'

SMILE aim

"To empower our school communities (staff and students) to become 'architects of their own emotional health and well-being' within an enabling environment."



The SMILE Approach

Adapted from the NHS 'Five Ways to Mental Wellbeing' Nef 2008 est. Forest Oak School 2014

SMILE

- Connect → • **S**ocialise
- Be active → • **M**ove
- Take notice, be mindful → • **I**nterest
- Keep learning → • **L**earn
- Give to others → • **E**ngage



smile Principles
with Forest Oak School

- **For all** – children, staff and the whole school community
- **Attainment** – good mental health leads to good life outcomes
- **Listening to each other**
- **Care, concern and respect for everyone**
- **Kindness and gratitude**

SMILE stands for Socialise, Move, Interest, Learn and Engage. SMILE is an approach developed at Forest Oak School and adopted by Merstone School to support the emotional health and wellbeing of our whole school community. It is based on the NHS 5 ways to wellbeing. Our aim is to empower our school community to become architects of their own emotional health and wellbeing within an enabling environment.

The principles of the approach are: building emotional resilience for all, promoting good mental health that leads to good life outcomes, listening to each other, care, concern and respect for everyone and kindness and gratitude.

SMILE whole school approach was developed with reference to DFE guidance:

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

2.4 Activities we use through SMILE to support MHWB are:

- SMILE time sessions in classes
- Daily mindfulness in classes
- Daily 'move' exercise in classes
- Daily RP 'check ins' in classes
- Individual coping scales
- Individual support sessions: anxiety, anger & self-management
- Individual or group play, Creative arts & Music therapy
- Rest & relax sessions- group or individual meditation & massage
- Restorative practice and team teach based support.
- Weekly SMILE time across the whole.
- Curriculum based SMILE weeks and events such as SMILE Day, Mental Health Awareness Week, Arts Week.
- Staff: Separate staff mental health and wellbeing offer, staff CPD, training and INSET days around Mental health and wellbeing.

2.5 Teaching about Mental Health and wellbeing:

We follow advice & statutory guidance from DfE in relation to our teaching of PSHE and Mental Health.

<https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education>

<https://www.gov.uk/guidance/teaching-about-mental-wellbeing>

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

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

More information about PSHE/RSE/Citizenship including intent, implementation and impact can be found in the PSHE policy documents and through speaking to the PSHE subject lead.

2.6 Monitoring and measuring Mental Health and Wellbeing:

- Staff closely observe and are trained to notice changes & warning signs in pupils' behaviour.
- Daily 'check ins' –all pupils to share feelings at an age and development appropriate level.
- Feelings groups- Books beyond Words, ran by Georgia Travers.
- Mental Health First Aiders appointed within each department.
- Risk Reduction plans/ Behaviour Plans are in place for pupils who require additional support/de-escalation
- Staff work closely with other professionals: Solar CAMHS, EP, CDNT, school nursing team, SISS & Safeguarding team to support more detailed assessments and specialised support

3. Merstone Whole School Provision Map: Emotional Mental Health & Wellbeing

Tier 0: Universal level support focused by SMILE approach and restorative practice These concerns are categorised as short periods of feeling they are not able to cope. These will be incidents that cause a child distress but do not seem to have a long-term or lasting impact on wellbeing		
What are concerns?	Who deal with?	How respond?
<ul style="list-style-type: none"> • Pet death • Friendship problems • Arguments with home • Low level worry needing reassurance such as before change/transition/work • Past history of Mental health concerns which need monitoring 	Class staff Led by class teacher Advice from SMHL /MHFA (alerting DLS/behaviour lead/CFSW where necessary)	<ul style="list-style-type: none"> • Check in with child • Listen using RP/MHFA script • Reassure • Possible SMILE time or adjustments to activities • Possible coping scale with planned strategies/tools • Potential one off proactive pathways support
Tier 1: Universal level support- response to low level incidences and concerns MILD: Impacting on life: longer term and beginning to impact on welfare, academic progress and/or wellbeing of child		
What are concerns?	Who should deal with?	How respond?
<ul style="list-style-type: none"> • Sustained periods of series of short periods of not feeling able to cope • Communicating distress verbally or through behaviour • Long term or repeated friendship issues without resolution (RP2/3) • More significant anxiety in class or surrounding a specific element of home/school life despite class support • Divorce of parents • Bereavement of extended family member (not parent/sibling/guardian) 	Class staff led by class teacher Restorative practice 2/3 Advice/support/directing towards resources from SMHL /MHFA (Alerting DLS/behaviour lead/CFSW where necessary)	<ul style="list-style-type: none"> • Check in with child • Listen using RP/MHFA script • Reassure • Possible SMILE time or adjustments to activities on longer term basis • Coping scale with planned strategies/tools/resources • Possible Risk Reduction Plan-behaviour lead advise • Potential one off proactive pathways support • Wait list for proactive pathways support

<ul style="list-style-type: none"> Emotional response to event which causes distress (but not specific safeguarding concern) 		<ul style="list-style-type: none"> Potential referral to medical, SOLAR, SEMH team, Ed Psych, OT dependent on how the pupil is presenting.
<p>Tier 2: Targeted support-planned intervention in school to address mental health concerns MODERATE: Making life difficult: A sustained concern affecting wellbeing & academic progress of young person. These could be long term concerns over anxiety/depression, mental health, or a response to an incident graded as Tier 2</p>		
<p>What are concerns?</p>	<p>Who deal with?</p>	<p>How respond?</p>
<p>Examples include</p> <ul style="list-style-type: none"> Persistent low mood/on-going emotional regulation difficulties and triggered responses Bereavement of close family member (parent/guardian/sibling/guardian/close grandparent) Historic abuse that causes mental health distress Historic bullying that causes distress Self-harm Risky behaviour Questioning gender identity or sexual orientation leading to any of the above (this is not in itself a mental health difficulty) 	<p>Proactive Pathways support team</p> <p>SMHL/ DSL/CFSW</p> <p>Clear advice to class team</p>	<ul style="list-style-type: none"> SMHL or DSL contact parents Log on My Concern Behaviour lead support Risk Reduction plan and/or review with class staff if behaviour impact Internal referrals by SLT/DSL/ SMHL to proactive pathways programme External signposting considered by DSL/ SMHL to single point access Solar Camhs, MHST https://www.bsmhft.nhs.uk/our-services/solar-youth-services/ and/or CDNT, EP, Edwards trust, EBSN team, young minds, AWM, Kooth, nursing team, OT Potential referral to medical, SOLAR, SEMH team, Ed Psych, OT dependent on how the pupil is presenting.
<p>Tier 3: Personalised professional referral/ support for high level mental health concerns SEVERE : Daily functioning is extremely difficult</p>		
<p>What are concerns?</p>	<p>Who deal with?</p>	<p>How respond?</p>
<p>Examples include:</p> <ul style="list-style-type: none"> Emotionally based school refusal or avoidance (result of persistent low mood/on-going emotional regulation difficulties/anxiety) Diagnosed anxiety disorder or depression Disclosure of incident of witnessed domestic abuse Disclosure of direct abuse Sustained self-harm 	<p>Report to DSL face-face immediately</p> <p>SLT/ SMHL/ Behaviour Lead advice to Staff team</p>	<ul style="list-style-type: none"> Referral to external professionals to advise strategies Solar/CAMHS, EP, OT Log on My Concern DLS to make dynamic risk assessment and plan for pupil/family/carers Solar CAMHS to discuss referrals-office hours call 0121 301 2750 Referral form from: https://www.bsmhft.nhs.uk/our-services/solar-youth-services/ SLT discuss possibility of reasonable adjustments including personalised timetable Proactive pathways support allocated

EMERGENCY LIFE THREATENING: incidences which require immediate professional intervention out of school

What are concerns?	Who deal with?	How respond?
<ul style="list-style-type: none">• Serious sustained self-harming not responsive to MHFA advice• is an imminent risk to themselves or others due to a deterioration in their mental health• has active thoughts and plans of suicide with intent• is severely depressed and in need of crisis assessment and intensive home treatment to prevent admission to hospital	Report to DSL face-face immediately School nurse/first aider MHFA Familiar staff requested by child	<ul style="list-style-type: none">• Call 999 or go to A&E now if: Someone's life is at risk, for example they have serious injuries or have taken an overdose• First aider/nurse if medical attention needed• Move child to safe place in school to talk to an adult (MHFA/DLS if possible)• Ask child if want particular staff member• MHFA ALGEE suicide script assessment• Contact parents urgently• Crisis CAMHS referral call: 0121 301 2750 01213015500• Work in tandem with other professionals identified

3.2 Individual Care Plans- Risk Reduction Plans/ Behaviour Plan

For all pupils who have a risk reduction plan / behaviour plan this should be reviewed, evaluated and adapted termly. Any changes in behaviour, mental health condition or symptoms the risk assessment should be revisited and adapted. For pupils experiencing mental health issues, this should include in addition:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Working with CAMHS (Child & Adolescent Mental Health Service) SOLAR

SOLAR is a partnership between Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands and provides Emotional Wellbeing and Mental Health Services to Children, Young People and Families in Solihull. Referrals can be made by school staff, parents, GPs or children.

SOLAR CAMHS are a single point access service; their assessment may direct to MHST.

Our SMHL has half termly meetings with SOLAR.

Accessing Solar

Support via referral form, <https://www.bsmhft.nhs.uk/our-services/solar-youth-services/> To discuss referral call office hours on 0121 301 2750 or access MHST lead through MHWL.

Emergencies: If a child's mental state gets worse quickly, and you are worried about their safety, it's important to get help quickly. Contact the Solar crisis service via 0121 301 2750 (Monday-Friday, 9am-5pm) for access to a trained clinician who will assess whether a child needs to be seen by Crisis Team and advise what to do next.

Out of hours crisis team: available (weekdays 5pm-8pm, weekends 8am-8pm) via North croft switchboard 01213015500 ask for the Solar Crisis Team. The operator will take the best contact number and then pass it to the staff member on call and they will call you back as soon as possible.

Call 999 or go to A&E if someone's life is at risk, for example they have serious injuries or have taken an overdose.

3.3 Signposting

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

We will display relevant sources of support on our website and in key rooms and will regularly highlight sources of support to students within relevant parts of the curriculum and through pastoral support.

Local services and contact information can be found and updated here:

The Waiting Room (Birmingham & Solihull Health & wellbeing services):

<https://the-waitingroom.org/yp#block>

Anna Freud:

<https://www.annafreud.org/on-my-mind/youth-wellbeing/find-a-service-near-you/>

Local Offer - Emotional Wellbeing and Mental Health Services

<https://www.solihull.gov.uk/Children-and-family-support/localoffer/emotional-wellbeing-mental-health-services>

Solihull Local Transformation Plan for Children and Young People's Mental Health and Wellbeing:

<https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/strategic/3188-solihull-children-and-young-peoples-mental-health-and-wellbeing-local-transformation-plan-2020-21/file>

3.4 Warning Signs

School staff may become aware of warning signs which indicate a student 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 DSL and our mental health and 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

3.5 Managing disclosures

A student 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 student 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.

We will follow the mental health first aid 5 step ALGEE approach: (MHFA England)

1. Ask, Assess, Act
2. Listen non-judgementally
3. Give reassurance and information
4. Enable the young person to get appropriate professional help
5. Encourage self-help strategies

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

All disclosures should be recorded on My Concern & given to DSL, following safeguarding procedures. This written record should follow child protection procedures set out in Child protection policy.

DSL will store the record appropriately and, consult MHFA/ SMHL, and offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

3.6 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 student:

- 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 student 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. If we think a pupil is in danger or at risk of harm, we must tell DSLs immediately, in line with safeguarding procedures.

Parents must always be informed if there is a safeguarding issue linked to mental health.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Lead DSL (Kendrick Poxon) must be informed immediately.

3.7 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 student, 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 and give further sources of information 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.

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.

3.8 Working with All Parents

In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website <https://www.forest-oak.solihull.sch.uk/smile-our-wellbeing-approach/> and through dojo
- Ensure all parents are aware of who to talk to, and how if they have concerns about their own child or a friend of their child (SMILE signposting leaflets on website)
- Make this policy easily accessible to parents via the school website
- Share ideas about how parents can support positive mental health in their children through our regular coffee mornings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

3.9 EBSA Emotionally Based School Avoidance

If a child's attendance is of concern and anxiety around school or avoidance of school is identified by DLS/attendance lead, the MHWL and DSL will put in place a 'TEAM....' approach working with pupil, parents/carers, family involving key staff. A plan, do review cycle will use solution focussed practical support & script modelling to ensure evidence-based intervention is used to support & improve attendance with pupil & parent/carer support central.

Solar/EP pathway for EBSN (EBSA) with tools for professionals and families can be found here:

<https://www.solihull.gov.uk/Children-and-family-support/localoffer/Emotionally-Based-School-Non-Attendance>

3.10 Supporting Peers

When a student 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 by the student 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 / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we 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

3..11 Staff 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 in order to enable them to keep students safe
- The SMHL and DSLs are available after school and throughout the day to discuss pupils, queries and areas of mental health and wellbeing and staff should discuss training needs if any
- The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue
- Where the need to do so becomes evident, SMHL and SLT in conjunction with MHST Solar and EP service will provide training sessions for all staff to promote learning or understanding related to 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 students

3.11 Support for staff

- Please see our staff mental health and wellbeing offer document for a breakdown of support for staff regarding their own mental health and wellbeing
- Solihull Employee Health & wellbeing policy for schools is followed and staff have opportunities to access wellbeing support from SLT, SMHL, MHFA's and a staff SMILE REP team
- Support is also available through Employee Assistance Programme (EAP)
- The Head Teacher is responsible for making reasonable adjustments and has an open-door policy for all staff
- Staff wellbeing, CPD and workload consultation feeds into the school SIP, providing a range of staff support e.g., staff wellbeing space, emotional help script, mindfulness sessions, designated PPA room and timeline changes
- All staff have had wellbeing targets through performance management to link with their own and colleagues' wellbeing as well as pupils
- Staff are signposted to agencies and are encouraged through SMILE to support their own EHWP as a preventative measure and seek help when necessary.

4. Links to other policies

Although this policy is the key document for information about our approach to anti-bullying, we also have the following policies, either joint or individual, to support pupil mental health and wellbeing:

- PSHE policy
- RSE policy
- Anti-bullying policy
- Staff wellbeing offer

Appendix A:

Prevalence of Mental Health and Emotional Wellbeing Issues

<https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/>

- 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

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

Further information and sources of support about common mental health issues

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 (14-19 year olds)

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

[Self-Injury Support webchat](#) (for women and girls) is open Tuesday, Wednesday and Thursday from 7pm to 9.30pm

[Mind](#) – call [0300 123 3393](tel:03001233393) or text 86463 (9am to 6pm on weekdays)

[Harmless](mailto:info@harmless.org.uk) – email info@harmless.org.uk

[Self-injury Support](#) (for women and girls)

[CALM](#) (for men)

[Young Minds Parents Helpline](#) – call [0808 802 5544](tel:08088025544) (9.30am to 4pm on weekdays)

[National Self Harm Network forums](#)

If you struggle with suicidal thoughts or are supporting someone else, the [Staying Safe website](#) provides information on how to make a safety plan. It includes video tutorials and online templates to guide you through the process.

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

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

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

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.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

Email: westmidlands@papyrus-uk.org

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

Helplines - Beat (beateatingdisorders.org.uk)

help@beateatingdisorders.org.uk

Helpline: 0345 634 1414 **Youthline:** 0345 634 7650 www.b-eat.co.uk

Appendix C: Sources of support

Local services and contact information can be found and updated here:

The Waiting Room: (Birmingham & Solihull Health & wellbeing services): <https://the-waitingroom.org/yp#block>

Anna Freud: <https://www.annafreud.org/on-my-mind/youth-wellbeing/find-a-service-near-you/>

School based staff

What it is	Who it is suitable for	How access	How this information is communicated to students and families?
Proactive Pathways Support Programme	Some aspects are universal-working in the tiered approach for need	See Proactive Pathways Support Programme Document Identified through boxall analysis and referral to SMHL	Shared on website and SMHL contacting parents directly
Designated Lead for Safeguarding	Pupils who make disclosures and who have safeguarding issues. (Tier 2/3 referrals to Solar Camhs)	Referral to DLS through my concern & face-face Referrals to multi agencies completed by class staff/ CFSW/ MHWL/ DSL.	Shared with families and overseen by DSL. DSL share with families dependent on advice from MASH.
DLS Decides & supports referrals to: <ul style="list-style-type: none"> • Education Psychology • Clinical Psychology • SISS teams - Autism, sensory, SEMH 	Pupils with significant issues impacting on learning and wellbeing	Class teacher/SLT discuss with DLS.	DLS speak to parent and make referral with class teacher
DLS supports referrals to: <ul style="list-style-type: none"> • Occupational therapy • Speech & language therapy • Physiotherapy 	Pupils with additional needs which may be part of or additional to EHCP	Class teacher/SLT discuss with DLS.	DLS speak to parent and make referral https://childrenscommunitytherapies.uhb.nhs.uk/

School Nurse	Staff concerns about a pupil regarding health particularly diet and exercise. Children with medical conditions Additional support for PSHE lessons such as puberty & first aid skills	Verbal referral by teacher, attendance lead and CFSW. 0121 717 0088.	School nurse contact families to arrange appointments.
Mental Health Support Team Solar Camhs Tel: 0121 301 2730 https://www.bsmhft.nhs.uk/our-services/solar-youth-services/	Pupils with mild to moderate anxiety who would benefit from low level CBT	Discussion with DLS/SMHL Solar referral via MHWB or parent referral through GP	Class teacher/SLT contact parent for referral consent Child to give consent.
Edwards Trust www.edwardstrust.org.uk Tel: 0121 454 1705	Bereavement support offering a comprehensive holistic bereavement service to children and parents for as long as they need it.	Referral by GP, family or school	<u>Referral-Criteria-July-2021.pdf</u> <u>edwardstrust.org.uk</u>
Young carers: Telephone: 0121 788 1143 Website: http://www.solihullcarers.org Email: centre@solihullcarers.org	Support for young people caring for family members	Signpost parents to referral form	Referrals for young carers or adult carers: <u>https://www.solihullcarers.org/make-a-referral/</u>
Shout 85258	UK's first free, confidential, 24/7 text support service. It's a place to go if you're struggling to cope and need mental health support.	Self-referral. Text "SHOUT" to 85258 to contact the <u>Shout Crisis Text Line</u> , or text "YM" if you're under 19	Signpost to pupils/parents/staff
Kooth	Free, safe and anonymous online support for young people. Live online support available: Monday to Friday: from 12pm to 10pm. Saturday and Sunday: from 6pm to 10pm.	Self-referral <u>www.kooth.com</u>	Signpost to pupils/parents Pupils may need help to sign up to log in
The Samaritans of Solihull	If you need to talk to someone urgently, a reply within 24 hours	Self-referral freephone 116 123	Signpost to parents/pupils

Time to Change	Information for children and young people to get them talking about mental health, and support for friends, family and colleagues.	School staff use & signpost resources www.time-to-change.org.uk	Signpost to pupils/parents
Childline	A free and confidential helpline for children and young people, 24 hours a day	Self-referral If you're under 19, call 0800 1111 to talk to Childline . The number will not appear on your phone bill.	Signpost to pupils
NHS 111	Information and signposting for physical and emotional health services	Self-referral	Signpost to parents and pupils - call 111
Young Minds	for children and young people Information about mental health and emotional wellbeing parent helpline Free and confidential support for families and carers looking after young people aged up to 25 years..	Self-referral Tel: 0808 802 5544 www.youngminds.org.uk	Signpost to parents and pupils
Outminds	Support group run by Solihull Mind and is open to anyone who identifies as lesbian, gay, bisexual, transgender or questioning their sexuality who live within the borough of Solihull.	Self-referral http://www.solihullmind.org.uk/lgbtq.htm	DLS signpost parents and pupils
Mermaids	A safe place for transgender, non-binary and gender-diverse young people to find support and help one another	https://mermaidsuk.org.uk/young-people/	DLS signpost parents & pupils
National Trans helpline	Calls are taken by trans and non-binary volunteers	Self-referral 0300 330 5468 -	DLS signpost parents and pupils
Birmingham LGBT	Wellbeing Support, safe space to discuss and access additional services	Self-referral https://blgbt.org/ 0121 643 0821	DLS signpost parents and pupils
PAUSE	Mental Health Drop in service affiliated to the Children's Society – part of Forward Thinking Birmingham	Phone 0300 300 009	Signpost to pupils and families
The Mix	Information support and listening for people under 25	Phone 8088084994 https://www.themix.org.uk/get-support	Signpost to pupils and families

Solihull Action Through Advocacy	“Solihull Action through Advocacy is a charity created to support adults with learning disabilities living in Solihull. Enabling individuals to speak up for themselves wherever possible.”	Referral by GP or school Telephone: 0121 706 4696 E-mail: office@solihulladvocacy.org.	Signpost to parents
KIDS West Midlands:	services to disabled children and young people, aged 0-25 years & families We offer activities and opportunities for children , including Kites, as well as offering families respite care and support for parents and carers.	Parent contact Tel: 0121 355 2707	Signpost to parents
DIAL	free, impartial and confidential information & advice service and an advocacy service as defined by The Care Act 2014.	School, self or GP referral Solihull Helpline: 0121 770 0333	DLS Signpost to parents
SOLO	We help people with learning disabilities to look afresh at their true potential, to learn new skills, become more independent – and have fun together. Run after school & holiday clubs for children with disabilities	https://sociallifeopportunities.org/	Signpost parents to SOLO

Appendix D: Other Agencies to support parents:

Parenting Programmes	Solar co-ordinates parenting workshops across Solihull.	Contact Parenting Team: 0121 301 2773 or bsmhft.parenting@nhs.net
Talking	For face-to-face help with issues such as debt, housing and accommodation or other social care issues	<u>Community Information and Advice Hubs</u> in North and South Solihull.
Getting out and about	If you feel lonely or bored and want help finding meaningful activities, details of organisations in your area that interest you.	<u>The Solihull Directory</u>

Activities locally	Your GP can also refer you to which has its own directory of community activities available in the borough.	<u>Health Exchange</u>
Mental Health Matters	Mental Health Matters provides support on behalf of the Council. They offer one-to-one support and group sessions, seven days a week, from community locations in north, central and south Solihull	<u>Mental Health Matters website</u> emailing: soldropin@mh.org.uk calling: 07977 170456
Solihull Mind	Solihull Mind provides a number of services for people requiring emotional support, including: You can contact Solihull Mind by visiting the	<u>www.solihullmind.org.uk</u> website emailing contact@solihullmind.org.uk calling 0121 742 4941
Counselling and psychological services	In Solihull, therapies are provided by the Improving Access to Psychological Therapy (IAPT) service.	You can be referred to IAPT by your GP or refer yourself by calling 024 7667 1090 (Monday to Friday - 9.00am to 4.30pm) visiting www.covwarkpt.nhs.uk/iapt <u>The Solihull Directory</u> also has a number of local counselling services.

The following agencies also offer a self-referral service for parents:

- Gingerbread: 0808 802 0925
- Birmingham & Solihull Women's Aid: 0808 800 0028
- KIDS West Midlands: 0121 355 2707
- Aquarius: 0121 411 9816_Aquarius. Email: solihull@aquarius.org.uk
- SIAS– Solihull Integrates Addiction Service: 0121 301 4141 enquiries@sias-solihull.org.uk
- The Meadow Centre- 0121 722 8010
- Solihull Action Through Advocacy: Telephone: 0121 706 4696E-mail: office@solihulladvocacy.org.uk
- Trident Reach: 0800 111 4223Website: <http://www.solihullcarers.org>

Appendix E: Talking to students when they make mental health disclosures

We will follow the mental health first aid 5 step ALGEE approach: (MHFA England)

1. Ask, Assess, Act
2. Listen non-judgementally
3. Give reassurance and information
4. Enable the young person to get appropriate professional help
5. Encourage self-help strategies

Appendix F: What makes a good CAMHS referral?

Keep in mind Solar Guidance for support levels:

Guidance			Support
<p>We understand life is challenging for us all at times, it is important to consider the amount that a difficulty impacts on:</p> <p style="text-align: center;">Functioning (the ability to take part in daily activities) and the amount of distress or discomfort this causes.</p> <p>[Difficulties should be considered within an age-appropriate and situational context.]</p>			<p>It is important you understand what support may be offered from Solar (and/or other services)</p>
	Functioning	Distress	
None	There are 'typical' / 'normal' difficulties and everyday worries, which occasionally get out of hand (e.g. anxiety triggered by an exam).	No distress or noticeable difficulties over and above those typical or expected difficulties and worries we experience.	
Mild	Symptoms cause occasional disruption. Most age appropriate activities could be completed given the opportunity with some reasonable adjustments.	Distress may be situational and/or irregular. Most people who do not know the child would not think there was a problem.	
Moderate	Functioning is impaired in at least one context (home/school/social) but may be variable.	Distress occurs most days in a week. The problem is apparent to most people who meet the child.	
Severe	Child / Young person is completely unable to participate in daily activities.	Distress is extreme and constant on a daily basis and would be clear to anyone.	

Before making the referral

Have a clear outcome in mind, you might be looking for advice, strategies, support or a diagnosis for instance.

- You must 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 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 CMHS 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?
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with Camhs?
- 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?