Leytonstone
SCHOOL

MENTAL HEALTH POLICY

Ratified: 30.11.21

Review date: November 2022

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I. LEYTONSTONE SCHOOL MENTAL HEALTH POLICY

1. Policy statement and context

'***We are healthy in mind and body. Life brings us challenge but we take care of ourselves and each other'*** – Leytonstone School ethos

At Leytonstone School, we believe in a whole school approach to mental health and that emotional wellbeing sits at the centre of our school values and is the heartbeat of our pastoral care. We are determined to facilitate our young people's learning and personal growth by working together with our pupils to remove barriers, including the emotional ones.

We believe that all pupils have a right to access quality mental health support and those rights include knowing how to access support in managing their mental health and wellbeing.

It is also our belief that all members of school staff have a responsibility towards ensuring that we offer a learning environment that promotes and enhances positive mental health. All children and young people have the right to be educated in an environment that supports and promotes positive mental health for everybody.

Context

- The school has seen an increase in mental health concerns over the last two years of unprecedented disruption, loss and anxiety as a result of the Covid 19 pandemic. Maintaining positive mental health throughout this period has been put to the test like never before and continues to impact on all of us.
- The mental health of children and young people, adults in schools, parents and carers and the wider whole school community will impact on all areas of development, learning, achievement and experiences.
- It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their wellbeing in adulthood.

2. Aims of this policy:
   - Promote positive mental health for every member of our staff and student body (there is a separate Mental Health and Well Being Policy for Staff)
   - Increase understanding and awareness of common mental health issues
   - Raise awareness of what support is available to pupils suffering poor mental health
   - Clarify the different support pathways that exist in school.

3. Scope

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

This policy should be read in conjunction with the Safeguarding Policy, SEND Policy, Behaviour Policy, Mental Health and Well Being Policy for Staff. We operate alongside a whole school approach which follows the 'eight key principles' outlined in the Public Health England document:

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

Eight key principles:

A. Leadership and management
B. School ethos and environment
C. Curriculum, teaching and learning
D. Student voice
E. Staff development, health and wellbeing
F. Identifying need and monitoring impact
G. Working with parents/carers
H. Targeted support

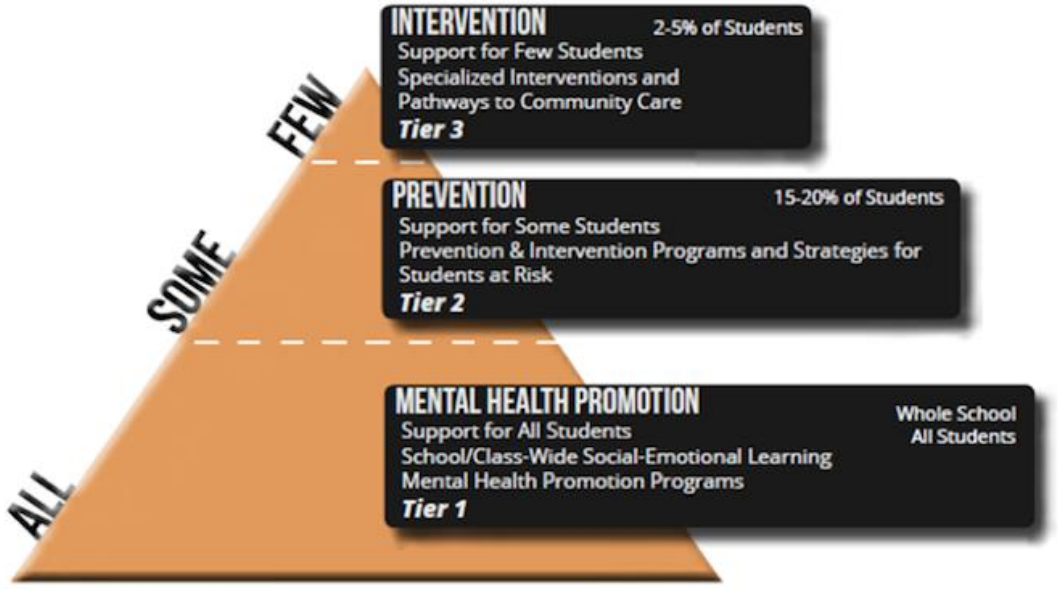
4. Leytonstone School Emotional Support Intervention

4.1 Referrals (early identification triage):

The Emotional Support Team and Pastoral Lead meet once a week to triage referrals received and allocate trained support. (See Appendix XX for referral form). Referrals can come from Heads of Year, Classroom teachers and Form Tutors. Pupils can also refer themselves, or can be referred by parents. Details of the school's Counselling/Mentoring offer are in Part 2 of the Policy.

4.2 Prevention and Promotion

We work according to a three tier approach, Universal, Targeted and Specialist intervention.



Universal: **All** pupils are cared for within the pastoral system, providing access to Personal Social and Health Education. Heads of Years and Form tutors ensure the wellbeing of pupils in their care. This seeks where possible to prevent the need for referral to Targeted support.

Targeted: Where **some** pupils need additional support members of staff may refer them to the Emotional Support Team for assessment. Pupils are allocated according to need to Counsellors or Therapeutic Support staff. The EST is promoted around the school and pupils are shown how to access support if they need it.

Specialist: Pupils are seen by specialist counsellors, or where necessary, a **few** pupils are referred to external agencies such as CAMHS

4.3 Policy on parental disclosures :

Where pupils are likely to need ongoing and continual support, they are added to the SEN register for SEMH and parents are informed. In year 7 and 8 parents are informed if their child is receiving counselling or emotional support. However, in years 9, 10 and 11 a judgement is made if pupils express that they do not wish their parents to be informed that they are receiving emotional support or counselling and this is decision is made by assessing the young person against Gillick competency. This does not affect our safeguarding policy which takes precedence over any wish of the pupil.

4.4. The Emotional Support Team:

Innes Weir, Mental Health Lead

Kate Lika, Counsellor
Humayra Rauf, Counsellor
Tess Reedy, Pastoral Lead
David Lyall, SENCO, SEMH Mentor
Annie Phipps, HLTA & ELSA, SEMH Mentor
Marta Hotez, Designated Safeguarding Lead
Joanne Letson, Deputy Headteacher

5. Leytonstone School Mental Health support model

The school follows the THRIVE model:

The grouping of "thriving" is often portrayed in the centre of the THRIVE model but could equally be portrayed as around the outside. All those children, young people and families who do not currently need individualised mental health advice or help are considered to be thriving

THRIVE in relation to our Emotional Support Team:

An important feature of the help offered is that it considers and draws on the network of services around the child, which maximises the young person's potential for engagement and accommodates their individual preferences, where possible. Help can take the form of intervention in which any professional – mental health or not – takes responsibility for input directly with a specified individual or group related to a mental health need. ***Thrive Elaborated 2nd Edition*** CAMHS Press

II. TYPES OF LEYTONSTONE SCHOOL EMOTIONAL SUPPORT OFFER

'When things get difficult, we know where to go' – Leytonstone School ethos

This part of the Mental Health Policy distinguishes between the two different types of pastoral interventions which are part of the Leytonstone School emotional support offer: counselling and mentoring.

Counselling and mentoring aim to address some dysfunction or gap (skills, knowledge) that a pupil is experiencing, and perhaps is having a detrimental effect on their life.

This part of the policy defines the two areas to clarify thresholds and boundaries between the interventions and the effective triaging of pupils based on their needs.

1. MENTORING

1.1 WHAT IS MENTORING and SEMH MENTORING?

Leytonstone School mentoring program includes:

A. **Pastoral mentoring**, where mentors engage to raise the self-esteem, confidence, achievement of goal/targets and aspirations of their mentees .

B. **SEMH mentoring,** where the mentors work with the mentee on their personal growth, developing resilience, self-esteem and strategies to improve wellbeing.

Leytonstone School identifies mentoring as a relationship between two people, one of those being identified has having considerable competence, knowledge and life experience in the theme that is the impetus of the mentoring.

The mentor – mentee relationship is based on:

Trust

Investment of time and energy

Assisting and encouraging the growth and ability of another person

Build self-confidence, self esteem

A mutual learning experience for both individuals

(*The Story of Mentor* 2002)

The creation of the mentoring system ensures students can be provided with access to tailored support, a safe space to break down issues in communication and behaviour and provide them with the tools to make positive changes in their outlook, language and actions.

A. Pastoral mentoring is comprised of a group of staff working with groups (3 or 4 students) on a weekly basis. The reason that groups were chosen is that a key issue arising in the behaviour data is how students interact with each other, by using groups this allows the member of staff to workshop scenarios and get an understanding of how students are interacting with each other, therefore informing the following conversations and tasks. There will be allowances made for students we have the context to believe would be better suited to 1-1 work.

At Leytonstone School students are selected for mentoring based on; behaviour data indicating that they are struggling to meet the expectations of the school's systems, allocation meetings with the Emotional Support Team – students may not meet the threshold for formal counselling but still need heightened pastoral support.

The staff who mentor will work from tasks in a centralised toolkit. These tasks have been devised based on research and excellent practice in other similar environments and contexts. There is an abundance of activities in the booklet, this is to make sure that all students needs can be covered. The staff will select appropriate tasks for the students they have, based on existing/developing relationships, data and emerging needs identified during previous sessions.

B. SEMH mentoring is delivered by staff who have a variety of specialist mental health training. The intervention is therapeutic and might focus on current difficulties a child may face as well as look at underlying patterns of thinking, feelings and behaviour. Key relationships might be explored and children are encouraged by the SEMH mentor to reflect and understand what is causing their difficulties, and with the help and support of the mentor improve their mental health, resilience and well-being.

   Typically children would be given 6-10 sessions. This type of support would be suitable for mild to moderate anxiety, low mood or low self-esteem leading to poor mental health.
   It sits underneath the counselling provision and CAMHS but is distinguished from behavioural or pastoral mentoring by it's focus on circumstances leading up to presentation of poor mental health (the past) and the role of the mentor as a guide and advocate rather than an advisor.

1.2 WHAT DOES A MENTOR DO?

A mentor's role will be in synch with the theme of the need or want of the relationship. A mentor actively listens to their mentee, offering encouragement and possible solutions to encountered problems. The mentor will offer their own experience and knowledge as a learning tool, helping the mentee to stay focused on their goal and achieve the best outcome (*Types of Coaching 2005*).

An open, friendly and trusting relationship is an essential component of the relationship and this may be considered the primary task of the mentor particularly in situations dealing with sensitive situations or participants.

Developing life skills is applicable through all of the mentoring types. For youth, basic skills such as punctuality, dependability, communication skills, confidence and self-esteem can be encouraged in the mentee.

A mentor will act as a role model in the communication process, providing transparent strategies that the mentee can use to increase the effectiveness of their own communications

A mentor is also able to provide the mentee with new perspectives, possibilities and opportunities. A mentor brings to the relationship a wealth of knowledge and life experience, expanding the boundaries that may have previously been limiting the mentee (*Small Business Mentoring* 2005; *What does a Mentor do?* 2006)

In 2004, David Clutterbuck, an academic who studied mentoring relationships, coined an acronym for what mentors do:

- **M**anage the relationship
- **E**ncourage
- **N**urture
- **T**each
- **O**ffer mutual respect
- **R**espond to the learner's needs

2. COUNSELLING THERAPY

2.1 WHAT IS COUNSELLING?

The UK's NHS website defines counselling as:

"A talking therapy that involves a trained therapist listening to you and helping you find ways to deal with emotional issues."

Counselling therapy provides a safe and confidential space for you to talk to a trained professional about your issues and concerns. Your therapist will help you explore your thoughts, feelings and behaviours so you can develop a better understanding of yourself and of others.

A counsellor will not give you their opinions or advice or prescribe medication. They will help you find your own solutions – whether that's making effective changes in your life or finding ways of coping with your problems.

During a session, therapists may take the client through specific exercises designed to help with your problem, or they might have more general discussions about how you're feeling. What is discussed with pupils varies and depends on what they want help with and the therapist's approach. It could include:

- peer and family relationships
- childhood
- feelings, emotions or thoughts
- behaviour
- past and present life events
- situations which the pupil finds difficult

The therapist is impartial but understanding. They listen without judgment and help explore your thoughts and emotions. They may offer information, but they do not tell the client what they should think or do.

Counselling is better defined as the type of the therapy being accessed.

2.2 TYPES OF COUNSELLING THERAPY

- Humanistic Approach,
- Integrative

- Person Centered,
- Psycho dynamic therapy
- Behavior therapy
- Gestalt
- CBT , Cognitive behavior therapy

2.3 WHAT DOES A COUNSELLOR DO?

Through listening, observing, talking and feedback, a therapist will build a relationship based on trust and honesty; the purpose of that relationship is to provide support and guidance to the client.
The counsellor will evaluate the problem; evaluate the situation from the client's perspective; explore and discover underlying and/or unconscious memories that impact on the client's behaviours and feelings and work with the client to eliminate the negatives.

A therapist may have a number of strategies and techniques or be of a more singular nature i.e. specialising in a particular area (problem) or a particular technique (e.g. NLP). They may set goals for their clients or allow the client to lead the process and determine the outcome as they become ready.
Trust is an essential component of the relationship as the client will need to openly express themselves, divulging aspects of themselves that even they may find difficult to accept. A component of this is the repressed memories that a therapist will often encounter during therapy sessions
A counsellor will carefully listen to the clients and through careful questioning, will assist the client to define the problem areas in their own terms. At this stage, some counsellors will allow the client to form their own action plan;" A counsellor will not give you opinions or advice, will not simply tell you what they think you want to hear and will not come up with solutions for you. They will give you space to consider all the things that are having an effect on you and will support you to work out your own solutions." (*Counselling service* 2005).

What a therapist does, therefore, is determined by what kind of therapy they are using in the relationship with their client.

3. SIMILARITIES AND DIFFERENCES

'A counsellor walks behind you to catch you if you fall. A mentor walks ahead of you to show you the way.' - Coaching n.d. The Improvement Company

3.1 SIMILARITIES

MENTORING AND THERAPY

Focus is on the individual. A holistic view is taken of the individual – all characteristics and aspects not focusing on one small element or function.

Questioning techniques are used to promote the thought processes of the client.
In the majority of cases, this relationship is based a one to one scenario. All fields do have the ability to work in group situations.

Time factor –therapists and mentors all have a time frame in which to work. While many years ago, traditional therapy may have been conducted over many years, today therapists work on client's receiving measurable value. Once that is no longer the case, the professional therapist will not continue the relationship, purely for the sake of therapy. Mentors, too, have a limited time span. As the mentee grows and develops, the relationship will eventually reach the stage of detachment. The growth in the relationship will plateau.

Both interventions discourage interdependence of the client on service provider.

Solutions and actions are developed by the client – although the mentor may be a little more directive than a therapist. Both approaches are tailored for the individual, flexible in approach.

Both approaches:

- regularly revise the relationship to ensure the client is receiving the required level of service, and that the relationship is neither too long nor to short.

- Provide transparency in client's learning to facilitate future implementation. Support clients in progress towards achieving set goals.
- Motivate and encourage dedication to following through on determined course of action.

- Be committed to eliminating any states of judgment of the client, their issues, beliefs and values. Maintain unconditional respect for the uniqueness of the client.

3.2 DIFFERENCES

Mentoring clients are viewed as “functional”. They may be challenged by the mentor to think outside their boundary of limiting the challenge to the ability, sensitivity and uniqueness of the client. The mentoring process may invoke an alternative perspective conditioning. This will be done with great understanding to beliefs held by the client.

THE PAST, PRESENT, FUTURE

Mentoring is based on the present and the future. It is evidenced in looking at current skills and knowledge, and in establishing goals to achieve a set outcome.

Counselling - some therapies involve a form of personal history analysis. Client goes into their past, unravelling the problem and dealing with the past. Repressed memories may be encountered and eliminated. It must be noted; however, that many therapies are forward focused, aiming at improving and enhancing the client’s life. In most cases, therapy in school is more realistic, offering solutions to assist in the process of breaking free from boundaries that have impeded growth.

BELIEF IN CLIENT

Mentee knows less than the mentor. The mentee will gain insight through the mentor process.

In therapy, the client is perceived to be dysfunctional to some degree and needs formal therapy.

PROVIDING ADVICE

Mentor. Provides advice in the form of pathways that may be taken, particularly in the case where the mentor was chosen as a role model

Counselling. Active listening and reflection. Provide pathways out of the problem.

REQUIRED TO BE

Mentoring. A wiser (especially older i.e. mature) person than the mentee.

Counselling. An expert in their field of analysis, registered with a counseling body and insured.

TYPES OF CLIENTS

Mentor – younger, less experienced, seeking guidance, a role model.

Therapy. Pupils dealing with mental health disturbances and dysfunction in their lives. Clients identified / assessed as having issues which may be addressed by therapy.

Shallow end clients e.g., the “worried well” or not serious may be encouraged to seek life mentoring as a

better solution. Clients prevented from functioning fully – may suffer from diagnosable condition / negative behaviour patterns.

4.CONTRACTING AND EXIT PROCESS

4.1 The contract between counsellor, mentor, and a young person should be discussed and include:

- **How long you will work together** (whether a time period, or until a goal is achieved).
- **Your initial goals**, which are clarified by the initial assessment, referral and/or the outcome of the wellbeing index.
- **The practical arrangements** such as how often you will meet, where you will meet, as well as whether cancelling meetings is acceptable and, if so, under what circumstances.
- **The process for reviewing the relationship.** This should include end-of-session reviews to discuss the process and learning from each session, and periodic reviews of progress towards goals (Assessment and Exit forms in Appendix 4 and 6)
- **Confidentiality limits, eg:** when safety of the client is at risk or law is broken (Appendix 3)

4.2 Reviewing and Ending the Mentoring Relationship

Regular review is crucial to maintaining the usefulness of the mentoring and counselling relationships. At the very least, mentor and learner should pause at the end of each session to check:

- **That both are clear what needs to be done before the next session.**
- **How far the learner has got in achieving the objectives of mentoring.**
- **Whether the style of learning and/or facilitation is helping, and if not, how could it be improved.**
- **In what direction they are planning to move next.**

APPENDIX 1 – REFERRAL FORM

CONFIDENTIAL SEMH REFERRAL FORM –use for all Social, Emotional and Mental Health concerns.

Referrals must be submitted to Innes Weir

All referrals must be logged on CPOMS.

Student Name		**Form:**	**Tutor name:**	**Date**
Referred by		**Student aware of the referral?**	YES	NO
CPOMs entry made? -			YES	NO
Parent/carer aware?			YES	NO

Primary cause for concern- Reason for referral:
Previous interventions? What has already been tried?

Referrer to complete below please indicate YES or NO/Don't Know

SOCIAL, EMOTIONAL and MENTAL HEALTH BEHAVIOUR INDICATORS	**Y/N/DK**
Is socially aware. Interacts appropriately. Has friends.	
Is emotionally stable and can regulate their behaviour	
Seem less concerned about self -care than in the past	
Resort easily to aggressive behaviour	
Get into a panic quickly	
Show a lack of interest in things which once interested him/her	

Is there anything else which you feel is important to this referral?

APPENDIX 2 – WELLBEING INDEX

Please tick the box that best describes your experience of each over **the last 2 weeks**

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

APPENDIX 3 – COUNSELLING CONTRACT

Counselling Contract

I understand that:

We will meet weekly for 6/12 weeks, and review. The sessions will last up to 50 minutes.

During counselling we aim to explore your thoughts and feelings.

I aim to earn your trust, so feel free to be yourself in this room. This is a non-judgemental space. It's not for me to tell you what to do, it's for you to explore what works for you. You are the expert in your life. My role in counselling is, to try to understand the world from your point of view.

I am going to talk a bit about Confidentiality.

What this mean is, -anything that you say in the counselling room will stay in the room, unless I am concerned about your wellbeing.
For example:

- if we are concerned about your eating or sleeping, or mental health.
- if you are harming yourself or someone else is harming you.
- Or, if you are in contact with people who may take advantage of you, like gang members, or people involved in terrorist activity or other activities which are harmful to society.

In situations like this, we need to speak to a member of Safeguarding team, such as Ms Hotez, Mr Weir, Ms Letson, Mr Reedy or Ms McQuaid and they may speak to your parent/guardian.
In such cases, my aim is to discuss this with you first.

I will write brief notes on the sessions which are kept in school. Only the school counsellors have access to them.

If you are not happy by anything that happens during the sessions, then you are free to talk to me directly or to my line manager.

I take Supervision and work ethically under BACP's guidelines, for Good Practice in Counselling.

Date:.....Signature.....

APPENDIX 4 – Record of the first session/assessment

Record of first session form

Client initials…… **Year Group ……** **Start date……**

Male ☐ **Female** ☐ Type A B C **Previously seen by this service**……

Referrer: Self ☐arent/Guardian s☐ool staff **Ethnic O☐gin** ……

Presenting issues:

Risk

Suicide	none ☐	Mild ☐	Moderate ☐	Severe ☐
Self-harm	None ☐	Mild ☐	Moderate ☐	Severe ☐
Harm to others	none ☐	Mild ☐	Moderate ☐	Severe ☐

Therapy target/ Goal

Anger
Anxiety/stress
Behavior problems
Bereavement problems
Bullying
Interpersonal relationships
Self-identity
Academic Pressure

If the client is not entering therapy, give brief reason

Identified issues/concerns

Self-harm
Trauma/Abuse
Other, (specify)
Depression
Family
Health
Discrimination
Self- esteem

Counsellors Name

……

APPENDIX 5 – Exit and progress evaluation form

Client initials…… **Year Group ……** **End date……**

Male ☐ **Female** ☐ **Total number of sessions** …… **Long/-Short term**

Referrer: Self☐ Parent/Guardi☐ school sta☐ **Ethnic Origin** …☐….

Presenting issues:

Risk

Suicide	none ☐	Mild ☐	Moderate ☐	Severe ☐
Self-harm	None ☐	Mild ☐	Moderate ☐	Severe ☐
Harm to others	none ☐	Mild ☐	Moderate ☐	Severe ☐

Progress in relation to Therapy target/ Goal

Anger
Anxiety/stress
Behavior problems
Bereavement problems
Bullying
Interpersonal relationships
Self-identity
Academic Pressure

Self-harm
Trauma/Abuse
Other, (specify)
Depression
Family
Health
Discrimination
Self- esteem

Describe the Review

- *Unplanned Ending*

- Loss of contact
-Did not wish to continue
-Client did not wish to continue
-Other unplanned ending

- *Planned Ending*

-planned from outset
-agreed during therapy

- *Not ready to End*

- *Referred on to other services*

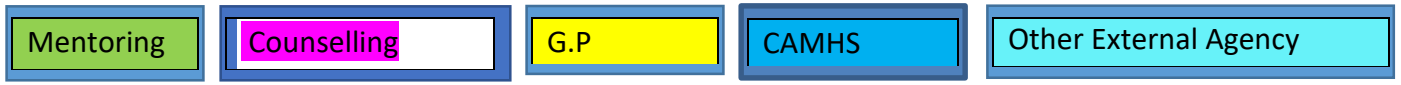
Counsellor's Name

……

APPENDIX 6 – Leytonstone School Threshold for Formal Counselling

This Document sets out criteria to be used, for Triaging Clinical work.

Leytonstone School Threshold for Formal Counselling.



Clinical Depression

Q1 *At risk of impact on Thriving*- M

- CYP is at Risk of developing Clinical levels of Low Mood which could limit family life, education or social activities

Q2 - Mild impact on Thriving – Counsellors& GP & CAMHS

- CYP presents with clinical levels of Low Mood, resulting in family life, education or social activities being mildly limited.

Q3 - Moderate Impact on Thriving Counsellors& GP & CAMHS

- CYP presents with clinical levels of Low Mood, resulting in family life, education or social activities being moderately limited.

Q4 A - Severe impact on thriving Counsellors & GP & CAMHS

- The CYP presents with extremely low Mood that result in their engagement in family life, education and social activities being *severely* limited.
  - Thoughts or acts of self-harm or some suicidality are not present

Q4 B. - Severe impact on thriving CAMHS &GP

- The CYP presents with extremely Low Mood that result in their engagement in family life, education and social activities being severely limited.
- Thoughts or acts of self-harm or some suicidality are indicated.

- A neurodevelopmental disorder may also be present.

Clinical Anxiety

Q1 *At risk of impact on Thriving*- M

- CYP is at Risk of developing Clinical levels of Anxiety which could limit family life, education, or social activities.

Q2- *Mild impact on Thriving* Counsellors and M & GP

- CYP presents with Clinical levels of Anxiety, resulting in family life, education or social activities being mildly limited.

Q3 - Moderate Impact on Thriving Counsellinig& GP& CAMHS

- CYP presents with Clinical levels of Anxiety, resulting in family life, education or social activities being moderately limited.

Q4 - Severe impact on thriving - G.P & CAMHS

- The CYP presents with extreme Anxiety, resulting in their engagement in family life, education and social activities being *severely* limited.
  - No current thoughts or acts of self-harm or suicidality are present. However, the CYP may have a history of this.

Q4 - Severe impact on thriving - – CAMHS &GP&

- The CYP presents with extreme Anxiety, resulting in their engagement in family life, education and social activities being *severely* limited.
- Current Thoughts or acts of self-harm or some suicidality are present.

OCD

Q2- Mild impact on thriving -Counsellors& GP

- The CYP presents with obsessions and or compulsions. However, their engagement in family life, education and social activities is not significantly being impacted upon.

Q3- Moderate impact on thriving -Counsellors& GP &CAMHS

- The CYP presents with obsessions and compulsions that result in their engagement in family life, education or social activities being moderately impacted upon.

Q4 A- Severe impact on thriving &GP &CAMHS

- The CYP presents with high levels of obsessions and compulsions that result in their engagement in family life, education and social activities being severely limited.
    - No current thoughts or acts of self-harm or suicidality are present. However, the CYP may have a history of this.

Q4B - Severe impact on thriving CAMHS &GP&

- The CYP presents with high levels of obsessions and compulsions that result in their engagement in family life, education and social activities being severely limited.
- Current Thoughts or acts of self-harm or some suicidality are present.

Self-harm and suicidal ideation

Q2- - - Mild impact on thriving – CAMHS &GP

- The CYP has engaged in self-harming behaviour (cutting, burning, punching themselves, deliberately starving or binge eating, excessively exercising.
- No current thoughts or acts of self-harm or suicidality are present. However, the CYP may have a history of this.

Q3- - Moderate impact on thriving CAMHS & GP

- The CYP has engaged in self-harming behaviour (cutting, burning, punching themselves, deliberately starving or binge eating, excessively exercising.
  - CYP has experienced suicidal thoughts that may persist.

Q4 - Severe impact on thriving CAMHS &GP

- The CYP has engaged in severe self-harming behaviour and has acted on suicidal thoughts (overdose).

Suspected psychosis or Mania

Q2- - *Mild impact on thriving Counsellors &GP*&CAMHS CYP is having visual or auditory experiences which are not causing them distress

Q3 – *Moderate impact on thriving &GP*&CAMHS

- CYP is having visual or auditory experiences that are causing them distress
- CYP may be experiencing the following:
  - Hallucinations (the child sees, hears, feels, tastes or smells something that does not exist outside their minds)
  - Delusions (unshakeable belief in something untrue)
  - Confused thoughts
  - The CYP has insight into the above.
  - No current thoughts or acts of self-harm or suicidality are present. However, the CYP may have a history of this.

Q4 -Severe impact on thriving - GP&CAMHS

- CYP is experiencing the following:
  - Hallucinations (the child sees, hears, feels, tastes or smells something that does not exist outside their minds)
  - Delusions (unshakeable belief in something untrue)
  - Confused thoughts
  - Lack of insight into the above.

Thoughts or acts of self-harm or some suicidality may also be present

Eating Disorders

Presentations of CYP with Eating Difficulties should be referred directly to the Eating Disorder Service (Telephone: 0300 555 1216 and Email: nem-tr.eatingdisorder@nhs.net)n)emtr.eatingdisorder@nhs.net ***CAMHS &EXTERNAL***

Substance Misuse

Presentations of CYP with Substance Misuse issues should be referred directly to 722 service, (Telephone: 0300 555 1158)

CAMHS &EXTERNAL

APPENDIX 7 – Counselling and Mentoring principles

Mentoring

Actively untaps potential.

Fine tunes and develops skills.

Development activities are designed to suit client's personal needs and learning styles.

Eliminates specific performance problems.

Can focus on interpersonal skills, which cannot be readily or effectively transferred in a traditional training environment.

Provides client with contacts and networks to assist with furthering their career or life aspirations.

Performed in the 'live' environment

Highly effective when used as a means of supporting training initiatives to ensure that key skills are transferred to the 'live' environment.

Coaches and mentors transfer the skills to the client rather than doing the job for them.

Counselling

Explore personal issues and problems through discussion in order to increase understanding or develop greater self-awareness.

The aim of counselling is to lead the client toward self-directed actions to achieve their goals.

N.B Many coaching relationships involve an element of counselling but this is distinct from the services offered by a professional counselling service. Professional counsellors deal with personal issues in much greater depth than would generally be explored within a coaching context.

Source: *Coach and Mentor definitions* 2000.

	Mentoring	**Counselling**
Focus	Prospective: giving and receiving direction and evaluating options	Often retrospective; psychological well-being, diagnostic
Context	personal development for future career and life	self-understanding to adopt more constructive life practices
Orientation	application	Discussion; theory-driven
Number	one-on-one to one-on-three	one-on-one
Content	based on the needs of the mentee	based on the needs of the client
Goal	Developing and committing to learning goals; Orientation on solution and capacity for change	personal well-being
Progress	made by pre-determined goals	depends on severity of issues
Accountability	Less formal	Licence is required by law;
Method	direction and leadership (heart, will and mind)	Counsellors will place varying levels of emphasis on behaviour, on thinking and/or on emotional aspects.
Purpose	to reach potential in career and life	Healing for maladaptive behaviors Recovery from past traumas

Based on the work of: Clutterbuck, D. & Schneider, S.

APPENDIX 8 – links to other Mental Health support services

Leytonstone School makes full use of extended links in the borough. We work particularly alongside the following organisations:

Waltham Forest Child and Adolescent Mental Health Services (CAMHS) **Child and adolescent mental health service (CAMHS)**

The Child and Family Consultation Service (CFCS) are Waltham Forest's area based specialist mental health team providing support to children, young people and their families.

Young Minds: The UK's leading charity fighting for children and ***young*** people's mental health. https://youngminds.org.uk/

Margaret Centre - Psychological Support Service: Based at Whipps Cross Hospital 20 8539 5592 / 020 8539 5522 / 020 8535 6604

Service offered: Counselling service for adults and young people (12-17 years) and Zig Zag play therapy service for children (3-11 years). Assessment and therapeutic intervention for people affected by bereavement. Assessment and therapeutic intervention for people affected by the diagnosis, treatment or prognosis of a terminal illness and for their families. Play Therapy service includes parenting support.

- The family plays a key role in influencing children and young people's emotional health and wellbeing. There is strong evidence that well implemented universal and targeted interventions supporting parenting and family life that offer a combination of emotional, parenting and practical life circumstances (combining drug, alcohol and sex education, for example) have the potential to yield social as well as economic benefits.
- We will aim to work in partnership with parents, carers and other family members to promote young people's social and emotional wellbeing.
- We want parents to feel able to contact us if they have any concern about their child's well-being.

Information for pupils:

- Young people have the right to good quality mental health support. Pupils can refer themselves to our Emotional Support Team directly or by speaking to any member of staff.
- We aim to develop partnerships between young people and staff to formulate, implement and evaluate organisation-wide approaches to promoting social and emotional wellbeing
- We will aim to introduce a variety of mechanisms to ensure all young people have the opportunity to contribute to decisions that may impact on their social and emotional wellbeing
- We will involve young people in the creation, delivery and evaluation of training and continuing professional development activities in relation to social and emotional wellbeing.

Kitemarks and Quality Assurance

We are applying for the:

Carnegie Centre of Excellence for Mental Health in Schools Award:

LEEDS BECKETT UNIVERSITY
CARNEGIE SCHOOL OF EDUCATION

The award ensures schools are using evidence-based approaches that align to professional and government guidelines. Utilising a developmental framework, which allows schools to evaluate current mental health practices, identify gaps, develop and strengthen these and work towards building an emotionally healthier environment. Through this process, schools commit to making mental health a strategic priority and developing a positive culture that promotes mental wellbeing for everyone.

We work alongside ***Time to Change*** in our PSHE curriculum for mental Health.
Time to Change recommend a senior leader's mental health network
https://www.time-to-change.org.uk/get-involved/get-involved-in-schools/school-leaders

time to change
let's end mental health discrimination

Useful Links Directory:

kooth	Kooth, from XenZone, is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.	https://www.kooth.com/
YOUNGMiNDS text YM to 85258 CRISIS TEXT LINE	The YoungMinds crisis messenger service provides free, 24/7 crisis support across the UK. If you are experiencing a mental health crisis and need support, you can text YM to 85258.	https://youngminds.org.uk/find-help/get-urgent-help/youngminds-crisis-messenger/
YOUNG MiNDS	One of the UK's leading charities campaigning to support the mental health of young people. Use this website for resources and information whether you are a parent, young person or professional.	https://youngminds.org.uk/ **Call the Parents Helpline: 0808 802 5544** (Monday to Friday 9.30am – 4pm, free for mobiles and landlines)
MindEd e-learning to support healthy minds	MindEd is a free educational resource on children and young people's mental health for all adults.	https://www.minded.org.uk
beat™ beating eating disorders	Beat is the UK's eating disorder charity. We are a champion, guide and friend to anyone affected, giving individuals experiencing an eating disorder and their loved ones a place where they feel listened to, supported and empowered.	https://www.beateatingdisorders.org.uk Helpline: 0808 801 0677 Youthline: 0808 801 0711 Studentline: 0808 801 0811

AnxietyUK Here for you since 1970	We work to relieve and support those living with anxiety and anxiety-based depression by providing information, support and understanding via an extensive range of services, including 1:1 therapy. We work regularly with external agencies and healthcare professionals to improve services for those living with anxiety and anxiety-based depression and also campaign to raise awareness of the conditions.	https://www.anxietyuk.org.uk/ Infoline: 03444 775 774 Mon-Fri 9:30am - 5.30pm Text Service: 07537 416 905
OCD UK	The national **OCD** charity, run by and for people with lived experience of OCD	https://www.ocduk.org/ocd/
bipolar UK	We're the national charity dedicated to supporting individuals with the much misunderstood and devastating condition of bipolar, their families and carers. Each year we reach out to and support over 80,000 individuals through our range of services. Bipolar UK is the only national charity dedicated to supporting individuals and families affected by bipolar. Peer support is at the core of our work.	https://www.bipolaruk.org/
THE MIX Essential support for under 25s	The Mix is the UK's leading support service for young people. We are here to help you take on any challenge you're facing - from mental health to money, from homelessness to finding a job, from break-ups to drugs. Talk to us via online, social or our free, confidential helpline.	https://www.themix.org.uk/ THEMIX to 85258 08088084994

SANE is a UK-wide charity working to improve quality of life for people affected by mental illness. SANE has three main objectives linked to our aims and outcomes:

1. To raise awareness and combat stigma about mental illness, educating and campaigning to improve mental health services.
2. To provide care and emotional support for people with mental health problems, their families and carers as well as information for other organisations and the public.
3. To initiate research into the causes and treatments of serious mental illness such as schizophrenia and depression and the psychological and social impact of mental illness.

SANEline

0300 304 7000

4.30pm – 10.30pm daily

HeadMeds is a website for young people about mental health medication, launched in March 2014 and is owned and managed by the national charity YoungMinds.

https://www.headmeds.org.uk

LifeSIGNS – Self-Injury Guidance & Network Support

We provide fantastic information about **self-injury** and while we never tell anyone to 'stop', we do support people as and when they choose to make changes in their lives.

http://www.lifesigns.org.uk/

LifeSIGNS is *the* user-led small charity creating understanding about self-injury. Founded in 2002, it's our continuing mission to guide people who hurt themselves towards new ways of coping, when they're ready for the journey.

SelfharmUK is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in your life. These pages will tell you a bit about us as well as pointing you in the right direction if you need to contact us

https://www.selfharm.co.uk/

or find out more about our policies and procedures.

APPS:

You can try Headspace for yourself and learn the essentials of meditation and mindfulness with our free Basics course. If you enjoy it, then it's time to subscribe. Once you do, you'll have bite-sized minis for when you're short on time, exercises to add extra mindfulness to your day, and hundreds of meditations on everything from stress to sleep.

www.headspace.com

19000 free guided meditations you can meditate on Insight Timer for as long as you want without ever paying a cent.

https://insighttimer.com/

MindShift is a free app designed to help teens and young adults cope with anxiety. It can help you change how you think about anxiety. Rather than trying to avoid anxiety, you can make an important shift and face it. Lists symptoms of anxiety. Offers strategies to manage worry, panic, conflict, ordinary anxiety, and three specialised categories of anxiety: test anxiety, social anxiety, and perfectionism. Also contains relaxation exercises.

https://www.anxietybc.com/resources/mindshift-app

SAM App

Anxiety Management on your Mobile

SAM is an application to help you understand and manage anxiety.

https://sam-app.org.uk/

Recovery Record is a smart eating disorder recovery app that fits into your life and links with your treatment team to help you achieve lasting recovery. The app, which has been evaluated in clinical trials, is now available for you to use in connection with your treatment team.

https://www.recoveryrecord.co.uk/

HealthyMinds is a problem-solving tool to help deal with emotions and cope with the stresses you encounter both on and off campus. The goal: Keeping your mind healthy.

http://healthymindsapp.ca/

Mobile & Web App for mood-tracking

www.moodpanda.com

Analyze your mood on graphs and calendars; get support and advice from the MoodPanda community.

In Hand is about the here and now. The app allows you to focus yourself in a moment of stress or low mood. Once the app knows how you are feeling it will take you through simple steps to help you, be you. These activities include talking to someone, reading inspirational quotes and taking pictures.

http://inhand.org.uk/

MoodTracker.com is a simple web app that lets you track important health measurements like depression and anxiety levels, sleep, water intake, and many others -- each recorded on a vibrant chart. The app also includes medication tracking, reminders, and

https://www.moodtracker.com/

the ability to share your charts with members of your wellness team

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