Speyside High School

Mental Health and Wellbeing Policy

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Adapted from Glasgow City Council's Mental Health and Wellbeing Policy

Rationale

Pre-Coronavirus, it was estimated that in an average classroom, three young people would be suffering from a recognised mental health condition. Although the impact of living through the pandemic is yet to be fully understood, we recognise the importance of acknowledging/discussing the experiences of our school community and being aware that some of us will be overwhelmed by the experience of loss and change. By developing and implementing practical, relevant, and effective mental health policies and procedures we can promote a safe and nurturing environment for pupils and staff affected both directly and indirectly by poor mental health. In preparation for the return to school, staff received 'Being Trauma Informed' training and the pupils had an input on emotional wellbeing during their first lesson.

Policy Statement

Mental health can be defined as, "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society"
(World Health Organisation, 2014).

Speyside High School is committed to supporting the mental health and wellbeing of our pupils, staff and the wider community – we use universal and specialised, targeted approaches to achieve this. Just as there are a huge range of things that support good mental health, there are many reasons, including adverse circumstances, why people develop mental health issues – poor mental health can affect anyone at any time. **It is OK not to be OK!**

In addition to promoting positive mental health, we aim to increase understanding and awareness of common mental health issues. If staff, parents and pupils are alert to the early signs of poor mental health then appropriate supports can be accessed or put in place. Positive mental health is everybody's responsibility – we all have a role to play!

A Nurturing School

At Speyside High School we have a supportive and nurturing ethos where young people feel they belong, they are listened to and they and their families are valued. We aim to ensure that our pupils are: 'Successful Learners'; 'Confident Individuals'; 'Effective Contributors' and 'Responsible citizens'. Our commitment to supporting both the pastoral and academic needs of our young people is reinforced through our vision of 'Happy, Healthy and High Achieving' and our four values:

In a 'nurturing school', all staff are clear about their roles and responsibilities and continually and collaboratively evaluate their practice to ensure that it promotes the wellbeing of all young people. They understand that supporting all young people and ensuring they make the best possible progress depends on the curriculum they provide, on learning and teaching of the highest quality and on their commitment to continuing professional development.

Policy Aims:

This policy aims to:

- Promote positive mental health in all pupils, staff and the wider community.
- Increase understanding and awareness of common mental health issues, including the early warning signs of poor mental health.
- Provide support to staff working with young people with mental health issues, including relevant continued professional development opportunities.
- Provide support to pupils and staff suffering poor mental health, including signposting to appropriate external agencies.

Lead Members of Staff

Whilst all staff have a responsibility to support the mental health of pupils; staff with a specific, relevant remit include:

Principal Teachers of Guidance	Miss Harley (Fiddich) Mrs Winwood-Young (Livet) Ms Rowley (APTG)/Mr Craven (Rinnes)
Mental Health First Aiders	Mr Burns Mr Craven Mrs Goodbrand Ms Thornhill Mrs Winwood-Young
Year Heads	Mrs MacInnes (S1-S2) Mr Picksley (S3-S4) Mrs Duffy/Mr McWhirter (S5-S6)
Pupil Support DHT	Mrs MacInnes
Head Teacher	Mrs Goodbrand
Child Protection Co-ordinator Depute Child Protection Co-ordinator	Mrs MacInnes Mr Picksley
First Aiders	Contact the school office

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the relevant Principal Teacher of Guidance in the first instance. If there is a fear that the pupil is in danger of immediate harm (but they do not present as a medical emergency), please inform the Child Protection Coordinator, immediately (face-to-face).

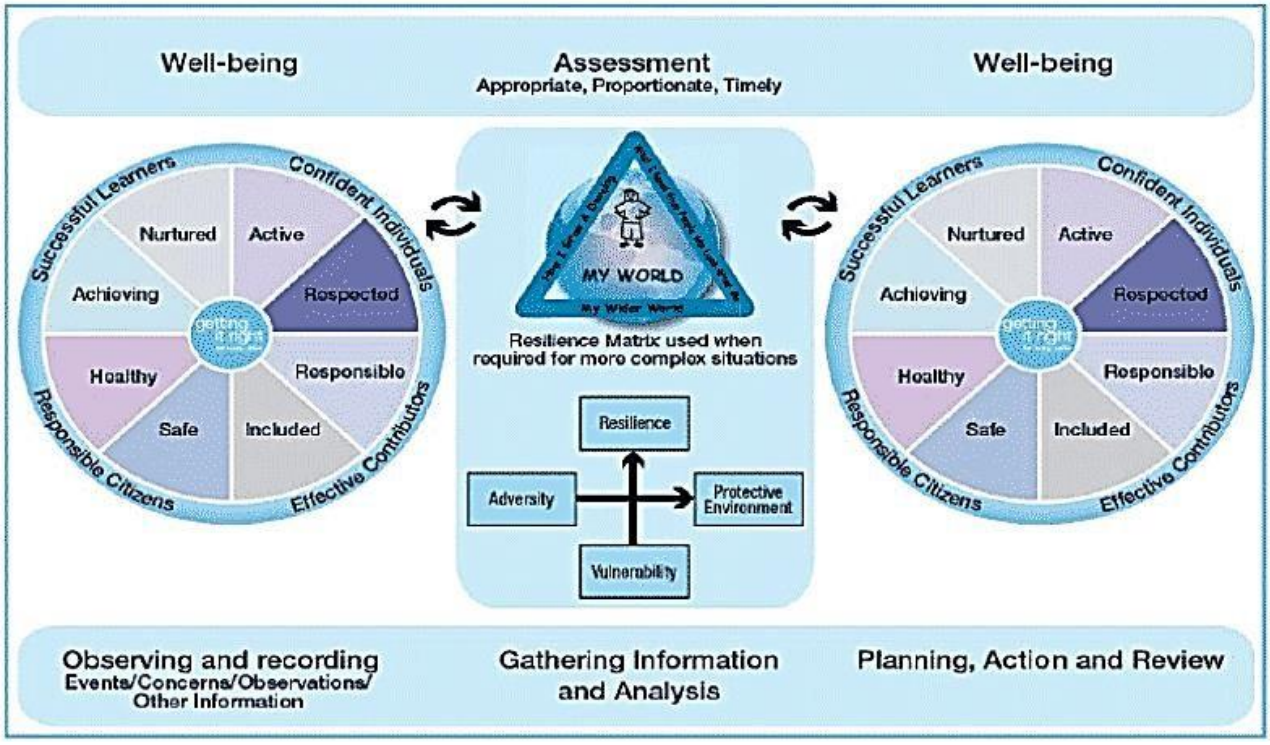
If the pupil presents a **medical emergency** please contact the school office to request a First Aider and the emergency services, if necessary. The office will also alert Duty SLT.

Getting it Right for Every Child (GIRFEC)

Our vision of having nurturing approaches embedded at Speyside High School is a direct result of our understanding of the potential negative impact of trauma and difficult early experiences in childhood (commonly described as ACEs) on children's life-long physical, social, emotional and cognitive development.

Nurturing approaches allow key adults to create safe contexts for learning, underpinned by an understanding of children's attachment and development needs. Strong, nurturing relationships support children and young people to develop skills, strengths and resilience. These can act as protective factors throughout life.

At Speyside High School our assessment of need or risk sits within the National Practice Model for Getting it Right For Every Child. This should be made, in collaboration with the key people in a child's life, using the My World Triangle and the Risk Matrix and should be considered in the language of the eight Wellbeing Indicators (SHANARRI). This approach supports our understanding that it is not necessarily the number of Adverse Childhood Experiences (ACEs) or trauma that will impact negatively on children's attainment and success in life, but rather the absence of protective factors, including supportive, nurturing relationships and opportunities to develop resilience and a range of coping strategies. Use of the Risk Matrix ensures that both risks and protective factors are considered as part of a holistic assessment.



When a young person is identified as struggling with their mental health, this will be dealt with sensitively. The Principal Teacher of Guidance will discuss and agree appropriate next steps with the young person. This is supported by Moray Council's Child Planning procedures (single and multi-agency).

Health and Wellbeing and the Curriculum

Health and Wellbeing is about promoting positive, healthy attitudes and behaviours. Health and Wellbeing experiences and outcomes provide opportunities for young people to develop their mental, emotional, social and physical wellbeing and are organised into six areas:

1. Mental, Emotional, Social and Physical Wellbeing
2. Planning for Choices and Changes
3. Physical Education, Physical Activity and Sport
4. Food and Health
5. Substance Misuse
6. Relationships, Sexual Health and Parenthood

The knowledge and skills required by pupils to keep themselves and others physically and mentally healthy and safe are included throughout our curriculum. Pupils can also complete the Mental Health and Wellbeing Award (Level 4/Level 5) as a wider achievement option.

Mental Health Supports

We will ensure that staff, pupils and parents are aware of sources of support within school as well as the supports available externally.

We have a range of support available in school, as listed below:

- Principal Teachers of Guidance or any trusted adult
- 'Chill-out Club' (Monday-Thursday break & lunch in the Wellbeing Hub)
- 'Seasons for Growth' programme (6-8 week programme which aims to strengthen the social and emotional wellbeing of young people who are dealing with significant loss and change) (referral made through the Guidance Team)
- School Library 'Self-help' section
- LGBT+ Support and Empowerment Group (please see Ms Childs for further information)
- School Nurse (referrals made through the Guidance Team)
- Youth Workers (8 week group programme which focuses on areas such as friendships, self-esteem and resilience) (referral made through the Guidance Team)
- Inclusion Project Coordinator (short-term early interventions LIAM/My Star - mainly on a 1:1 targeted basis) (referral made through the Guidance Team)
- Independent Counselling Service* (referrals made through the Guidance Team)
- 'Time for Talking' (staff counselling service)

*counselling service also available to staff.

The support available outside of school, including who it is aimed at and how the support is accessed, is outlined in Appendix A. This information is also available on our website.

We display relevant sources of support throughout the school including, the school reception, social areas, stairwells, toilets, the staffroom and noticeboards. We regularly highlight sources of support to pupils within relevant parts of the curriculum. By highlighting these sources of support, we aim to increase the likelihood of staff and pupils seeking help by ensuring that they understand:

- What help is available;
- Who it is aimed at;
- How and where to access it;
- Next steps?

Warning Signs

It is not always easy to decide whether an individual has a mental health problem or not but a mindset that monitors the emotional wellbeing of our young people, staff and wider community is a strong basis for spotting problems as they arise. We all go through times in our lives when we feel down, or anxious or confused – this is quite normal, but if we begin to find it difficult to carry out everyday tasks it could mean that we are experiencing a difficultly with our mental health.

If staff or pupils become aware of signs which indicate a person could be experiencing mental health or emotional wellbeing issues, these warning signs should be seriously considered. Pupils should discuss concerns with a member of the Guidance Team. Staff observing any of these warning signs in pupils should inform the relevant Principal Teacher of Guidance via the SEEMiS referral system. Depending on the nature of the concern, it may be appropriate to follow this up in person with the relevant member of Guidance staff. Concerns relating to staff can be discussed with a member of the Senior Leadership Team, if appropriate.

Some potential signs may be:

- Changes in behaviour e.g. something unusual that was typical for that person before, such as a lively person becoming withdrawn or someone suddenly exercising excessively, obsessing about dirt/germs or that something bad is going to happen;
- Changes in eating/sleeping habits and activities e.g. giving up hobbies, clubs;
- Expressing feelings of failure, uselessness, despair;
- Becoming socially withdrawn, disengaged or 'closed off';
- Changes in academic attainment and levels of concentration;
- Frequent absences from school;
- Deterioration in physical appearance;
- Changes in clothing e.g. long sleeves in summer;
- Talking about self-harm or suicide;
- Signs of distress such as breathlessness, trembling, fidgeting or tearfulness and/or self-harm;
- Ongoing physical illness e.g. stomach pains, headaches;
- Aggressive responses to offers of support;

All behaviours are a communication - early identification, intervention and signposting for further assessment/treatment can significantly reduce long-term impairment.

If there is a fear that the pupil is in danger of immediate harm (but they do not present as a medical emergency), please inform the Child Protection Coordinator, immediately (face-to-face). If the pupil presents as a medical emergency please contact the school office to request a First Aider and the emergency services, if necessary. The office will also alert Duty SLT.

The **'Mental Health Warning Signs' poster** summarises the steps that pupils and staff should take if they are concerned about someone's mental health. The poster is displayed across the school.

Further information and guidance on the mental health issues most commonly seen in school- aged children can be found in Appendix B.

Responding to Mental Health Disclosures

It may not be possible to change the issues that a person faces in their life but acknowledging why they might have certain feelings and showing you care is a good start. Individuals suffering from poor mental health often feel a sense of relief at having the chance to talk, as it can be a lonely and isolating experience. An individual may choose to talk about their concerns to a friend or a member of staff. You do not need to be a therapist – having a positive connection and listening ear is a form of intervention and support.

If someone discloses concerns about their own mental health or that of a friend, our response should be **calm, supportive and non-judgemental.** You should also make it clear that you will/may have to pass the information on. The real issue is unlikely to be the first thing that they disclose. The first disclosure is often a test to see how you initially react before the real issue emerges. You should **listen**, rather than try to give advice and our first thoughts should be of the person's **emotional and physical safety** rather than of exploring 'Why?'

The advice below is from young people themselves, in their own words, together with some additional ideas to help you in initial conversations with individuals when they disclose mental health concerns.

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 someone 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 intervene. Just keep quiet, I'll get there in the end."

The person making the disclosure should be talking at least three quarters of the time. 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 person does so. This can often lead to them exploring their feelings more deeply. Of course, you should speak occasionally, perhaps with questions to explore certain topics they've touched on more deeply, or to show that you understand and are supportive e.g. "am I hearing…?; "it sounds like….". 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.

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."

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 are saying and encourage them to talk and you will slowly start to understand what steps they might be ready to take 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 individual 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 pupil 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 individual.

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 members of staff 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 individual to realise that you're working with them to move things forward. The involvement of the initial member of staff or friend (as much as possible) is likely to be important to the person.

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 person, weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a person 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 person.

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 person 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 person.

Never Break Your Promises/Never Promise to Keep It a Secret

"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, the individual wants to know they can trust you. That means if they want you to keep their issues confidential, you need to be honest with them and tell them that you can't. Explain that, whilst you can't keep it a secret, you can ensure that it is handled confidentially and that only those who need to know about it, in order to help, will know about the situation. Discuss with them:

- Who we are going to talk to;
- What we are going to tell them;
- Why we need to tell them.

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 person's ally rather than their saviour and think about which next steps you can take together.

Mental Health and Wellbeing Referrals

All mental health concerns should be recorded and passed to the relevant Principal Teacher of Guidance via the SEEMiS referral system. This ensures that the information is held within the pupil's Pastoral Notes and that appropriate internal and/or external supports can be considered. The referral should include:

- A brief outline of the discussion;
- Any significant events (risks to the young person or others);
- Any agreed next steps

Depending on the nature of your concern, it may be appropriate to follow the referral up in person with the relevant member of Guidance staff.

Sharing this information with the relevant Principal Teacher of Guidance also helps to safeguard your own emotional wellbeing as you are no longer solely responsible for the pupil. It also ensures continuity of care in your absence and it provides an extra source of ideas and support.

Remember, if there is a fear that the pupil is in danger of immediate harm (but they do not present as a medical emergency), please inform the Child Protection Coordinator, immediately (face-to-face). If the pupil presents a medical emergency please contact the school office to request a First Aider and the emergency services, if necessary. The office will also alert Duty SLT.

The **'Mental Health Disclosure' flowchart** summarises the steps that staff should follow in the event of a pupil disclosing a mental health concern. The flowchart is displayed in all classrooms.

Training

As a minimum, all staff will receive training about Nurture, Emotional Coaching and Trauma Informed Approaches and recognising and responding to mental health issues as well as annual Child Protection training in order to enable them to keep all pupils safe.

Individual, group or whole school training opportunities will be supported throughout the year as appropriate.

Working in Partnership with Parents/Carers

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

- Ensure a welcoming ethos to parental concerns;
- Highlight sources of information and support about common mental health issues on our school website;
- Make our mental health policy easily accessible to parents via our school website;
- Ensure that all parents/carers are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child;
- Share ideas about how parents/carers can support positive mental health/develop resilience in their children, including invitations to our mental health events and training opportunities, as appropriate;

Parents/carers can be an important part of the support package put in place for a young person who is suffering from poor mental health. The Principal Teachers of Guidance will liaise with the young person about how this information is shared with their parents/carers - some pupils may choose to tell their parents/carers themselves before contact is made from the school. Pupils who are 16 or over have the right to ask that their parents/carers are not informed.

Supporting Staff Mental Health and Wellbeing

At Speyside High School we recognise the importance of staff health and wellbeing – the wellbeing of our staff is directly linked to our ability to deliver the best possible outcomes for young people and their families. We ensure that staff are aware of sources of support within school as well as the supports available externally.

We offer a range of supports in school to promote staff health and wellbeing. This includes access to an Independent Counsellor and a range of staff led activities such as School Orchestra, School Choir, Guitar Lessons, Relaxation Techniques, Cycling, Badminton, Pottery and Reading Club. The Senior Leadership Team also operate an open-door policy.

The sources of support available outside of school, including who it is aimed at and how the support is accessed is outlined in Appendix A. This information is also available on our website.

Policy Review

This policy will be reviewed every 2 years as a minimum (i.e. by Sept 2026). The voice of young people will be central in this review process.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, please contact Amy MacInnes (Depute Head Teacher):

Tel: 01340 871522 Email: admin.speysidehigh@moray-edunet.gov.uk

This policy will be immediately updated to reflect personnel changes.

Appendix A: External Sources of Support

Support for Young People

Organisation	Main Contact Details	Topic Addressed
Discover Pathways/ Moray Wellbeing Hub	www.discoverpathwaysmoray.org.uk	Website designed to help young people find the support they need, when you need it.
Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service. Open 24 hours a day, 7 days a week.
ChildLine	0800 1111: www.chidline.org.uk	Get help and advice about a wide range of issues. Talk to a counsellor online.
Breathing Space	Call for free on 0800 83 85 87 www.breathingspace.scot	Advice and support if you need someone to talk to. Phone line is open 6pm-2am on Monday to Thursday and 6pm-6am on Friday to Monday.
Beat	The Beat Youthline is open to anyone under 25. Youthline: 0808 801 0432 https://www.beateatingdisorders.org.uk/get-information-and-support/	UK's leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape.
Aye Mind	www.ayemind.com/	A digital toolkit for all who work with young people to boost their ability to promote youth wellbeing.
NEEDS (North East Eating Disorders Support)	Call 01224 557672 www.needs-scotland.org/	Self-help group for those affected by an eating disorder as a sufferer, parent, partner, relative, or friend.
Quarriers	Call: 01505 612224/616000 Out of Hours: 07812 228 410 Email: hello@quarriers.org.uk www.quarriers.org.uk	Free, confidential advice and support for young people with a physical or learning disability, young people with social emotional or behavioural difficulties and young carers.
Young Scot	https://young.scot/	Information on a range of topics including mental health.
LGBT Youth Scotland	Call us: 0131 555 3940 Text us: 07786 202 370 https://www.lgbtyouth.org.uk/ Email us: info@lgbtyouth.org.uk	Here to help support lesbian, gay, bisexual and transgender young people
SAMH	www.samh.org.uk/	SAMH is the Scottish Association for Mental Health. SAMH believe there is no health without mental health. We're here to provide help, information and support.
See Me	https://www.seemescotland.org/	See Me is Scotland's programme to tackle mental health stigma and discrimination
TESS: Text and Email Support Services	Text: 07537 432444 or call: 0808 8008088 www.selfinjurysupport.org.uk follow links to email	For girls and young women affected by self-injury.
Doctor (GP)	Contact your GP at your local surgery	Speak to your GP if you are worried about your mental health, including an addiction to gaming. Your GP may decide that a referral to the Child and Adolescent Mental Health Service (CAMHS) is appropriate. See Appendix C for further information on CAMHS.
NHS Inform Scotland	https://www.nhsinform.scot/symptoms-and-self-help/self-help-guides/	Whether you're concerned about yourself or a loved one, the helplines listed can offer expert advice.

Support for Parents/Carers/Staff

Organisation	Main Contact Details	Topic Addressed
The Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service. Open 24 hours a day, 7 days a week.
Young Minds	Parent helpline: 0808 802 5544 www.youngminds.org.uk	Free, confidential online and telephone support.
Parent Line Scotland	Call: 08000 28 22 33 Email: parentlinescotland@children1st.org.uk	Scotland's free helpline, email and web-chat service, for anyone caring for or concerned about a child or young person. Open 9am- 9pm Mon to Fri.
NEEDS (North East Eating Disorders Support)	Call 01224 557672 www.needs-scotland.org/	Self-help group for those affected by an eating disorder as a sufferer, parent, partner, relative, or friend.
Quarriers	Call: 01505 612224/616000 Out of Hours: 07812 228 410 Email: hello@quarriers.org.uk www.quarriers.org.uk	Free, confidential advice and support for adults and young people with a physical or learning disability, young people with social emotional or behavioural difficulties, carers and families facing poverty, family breakdown and disadvantage.
Doctor (GP)	Contact your GP at your local surgery	Speak to your GP if you are worried about your child's mental health, including an addiction to gaming. Your GP may decide that a referral to the Child and Adolescent Mental Health Service (CAMHS) is appropriate. See Appendix C for further information on CAMHS.
NHS Choices	https://www.nhsinform.scot/symptoms-and-self-help/self-help-guides/	Whether you're concerned about yourself or a loved one, the self-help guides can offer advice.

Appendix B: Information and Guidance on the Mental Health Issues Most Commonly Seen in Young People

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 (https://www.youngminds.org.uk/parent/), Mind (https://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

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm 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
https://www.nhsinform.scot/illnesses-and-conditions/mental-health/mental-health-self-help-guides/depression-self-help-guide/#:~:text=Further%20help-,If%20you're%20feeling%20distressed%2C%20in%20a%20state%20of%20despair,wellbeing%20services%20in%20your%20area.

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 and Thoughts

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

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm 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. Early intervention is important. People with anorexia, bulimia, or binge eating disorder are at higher-than-average risk of death from suicide. But eating disorders are treatable, and thoughts of suicide can be managed and overcome with specialist support.

Online Support

https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/

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.

Eva Musby (2020) *Anorexia and Other Eating Disorders: How to Help your Child Eat Well and be Well*. APRICA

James Lock (2015) *Help Your Teenager Beat an Eating Disorder*. New York: The Guildford Press.

Appendix C: Child and Adolescent Mental Health Services (CAMHS)

CAMHS operate within very specific criteria. For a young person to be referred and seen by CAMHS they must meet **both** conditions below:-

Condition 1 (Basic Threshold):

- A young person has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress.

Condition 2 (Complexity and Severity Threshold):

There is also the existence of at least one of the following:

- An associated serious and persistent impairment of their day to day social functioning.
- An associated risk that the child/young person may cause serious harm to themselves or others.

Examples of CAMHS Referrals

- Moderate/severe anxiety
- Moderate/severe low mood
- Self-harm
- Suicidal thoughts/intent
- Eating Disorders
- Distorted body image
- Psychosis
- Voice hearing, hallucinations
- Mood disturbance
- Tics/Tourette's
- Obsessive Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Attention Deficit and Hyperactivity Disorder (ADHD)

Often with complexity e.g. within the context of early trauma, difficult family relationships, social work involvement, Care Experienced (Looked After), underlying neurodevelopment difficulties e.g. autism spectrum conditions, learning disability, ADHD, speech and language difficulties, sensory difficulties and physical health difficulties e.g. diabetes, coordination problems etc. Please see the **'CAMHS Screening Tool'** on the next page, for further information.

Referrals to CAMHS can be made by:

- GPs: this is the most common form of referral to CAMHS.
- School: managed by the relevant Principal Teacher of Guidance.
- Parents/carers or young people over 16: self-referral.

Contact details for CAMHS:

Rowan Centre (CAMHS)
Elgin, IV30 6GR
Tel: 01224 551955
Email: gram.rowancentre@nhs.scot