

Mental Health and Well-Being (Students) Policy

Accepted by: Local Governing Body January 2021
Leadership Team Lead Reviewer: Head of Personal Development (DSMHL)
Review Cycle: 1 Year
Last reviewed: March 2022
Date for next review: March 2023

Key Staff

| | |
|--|---|
| Designated Safeguarding Lead (DSL) team | Melanie Pitchford |
| Designated Senior Mental Health Lead (DSMHL) | Natalie Douglass |
| Mental Health Link Director (Governor?) | Community and Values Governor (Trish Heron) |
| PSHE/RSHE lead | Natalie Douglass |
| SENDCo | Cath Lawrence |

What is this policy?

A school mental health policy explains and sets out the school's commitment to its students' mental health. It should outline how the school will support its students, its ongoing commitment to staff training, and how it will work with the wider community to promote student wellbeing. It should include and have regard for Statutory guidance including 'Keeping Children Safe in Education' (KCSIE) and 'Relationships Education, Relationships and Sex Education (RSE) and Health Education' 2019

Why the need for a Mental Health policy?

The Government's Transforming Children and Young People's Mental Health Provision Green Paper (Department of Health, Department of Education 2017) included a focus on early intervention and prevention and the central role of schools. A key theme is that there will be incentives for every school or college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and well-being.

The school has an appointed Designated Senior Mental Health Lead (DSMHL). This is Natalie Douglass. The DSMHL is part of the Safeguarding Team and coordinates the provision of mental health support services in school.

Young Minds charity reports that **one in five young adults**, and **one in ten children have** a diagnosable mental health disorder. That translates to roughly **three children in every classroom**.

Mental health issues can affect a student's emotional wellbeing as well as their educational attainment. Developing a Mental Health Policy is a first starting point in establishing a whole school approach that not only addresses student mental health but also shows students and their parents that the school is committed to the wellbeing and mental health of the students. Additionally, it signals to students that the school is understanding of mental health issues and encourages them to come forward with their difficulties. A mentally healthy school is one that has a whole-school approach to the topic of mental health and sees the mental health of its students, staff, and parents as everybody's responsibility.

How will this policy be communicated?

This policy can only impact upon practice if it is a (regularly updated) living document. It must be accessible to and understood by all stakeholders. It will be communicated in the following ways:

- Posted on the school website
- Available on SharePoint.
- Be signposted during school induction training for all new staff.
- Integral to safeguarding updates and training for all staff (especially in September refreshers)
- Reviews of this policy will include input from staff, pupils and other stakeholders, helping to ensure further engagement.

1. Policy Statement

At Hurworth School, we are committed to promoting a positive mental health for every member of our staff and student body, their families and governors. We pursue this aim using universal, whole school approaches and specialised targeted approaches aimed at vulnerable students and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues. We know that everyone experiences life challenges that make us vulnerable, and at times anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

2. Scope

This policy 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. It should be read in conjunction with other relevant School and Trust policies.

3. Policy aims

- Promote positive mental health and well-being in our school community, including pupils, parents, staff and governors
- Increase understanding and awareness of common mental health and wellbeing issues
- Alert staff to early warning signs of mental ill health
- Provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4. Concerns about Positive Mental health and Wellbeing

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

- Melanie Pitchford – Designated safeguarding Lead
- Kelly Davidson, Linda Reed– Deputy Designated safeguarding Lead
- Natalie Douglass – Designated Senior Mental Health Lead
- Cath Lawrence – SENDCo
- Natalie Douglass – PSHE Lead

School staff could become aware of changes in behaviour which may indicate a student is experiencing mental health or emotional wellbeing issues.

These changes may include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- 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

Any member of staff who is concerned about the mental health or wellbeing of a student should record their concerns on CPOMs in the first instance. If there is a concern that the student is in danger of immediate harm then the school's child protection procedures should be followed. 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 emergency services if necessary. Parents should be contacted for all mental health safeguarding concerns including all incidents of self-harm or self-injury unless a risk assessment is in place and a different agreement is in place.

On occasion, a referral to CAMHS may be appropriate, this will be led and managed by the DSMHL or by that student's Head of Year. Discussion as to who will lead a referral for each student will take place at the weekly RAG meeting. Guidance about referring to CAMHS is provided in Appendix A.

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals. Where a student regularly self-harms in school then a risk assessment needs to be put in place. This should contain details of when and how parents should be contacted e.g. in the case of escalating self-harm or a change in self-harming behaviour.

5. Teaching about Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy safe are included as part of our PSHCE curriculum and embedded throughout our school learning community in line with the DfE RSE guidance (note this is statutory from 2020)

The expectation for the end of Primary School are below. This should be the baseline for students entering the school:

- that mental wellbeing is a normal part of daily life, in the same way as physical health.
- that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations.
- how to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings.
- how to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
- the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness.
- simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests.
- isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support.
- that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.
- where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
- it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.

The expectations for the end of secondary school are that pupils learn:

- how to talk about their emotions accurately and sensitively, using appropriate vocabulary
- that happiness is linked to being connected to others.
- how to recognise the early signs of mental wellbeing concerns.
- common types of mental ill health (e.g. anxiety and depression).
- how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health.
- the benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness

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

Lessons will also be supported by assemblies and registration activities throughout the year talking about Mental Health and Well-Being.

Details on how the PSHCE curriculum is planned and implemented can be found in the PSHCE Policy. This policy also details the range of opportunities for community

participation, voluntary and service based activities which can positively impact on mental health and well-being.

6. Managing Disclosures

At times, a pupil may choose to tell a staff member concerns that they have about their own emotions or well-being. All staff need to know how to respond appropriately to a disclosure.

All staff should respond in a calm, supportive and non-judgemental way. Staff should listen rather than advise and their first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' All disclosures should be recorded on CPOMs which will be read and actioned by the appropriate member of the safeguarding team.

6.1 Confidentiality

Staff must be honest with regards to the issue of confidentiality. They should never promise the child that they will keep this to themselves, and should inform the pupil who they are going to talk to, what they are going to tell them and why it is important that they pass these concerns on.

6.2 Informing Parents/Carers

Parents will usually be informed if a child makes a disclosure and staff need to be sensitive when sharing this with parents/carers. It can be upsetting for parents to learn of their child's issues and staff should give the parent/ carer time to reflect. A brief record of the meeting should be added to a student's CPOMs record. Staff should always highlight further sources of information where possible to offer support to the parent.

However, if a child gives reason to believe that there may be underlying child protection issues, parents may not be informed and Melanie Pitchford (Designated Safeguarding Lead) (or a Deputy in her absence) should be informed immediately so that a referral can be made.

7. Working with parents/carers and the school community

We recognise the family plays an important role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring that all parents are aware of who to talk to if they have any concerns about their child's mental health and wellbeing
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.)
- Make the school policy easily accessible to parents and carers
- Keep parents informed about the topics that children are learning about in school.
- Sending parental updates to raise awareness of mental health and well-being.

8. 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 to enable them to keep students safe. The Mental Health Lead and a number of the Safeguarding team have received professional Mental Health First Aid training. We will publish relevant information to staff who wish to learn more about mental health and this policy will be provided to all staff as part of their induction. Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate.

We will host staff briefing sessions for all staff to promote learning or understanding about specific issues related to mental health throughout the year and as appropriate.

Suggestions for individual, group or whole school CPD should be discussed with Natalie Douglass who can also highlight sources of relevant training and support for individuals as needed.

9. Meeting Student Need

We recognise that to best support students who have difficulties managing their mental health it is important to provide a structured school environment with clear expectations of behaviour, well communicated social norms and routines, which are reinforced with consistent consequence systems. This is paired with an individualised and graduated response when the behavioural issues might be a result of educational, mental health, other needs or vulnerabilities.

As a school we consider how best to use SEND and pupil premium resources to provide support for children with mental health difficulties where appropriate. We are aware of how mental health problems can underpin behaviour issues and how to support pupils effectively, and work with external support where needed. This links directly with our duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability. Details of this provision are found in the SEND Policy and the Equality, Diversity and Community Policy.

10. Policy Review

The review cycle for this policy is 2 years.

In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of the DSMHL.

Appendix A: Guidance about CAMHS referral

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask ‘What have you tried?’ so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

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

Reason for referral

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

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?

- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?