

A Mentally Healthy Hady

A whole School Approach and Policy

Last Updated November 2019

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)

At our school, we aim to promote positive mental health for every member of our staff, children and their families. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue with a total of seven children will be experiencing a period of mental ill-health in their life. 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. For those in need, we are committed to giving any individual, no matter what their background (Equality Act 2010) the right help at the right time and endeavour to find this service if we cannot provide it.

This Eight Principle Whole School Approach policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our SEND policy where a student has an identified special educational need and mental ill health or where mental ill health or diagnosis impacts on their learning need. This policy should also be used in conjunction with our Safeguarding policy where a safeguarding concern also arises. Safeguarding policy and procedure overrides all others.

1. Ethos and Environment

The Policy Aims to:

- Promote positive mental health in all staff, children and their families
- 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 children with mental health issues
- Provide support to children suffering mental ill health and their peers and parents or carers

“School staff cannot act as experts and should not or to diagnose conditions. However, they should ensure they have clear systems and processes in place for identifying possible Mental Health problems including routes to escalate and clear referral and accountability systems”

(DfE Mental Health and Behaviour in Schools. Nov 2018)

2. Leadership and Management

Lead Members of Staff

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

- S. Chapman (Headteacher) - Designated Safeguarding Lead
- S. Palmer (Assistant Head) and F. Biltaji (Nurture and Wellbeing Manager) – Deputy Safeguarding Lead
- S. Chapman (Headteacher) - CPD lead
- J. Milbank and A. Mycock - SENCDOs
- F. Biltaji (Nurture and Wellbeing Manager) - Mental Health Lead
- F. Biltaji (Nurture and Wellbeing Manager) - Lead First Aider
- J. Shevloff - Head of PSHE (with RSE embedded)

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the Mental Health Lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead, her deputy or the designated governor. If the child 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 is appropriate, this will be led and managed by F. Biltaji (Nurture and Wellbeing Manager) - Mental Health Lead who may enlist the support of other staff who have relevant information or an established relationship with the child.

3. Identifying need and Monitoring impact

Individual Care Plans

“The SENCO will ensure all adults understand their responsibility to SEND children/ including persistent Mental Health difficulties which require educational provision”

(DfE Mental Health and Behaviour in schools. Nov 2018)

It is helpful to draw up an Individual Care Plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up by the SENCO involving the pupil, the parents, staff members and the 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

“How does the school assess the needs of the students and the impact of interventions to improve wellbeing/ How does the school identify students who need targeted support and ensure appropriate referral to support services?”

(NHS England: Children’s and Young People’s Mental Health and Wellbeing Taskforce. Feb 2016)

The SENDCO’s, Mental Health Lead or any other relevant staff member in school may use the Strengths and Difficulties Questionnaire as a way of assessing a child’s mental and emotional state. This should not be used in isolation and ideally should be done in school by a member of staff as well as in the home by a parent/ carer. This may then be used to engage outside agencies or to focus interventions in school. Wherever possible we will use the Graded Response Unit (Assess-Plan-Do-Review) to support the child, engage parents and carers and hold professionals accountable in the process.

All Individual Care Plans/ minutes from meetings should be stored on CPOMs and include SLT (Cross reference V9 4.1 of Child Protection and Safeguarding Policy 2018-2019)

4. Curriculum, Teaching and Learning

Teaching about Mental Health

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

The specific content of lessons will be determined by the specific needs of the cohort we’re teaching 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.

We will continue to review this policy annually in line with new local and national initiatives and policies to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, children 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.

We will display relevant sources of support in communal areas such as notice boards, newsletters, staffroom and toilets and will regularly highlight sources of support to children within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it

- Why access it
- What is likely to happen next

5. Staff Development

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental ill-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 F. Biltaji, our mental health and emotional wellbeing lead. In her absence S.Chapman will be informed and all SLT on CPOMs within school.

Possible warning signs 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
- 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
- Avoiding 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

Managing disclosures

A child 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 child 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 on CPOMs. 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
- Have the parents/carers been made aware of the incident? (see Confidentiality below)

This information should be shared with the Mental Health Lead F.Biltaji and S.Chapman on CPOMs. They will respond via CPOMs and offer support and advice about next steps.

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.

We will host relevant information for staff who wish to learn more about mental health. The [MindEd learning portal](#)¹ provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

Where the need to do so becomes evident, we will host additional 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 S. Chapman, our CPD Coordinator, who can also highlight sources of relevant training and support for individuals as needed.

The [Charlie Waller Memorial Trust](#) provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions.

6. Student Voice

Confidentiality (children)

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a child 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

Ideally, we should not share information about a student without first telling them, unless this is deemed to be emotionally harmful to 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/ carer. We will use our professional judgement about who should be informed and how information should be shared.

Confidentiality (young people (16+ and adults)

On the occasion that we have a young person over the age of 16, or an adult (parent/ carer) disclose we will treat this information sensitively. We will keep this information recorded in school on CPOMs (under the child's name who attends our

¹ www.minded.org.uk

school). If any young person or adult's disclosure will impact on a child we will share information with relevant agencies as we have a duty of care to protect all children from harm.

We will act in the best interest of the child, young person or adult and attempt to get them the support the need at the time that they need it.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead, F. Biltaji. 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/ Carers must always be informed if we have immediate concerns about the safety of the child and students may choose to tell their parents themselves. We should always give students the option of us informing parents for them or with them. However, if a child gives us reason to believe that there may be underlying child protection issues, parents/ carers do not have to be informed if it is deemed a risk to the child. The Designated Safeguarding Lead, S. Chapman (or F.Biltaji in her absence) must be informed immediately.

7. Working with Parents/ Carers

Where it is deemed appropriate to inform parents/ carers, 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? Consider your safety.
- 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/ carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent/ carer time to reflect.

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

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on CPOMs.

Working with All Parents/ Carers

Parents/ Carers 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
- Ensure that all parents/carers are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents/ carers
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in RSE/ PSHE and share ideas for extending and exploring this learning at home

8. Targeted Support

Supporting Peers

We will endeavour to support a child through targeted support via our in-house systems. This may include access to nurture group support, specific time with a named teacher/ teaching assistant or MDS, or 1:1 support. We will engage with additional Universal Services such as School Health to meet their needs and through the use of Graded Response Unit feel confident in when to ask for additional input from external agencies.

When a child is struggling with mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering where possible. We will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in November 2020.

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 F. Biltaji our mental health lead via phone 01246 279 254 (Mon – Weds) or email fbiltaji@hady.derbyshire.sch.uk

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

References:

World Health Organization August 2014
Leading a Mentally Healthy School 2018
Equality Act 2010
MindEd.org.uk
Charlie Waller Memorial Trust
NHS England: Children's and Young People's Mental Health and Wellbeing Taskforce. Feb 2016
DfE Mental Health and Behaviour in schools. Nov 2018
Anna Freud Toolkit
DfE How schools can promote their pupil's Mental Health 2017
Time-to-change.org.uk
Future in Mind, Promoting and Improving our children and Young People's Mental Health and Wellbeing 2018
NICE Guidelines 2018
PACE (Dan Hughes)
PSHE Association. Teacher Guidance: preparing to teach about Mental Health and emotional wellbeing (DfE March 2015)
Working Together 2018
Working Together to Safeguard Children' (2018)
Keeping Children Safe in Education Statutory Guidance 2018
V9 Child Protection and Safeguarding Policy 2018- 2019