



## Mental Health & Wellbeing Policy

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Responsible GB Committee	Health and Safety
Date ratified	January 2022
Status	Non-Statutory
Date of next review	January 2023

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## Executive Summary & Overview

It is well reported that a child's mental health and wellbeing influences their cognitive development and ability to learn. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly by mental ill health.

1 in 10 children have a diagnosable mental health disorder –that's roughly 3 children in every classroom, Green (2005). 1 in 12 young people self-harm at some point in their lives, though there is evidence that this could be a great deal higher. Statistics show that girls are more likely to self-harm than boys, Brooks (2015). Half of young adults with poor mental health have symptoms by the age of 15 years, and nearly 75% by their late teens, ONS (2015).

It is true to say that despite a great deal of hard work for some years that there is still a great deal of stigma with regards to being open and talking about mental health. Children will more than likely to be reluctant and ask for help or may lack insight. Research has shown that young people generally tend to demonstrate low levels of help-seeking behaviour in relation to their mental health, Sullivan (2004)

At our school we want to take the 'whole school approach', meaning we are committed to promoting the social and emotional wellbeing of our children and staff. This approach is not just about learning; it ensures that all parts of the school organisation are working together. We want to continue to engage parents/careers and families ensuring they feel supported and offer relevant training to educate and gain better understanding.

## Policy Statement

*Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses*

*of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)*

The school has a very important role to play acting as a source of support and information for both students and parents. We want to take a whole school approach thus ensuring our children, staff and parents feel supported with regards to their mental health and wellbeing. This approach follows eight key principles, (Appendix B) and has been tried and tested and backed by evidence as a way of supporting and implementing good practice, Public Health England (2015).

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

#### **The Policy Aims to:**

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers [?](#) To provide relevant information to parents.

#### **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 governors.

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

## **Lead Members of Staff**

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

- Vanessa Rancins - Designated Safeguarding Lead
- Peter Hipkiss and Dani Shipley –Deputy DSLs
- Sarah Plumb - Mental Health Practitioner and Lead
- Louise Wilde – Safeguarding Governor
- Danielle Shipley – Senco
- Asha Tamplin – Bereavement support

Any member of staff who is concerned about the mental health or wellbeing of a student or member of staff should speak to the mental health lead in the first instance. If there is a situation where there is concern that a student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated child protection office of staff or the head teacher. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS / CAMHS CAST is appropriate, this will be led and managed by Sarah Plumb as mental health lead. Examples of these referrals are provided in Appendix G &H.

## **Ethos and environment**

As a Church of England school we are a community in which every individual is valued as being unique and wonderfully made. Our chosen core values of dignity and respect place a high focus on well-being and good mental health for both children and adults.

We seek to work in collaboration with parent's/care givers and professionals to best support an individual child's mental health needs. We recognise the importance of providing a safe environment and one in which promotes positive behaviours for learning and for successful relationships, Ofsted (2015).

## **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.

Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded in writing and held on the student's confidential file. This written record should include:

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

Information should be shared with Vanessa Rancins as DSL who will record appropriately and will liaise with mental health lead, Sarah Plumb who will offer support and advice about next steps.

## **Confidentiality**

We should always be open and honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a student 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. Where professional judgement deems a child is in danger of harm

It is always advisable to share disclosures with a colleague, usually the mental health lead, Sarah Plumb. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if there is a concern about a child's safety, including disclosure or evidence of self-harm, or a child expressing suicidal thoughts.

If a child gives us reason to believe that there may be underlying child protection issues, Vanessa Rancins as DSL must be informed immediately who will follow safeguarding procedure as detailed in our Safeguarding Policy.

### **Teaching and learning about Mental Health**

It is understood from research that some children are at greater risk of developing poor mental health, Department for education, (2014a) Our school aims to help our children to build resilience thus enabling them to continue to develop and learn in what may be difficult circumstances.

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 curriculum throughout the year. Our curriculum integrates development of social and emotional skills, coping, understanding and managing feelings along with support during exam times and transition to high school.

We run Assemblies on specific mental health and wellbeing topics, along with parent workshops. We have a termly mental health and wellbeing newsletter, this discussing specific topics of interest. The children can also access workshops on such topics as Anxiety and self-esteem.

### **Identifying Need / Targeted Support**

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 Vanessa Rancins as DSL in the first instance who will then refer to Sarah Plumb our mental health and emotional wellbeing lead.

Possible warning signs, however this list is not exhaustive.

- 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

Our school is fully aware of the impact poor mental health and wellbeing can have on a child's capabilities and therefore want to ensure early detection and intervention and appropriate referral to ensure every child can meet their full potential.

Ensuring parents are part of this process is key along with an agreed action plan if needed. Mrs Rancins and Mrs Plumb are able to make swift referrals if need be to CAMHS Cast / Social Care and are aware of support available locally if needed.

It is helpful to draw up an individual care plan for pupils that are causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- 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

Support available in school is in Appendix B

## Working with Parents / Carers

Family plays a key role in influencing children and young people's emotional health and wellbeing, Nice (2013). As a school we recognise that by working closely with parents /carers it can have a significant positive impact on specific interventions being successful.

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 that their child is struggling and may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

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

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

- Highlight sources of information and support about common mental health issues on our school website and via a termly Mental Health and Well-Being newsletter; sharing ideas about how parents can support positive mental health in their children
- Run parent workshops on mental health, wellbeing and such related topics.
- Ensure that all parents 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.
- Make our mental health policy easily accessible to parents and all stakeholders.

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. We will aim to finish each meeting with an agreed next step and always keep a brief record of the meeting on the child's confidential record.



## **Enabling Student Voice / Supporting Peers**

It is imperative that students are given the chance to voice their opinions and be able to discuss decisions that are being made regarding their mental health and wellbeing thus giving them a feeling that they have some control. It is important that we are open and honest also taking into account their safety at all times, Keeping children safe in education (2018)

Students benefit massively by being able to have opportunities to influence decisions that are being made and express their views and opinions. This helps to build strong relationships between the students and teachers and has the ability to build strong social networks.

Additionally, through our student Well-Being Champions, students will be encouraged to know where and how to access support for themselves and healthy ways of coping with the difficult emotions they may be feeling. Our student Well-being champions will be seen as also as a link between students and staff, being able to put forward ideas and suggestions that they think will benefit our school.

We believe that student voice is about genuine consultation allowing all students to get involved in appropriate decision making about their school environment and life. It is documented that done well it enables students to take responsibility for their own learning and development through reflection, enhance self-help, develop and build on their social skills and assist staff and governors in school improvement, National Children's Bureau (2015).

## **Staff Development / 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. In addition, all teaching staff will have been trained in Mental Health First Aid half-day course Adult and Child. Training will be provided by Sarah Plumb as Mental Health Lead. Teachers will be trained to spot the early signs of anxiety, depression and emotional distress.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with Sarah Plumb who can also highlight sources of relevant training and support for individuals as needed. Training opportunities for staff who require more in depth knowledge will be 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.

We recognise the importance of a supportive environment for our staff. We want our staff to be proactive in looking after their mental health and wellbeing, NICE (2015) Staff are aware that they can seek support and advice from Mrs Plumb and have time if needed to reflect on and take actions to enhance their wellbeing. Mrs Plumb or a member of the senior leadership team can refer to outside agency's gaining support for staff should need be.

Promoting a healthy work /life balance is important. The belief that if staff know how to look after their own mental health and well-being that they are better placed to support the mental health and well-being of our students.

### **Signposting and Referral**

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix B & D. The referral form for staff is in Appendix I.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum.

### **Policy Review**

This policy will be reviewed every 2 years as a minimum. It is next due for review in September 2023.

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, this should be addressed to Sarah Plumb our mental health lead via phone 0121 455 1033 or email [splumb@alvechurch.worcs.sch.uk](mailto:splumb@alvechurch.worcs.sch.uk)

This policy will always be immediately updated to reflect personnel changes.

Appendix A: Eight principles to promoting emotional health and wellbeing in schools,  
Public Health England (2015)



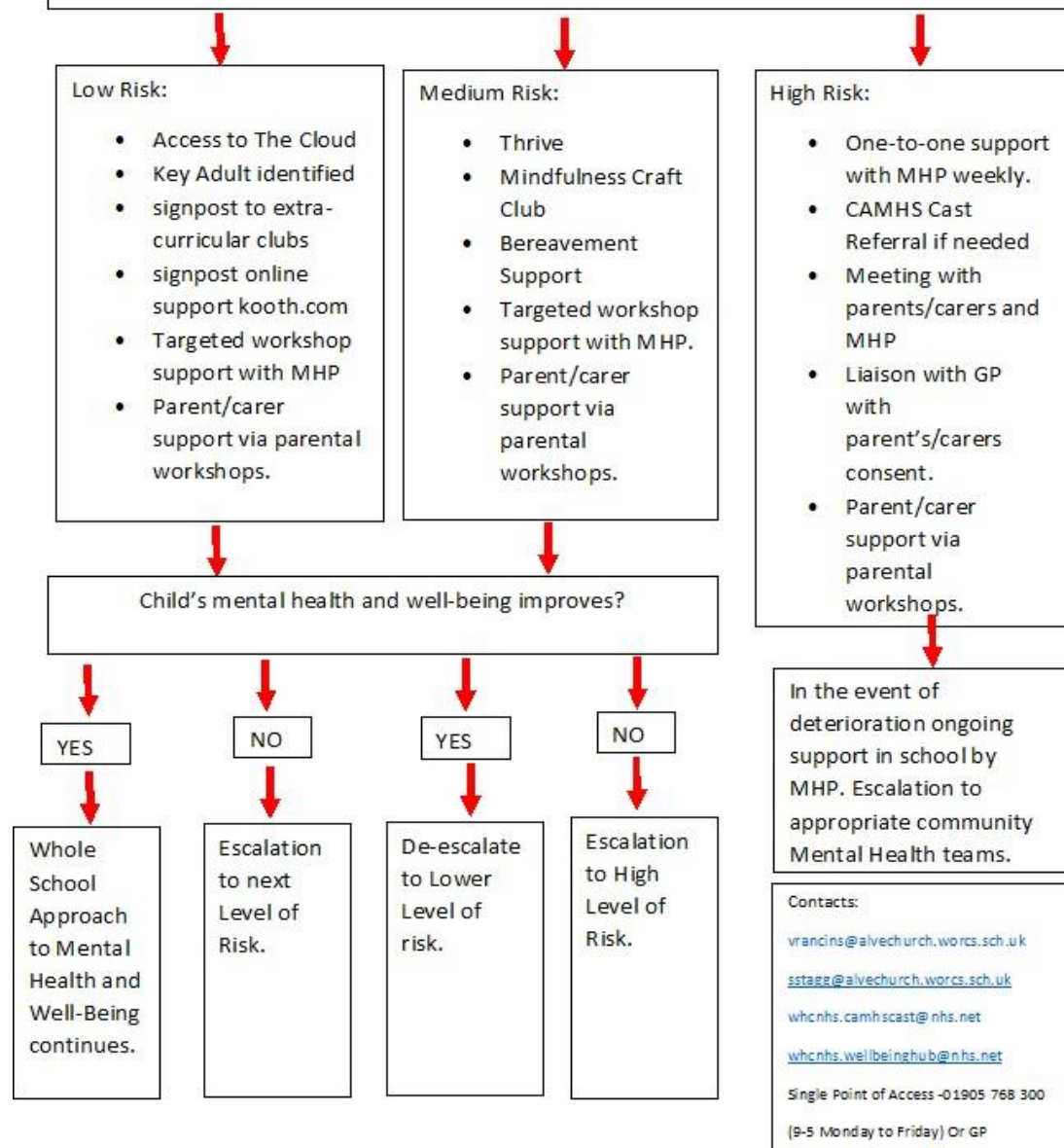
## Appendix B

### Whole school approach to Mental Health and Well-Being

There is a whole school approach to Positive Mental Health and Well-Being that seeks to create a culture of inclusiveness and communication that ensures all young peoples concerned can be addressed. An approach which follows the Eight Key Principles set out by Public Health England (2015).

The stigma of mental health is challenged via themed assemblies, mental health newsletters, a mental health display board, mindfulness activities and specific curriculum focus. (Resilient Classroom). All staff are trained to recognise and respond when a child may be struggling with their mental health.

Pupils who are identified by any member of staff or peer as struggling with their mental health are first referred to their Pastoral form teacher who will have an initial meeting with parents/carers. If ongoing support is needed referral will be done to the relevant member of staff



## Appendix C:

### Alvechurch Middle School Wellbeing referral

Pupil:

Class:

Referred by:

Date of referral:

Seen by S. Plumb/ A. Tamplin Reason for referral:

Refer to DSL:      Yes      No

Agreed next steps :

### Appendix D

### Further information and sources of support about common mental health issues.

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

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.

- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) ([www.youngminds.org.uk](http://www.youngminds.org.uk)), [Mind](http://www.mind.org.uk) ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) ([www.minded.org.uk](http://www.minded.org.uk)).

### *Self-harm*

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

### *Online support*

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

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

### *Books*

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

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

### Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

### *Anxiety, panic attacks and phobias*

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

## Online support

Anxiety UK: [www.anxietyuk.org.uk](http://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](http://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 Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass



## Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

## Online support

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

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-abuse/research-andresources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-andresources/on-the-edge-childline-spotlight/)

## 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.

## Online support

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-inyounger-children](http://www.inourhands.com/eating-difficulties-inyounger-children)

## Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers



Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks  
*Appendix E: Guidance and advice documents*

[Mental health and behaviour in schools](#) - departmental advice for school staff.  
Department for Education (2014)

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff  
and counsellors.  
Department for Education (2015)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)  
(2015). PSHE Association. Funded by the Department for Education (2015)

[Keeping children safe in education](#) - statutory guidance for schools and colleges.  
Department for Education (2014)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing  
bodies of maintained schools and proprietors of academies in England. Department for  
Education (2014)

[Healthy child programme from 5 to 19 years old](#) is a recommended framework of  
universal and progressive services for children and young people to promote optimal  
health and wellbeing. Department of Health (2009)

[Future in mind – promoting, protecting and improving our children and young people's  
mental health and wellbeing](#) - a report produced by the Children and Young People's  
Mental Health and Wellbeing Taskforce to examine how to improve mental health  
services for children and young people. Department of Health (2015)

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

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

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

## Appendix F: Data Sources

[Children and young people's mental health and wellbeing profiling tool](#) collates and  
analyses a wide range of publically available data on risk, prevalence and detail

(including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

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

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

## Appendix G: References

Green, H et al (2005) Mental Health of children and young people in Great Britain. Basingstoke: Palgrave Macmillan.

Brooks et al (2015) HBSC England, National Report 2014, University of Hertfordshire: Hatfield UK.

Public Health England (2015) Promoting children and young peoples Emotional health and wellbeing. A whole school and collage approach.

Department of Health (2018) Keeping children safe in Education.

Nice (2013) Social and emotional wellbeing for children and young people.

Department for Education (2014a) Mental Health and Behaviour in schools: advice for school staff. London: Department for Education.

Office for National Statistics (ONS) 2004

Sullivan, C et al (2004). Young Peoples Mental Health: A report of the findings from the lifestyle and coping survey. National Suicide Research Foundation and Department of Epidemiology and Public Health, University College Cork: and Rickwood,D.J, Deane, FP & Wilson, C.J. (2007). When and how do young people seek professional help for mental health problems? Medical Journal of Austrailia,187 (1):35-39



## CAMHS CAST request

### Appendix H: CAMHS CAST Consultation request form.

Childs name:

Date of birth:

Parental consent obtained? ☐ Yes ☐ No

If child over 16 child consent ☐ Yes ☐ No

**CAMHS**  
**Single Point of Access**

**Referral Form**

Child & Adolescent Mental Health Service (CAMHS SPA)

Wildwood West Wing, 1<sup>st</sup> Floor

County Hall Campus

Spetchley Road

Worcester WR5 2NP

Tel: 01905 768 300

Email: WHCNHS.CAMHS-SPA@nhs.net Website:

[www.hacw.nhs.uk/childrenshealth](http://www.hacw.nhs.uk/childrenshealth)

**Ethnicity:**

**Childs address:**

**Parents/carers name and address if different:**

**Contact number:**

**Mental health concern:**

**Referrers name and contact email address/ phone number :**

**School/organisation:**

**GP name and address:**

**Other agencies involved:**

**Previous referral to CAMHS?** ☐ Yes ☐ No

[Appendix I: Worcestershire CAMHS Referral](#)

For CAMHS Use Only - Name of Clinician if referral is taken over the telephone at SPA:

**SECTION ONE (all of section one must be completed by the referrer to avoid any delay)**

Name of Child/Young Person for whom the service is being requested:

Referrers name, address and contact details:

Name:		Signature:	
Job Title / Profession:			
Address:			
		Post Code:	
Contact Details:		Date of Request:	

Referral Consent: *(if answered no, please give reason)*

Does the Parent / Carer know about the referral?	Yes	No	
Does the Parent / Carer consent to the referral?	Yes	No	
Does the Child / Young Person know about the referral?	Yes	No	
Does the Child / Young Person consent to the referral?	Yes	No	

Forwarding Consent (FOR GP USE ONLY): *(if answered no, please give reason)*

Does the Parent / Carer give consent for the referral to be forwarded to Paediatrics, Adult Mental Health or Early Help Hub if appropriate	Yes	No	
Does the Young Person give consent for the referral to be forwarded to Paediatrics, Adult Mental Health or Early Help Hub if appropriate	Yes	No	

Please note: Early Help Hub referrals can only be forwarded if the GP sends the referral via the CAMHS secure email

Child / Young Person and Family name, address and contact details:			
Title:		Date of Birth:	
Forename:		Surname:	
Also known as:		Ethnicity:	
NHS No:		Age:	
Address of which the child / young person is currently living:			
		Post Code:	
Landline / Home Telephone number:		Child / Young Persons Mobile Number:	

First Language:		Interpreter required:	Yes	No	If yes, which language / dialect:
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**Who holds parental responsibility for the child / young person?**

Name:			
Relationship:			
Address:			
		Post Code:	
Telephone or Contact Details:			

**Is there any history of parental mental health difficulties?**

<input type="checkbox"/> No	<input type="checkbox"/>
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Yes

--

**Are they any adult services currently involved?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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(please give details below)

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Current General Practitioner name and address: (if not referrer)		Copy of all CAMHS correspondence will be copied to GP	
Name of Doctor:			
Surgery Name:			
Surgery Address:			
		Post Code:	
Telephone Number:			

**Current Education name and address: (we will not contact school unless parent/patient consent has been given)**

Name of School/College			
Address:			
		Post Code:	

Telephone Number:	
-------------------	--

Parent/Patient Consent given to contact school:
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Yes
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No
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Please detail the reasons for this request for service: <i>(please note our detailed criteria is located on the last pages)</i>

What are the desired outcomes for this child / young person using the elements below?
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The health or learning of unborn baby, infant, child or young person: (e.g. general health, physical development, communication, emotional and social development, behaviour, self-esteem, family and social relationships, self-care skills, aspirations, achievement in learning)

Parents and carers: (E.g. basic care, safety, emotional warmth, guidance, boundaries and stimulation)

Family and environmental: (E.g. family history, functioning and well-being, wider family, housing, employment, social and community issues)

Does the Child / Young Person have a Learning Disability?
---

☐

No

☐

Yes *(please complete the below questionnaire)*

Does the Child / Young Person have a Social Worker?
---

☐

No

☐

Yes *(please complete the below questionnaire)*

CAMHS LEARNING DISABILITY QUESTIONNAIRE				
How severe is this child's learning disability/developmental delay?	Mild	Moderate	Severe	Profound
1.				
2.				
Does this child attend a special school/nursery?	YES	NO		
Is there a known cause for his/her learning disability?	YES	NO		
3.				
If YES please specify and give any relevant investigation results:				
4.				
Has this child received a formal diagnosis of an autism spectrum disorder?	YES	NO		
5.				
Does this child have epilepsy?	YES	NO		

☐ If YES please briefly describe type, frequency and severity of seizures

☐

☐

6. Does this child have difficulties/delays in any Learning Disabilities on page 8):

	NO	MILD	MODERATE	SEVERE/PROFOUND
<input type="checkbox"/> Expressive language				
<input type="checkbox"/> Comprehension				
<input type="checkbox"/> Self-care skills				
<input type="checkbox"/> Academic skills				
<input type="checkbox"/> Mobility				
<input type="checkbox"/> Socially				

7. Please state any previous or current services that have been involved and details of the interventions (medication, behavioural etc) that have been tried with the outcome of these:

**Child / Young Person's legal status:**

☐ Living with parents
 ☐ Living with relatives
 ☐ Other (please state)

If any of the following two boxes are ticked, then the child / young people's allocated Social Worker **MUST** complete section 2 before the referral is processed

☐ Looked after Child
 ☐ Subject to a Child Protection Plan
 ☐ Adopted

<b>Social Worker details:</b> (if the Child / Young Person is looked after, we will not be able to process this referral if these details are not completed)			
<b>Name of Allocated Social Worker</b>			
<b>Social Workers Team</b>			
<b>Address:</b>			
		<b>Post Code:</b>	
<b>Telephone or Contact Details:</b>			

**SECTION TWO** (For completion by child / young person's Social Worker)

☐

**Child / Young Person Legal Status**



☐ Interim Care Order

☐ Full Care Order

☐ Section 20 –  
Voluntary  
accommodated

☐ Freed for Adoption / Placement Order  
Residence Order

☐ Special Guardianship

☐

☐ Other (please state)

**Is the Child / Young Person part of legal proceedings?**

☐ No

☐ Yes (please give the name of the Guardian and date of final hearing)

**Child / Young Person Family Details** (please give details of birth family members and any significant extended family members)

Name	Relationship to child	D.O.B	Address	Ethnicity

**Is the Child / Young Person looked after?**

☐ No

☐ Yes  
(please  
complete the  
below)

Name of Carers:			
Relationship:			
Address:			
		Post Code:	
Telephone or Contact Details:			

**Is it a private / agency foster placement?**

☐ No

☐ Yes  
(please  
complete the  
below)

**Link Worker contact details**

Name:	
Relationship:	
Address:	

		Post Code:	
Telephone or Contact Details:			

Type of placement			
<input type="checkbox"/>	Residential	<input type="checkbox"/>	Short Term Foster Placement
		<input type="checkbox"/>	Long Term Foster Placement
<input type="checkbox"/>	Adoptive Placement	<input type="checkbox"/>	Family and/or Friends
		<input type="checkbox"/>	Other (please state)

When was the child placed in the current placement and how long is it anticipated they would be placed there for?

Are there any parental contact or sibling arrangements for the child / young person?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes (please give details below)

--

If the Child / Young Person is out of area, please state the patients previous GP details			
Dr:			
Surgery Name:			
Surgery Address:			
		Post Code:	
Telephone or Contact Details:			

When was the child placed in the current placement and how long is it anticipated they would be placed there for?

How many moves has the child had since becoming Looked After? (please include reasons for placement breakdown or placement moves)

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<b>Brief history of why the child is looked after</b>
<b>History of Children's Services involvement – assessment and interventions</b>