

Promoting positive mental health and wellbeing in school

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 his or her community. (World Health Organisation).

At our school, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

Scope

This document describes the school's approach to promoting positive mental health and well-being. 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 pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

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

Key members of staff

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

- Sara Pike – designated child protection/safeguarding lead and mental health and wellbeing lead
- Lisa Phillips – designated safeguarding governor and mental health and wellbeing governor
- Lorraine Wills – THRIVE lead TA, first aider
- Sophie Essam, Leanna Russell, Susannah Tandy, Jo Watkinson, – mental health and wellbeing team
- Leanna Russel – Head of PSHE
- Carrie De Rosa – family support worker

Any member of staff who is concerned about the mental health or wellbeing of child should speak to a member of the mental health and wellbeing team in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead, the headteacher or the Multi-Agency Safeguarding Hub (MASH). If the pupil presents with a medical emergency, then the

normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS / mental health services is appropriate, this will be led and managed by Sara Pike, mental health and wellbeing lead.

Individual Support Plans

It will be helpful to draw up an individual support plan for pupils 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

Teaching about mental health

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

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

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional well-being in a safe and sensitive manner.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

Examples of school based and local community support

- Time in our Nurture provision (pupils)
- Support from key adult(s) in school (pupils)
- 1:1 THRIVE intervention(pupils)
- 1:1 therapeutic play sessions (pupils)
- Support from our family support worker (parents, staff and pupils)
- Support from the mental health lead or any member of the mental health and wellbeing team (parents, staff and pupils)
- Small group support to teach pupils social / friendship skills (pupils)
- Meet and greet in the mornings to ease home / school transition (pupils)
- Alternative arrangements at lunchtime – e.g. lunch club, parent coming in for lunchtime, pupil having lunch with key adult (pupils)
- Referral to other professionals – school nurse team, mental health services, Chestnut Outreach support, Educational psychologist (pupils)
- Referral to Supporting families programme (parents and pupils)
- Counselling services through occupational health (staff)

KINDNESS RESPECT RESPONSIBILITY ASPIRATION

Warning signs

There are often warning signs which indicate a child or young person is experiencing mental health or emotional well-being issues. These warning signs are taken seriously and staff observing any of them should communicate their concerns with the mental health and emotional well-being lead. While not exhaustive, the list below details possible warning signs as follows:

- Unusual play (in playground)
- Unusual drawings (in class)
- Tendency to isolate themselves
- Compulsive lying
- Stealing
- Attention needing
- Pulling hair out (self-harm)
- Hurting other children
- No empathy for others
- Anxiety
- Hiding inside clothes (making self invisible)
- Being loud and disruptive
- Over/under eating
- Soiling
- Tiredness
- Significant change in behaviour
- Controlling behaviour

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend/sibling to any member of staff so all staff need to understand how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend/sibling 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 the focus should be of the child or young person's emotional and physical safety rather than of exploring 'why?'

See Appendix C for more information about how to handle mental health disclosures sensitively.

All disclosures should be recorded on CPOMS and include the main points from the conversation and agreed next steps.

Confidentiality

Staff will be honest with regard to the issue of confidentiality. If it is necessary to pass on concerns about a child or young person, then they should discuss with the child:

- Who they are going to talk to
- What they are going to tell them
- Why they need to tell them

Information about a pupil should not be shared without first telling them. Ideally their consent should be received, although there are situations when information must always be shared with another member of staff and/or a parent if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually a member of the mental health and wellbeing team. This helps to safeguard the emotional well-being of the member of staff as they are no longer solely responsible for the pupil. It also ensures continuity of care in the absence of that member of staff and provides an extra source of ideas and support. This should be explained and discussed with the pupil along with who it would be most appropriate and helpful to share the information with.

If a pupil gives us reason to believe that there may be underlying child protection concerns, the Designated Safeguarding Lead must be informed immediately.

Working with parents and carers

Where it is considered appropriate to inform parents / carers of a disclosure, staff will always seek to be sensitive in approach and will consider on a case by case basis the following points

- Should the meeting happen face to face? This is preferable.
- Who should be present? (parents, child or young person, other members of staff)
- What are the aims of the meeting?

The school accepts that, on learning of their child's issues, parents may be upset or surprised and may respond negatively during the first conversation. The school understands that and will always seek to give the parent time to reflect.

The school will provide a contact point for parents if they have further questions and will consider booking in a follow-up meeting or phone call as parents often have many questions.

An appropriate record of the meeting will be kept on the child's confidential record (CPOMS).

Communicating with parents and carers

Parents and carers often welcome support and information from the school about supporting their children's emotional and mental health. In order to support parents and carers the school 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 arrange this if they have concerns about their own child or a friend of their child.
- Make our mental health policy easily accessible to parents.
- Keep parents/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.
- Ensure parents have access to our family support worker if this would be helpful

Supporting peers/siblings

When a child or young person is suffering from mental health issues, it can be a difficult time for their friends/siblings.

Friends/siblings often want to support but do not know how best to do it. The school will seek to support friends/siblings and will consider what is most appropriate on a case by case basis.

Support will be provided on a one-to-one basis or in a group setting and will be informed by the views of the pupil who is suffering and their parents with whom the school will discuss:

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

Additionally the school will highlight with peers/siblings:

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

Training

All staff will receive regular training about recognising and responding to mental health issues to enable them to keep pupils safe.

Training opportunities for staff requiring more in-depth knowledge will be considered as part of the school's performance management process and additional CPD will be supported throughout the year as appropriate.

Where the need to do so becomes evident, the school will host training sessions for all staff to promote learning or understanding about specific issues related to mental health e.g. the recent whole school focus on attachment awareness

See appendices for further information and advice.

Part 2: Staff Wellbeing

The health and wellbeing of our staff is very important. If any member of staff feels they are suffering from work related stress they are encouraged to talk to their line manager / the Head teacher or a member of the mental health and wellbeing team; a referral to professional counselling can be made via occupational health.

Warning signs

All members of staff should be aware of the warning signs that can indicate that a person may be having trouble managing stress.

Some of the **behavioural indicators** that are caused by stress include, but are not limited to, the following:

- Difficulty sleeping
- Changes in eating habits
- Increased smoking or drinking
- Isolation from friends and family

Some of the **physical indicators** caused by stress include, but are not limited to, the following:

KINDNESS RESPECT RESPONSIBILITY ASPIRATION

- Tiredness
- Indigestion and nausea
- Headaches
- Aching muscles
- Heart palpitations

Some of the **mental indicators** caused by stress include, but are not limited to, the following:

- Indecisiveness
- Difficulty concentrating
- Memory loss

Some of **emotional indicators** caused by stress include, but are not limited to, the following:

- Feelings of inadequacy
- Low self-esteem
- Anger or irritability
- Anxiety
- Hypersensitivity
- Feeling drained and listless

To promote staff wellbeing the headteacher and senior leaders will:

- Create a positive and supportive atmosphere throughout the school.
- Aim to develop a sensitive performance management process that is linked to clear job specifications.
- Aim to include all staff in the school's decision making process.
- Organise extra support for staff at times of increased stress, such as during Ofsted inspections.
- Ensure that all policies that affect staff wellbeing are properly adhered to and reviewed.
- Be responsible for authorising any staff absences, as well as granting extended leave.
- All senior management will act in a supportive and constructive manner when dealing with cases related to wellbeing.
- Senior leaders will regularly review workload expectations

The school business manager will:

- Gather information in any cases that allow monitoring of this policy, such as, but not limited to, the following:
 - Sickness and absence data
 - Staff turnover
 - Referrals to occupational health

KINDNESS RESPECT RESPONSIBILITY ASPIRATION

- Grievance cases
- Harassment cases

Staff responsibilities

- All members of staff are responsible for acting in a way that maintains a healthy work/life balance.
- All members of staff will act in a way that promotes a positive, supportive atmosphere throughout the school.
- All members of staff are responsible for reporting honestly about their wellbeing.
- All members of staff will, where possible, ask for help when they feel under pressure or stressed.
- All members of staff will attend events and training opportunities which promote wellbeing and health.
- Members of staff will not act in a manner which endangers themselves or others.

Reporting procedures

- If any member of staff wishes to raise a concern about wellbeing, any member of the wellbeing team can be notified (currently Sophie Essam, Sara Pike, Leanna Russell, Susannah Tandy, Jo Watkinson).
- The member of the wellbeing team will provide the member of staff with information about the support that is available to them; this includes both within the school and outside sources.
- The member of the wellbeing team, in receipt of the concern, will investigate and report this to the head teacher.
- The head teacher will decide whether any further action will be taken.
- The member of the wellbeing team will treat all cases confidentially. Where possible, real names of staff will not be used when wellbeing officers are reporting to the head teacher.
- In some cases, such as those that involve a direct impact on day-to-day activities, confidentiality cannot be guaranteed. If this is the case, staff will be made aware of the situation.

Policy Review

This policy will be reviewed every three years as a minimum.

Appendix A: Further information and sources of support about common mental health issues

Below, there is 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 as they are useful for school staff too.

Self-harm

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

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

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

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

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

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

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

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 pre-school 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

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Appendix B: Guidance and advice documents

[Supporting Mental Health in Schools and Colleges -](#) Department for Education (2017)

[Promoting children and young people's emotional health and wellbeing](#) - Public Health England (2015)

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2016)

[Keeping Children Safe in Education](#) - statutory guidance for schools - and colleges. Department for Education (2018)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2017)

[MindEd](#) - provides free online training suitable for staff wishing to know more about a specific issue.

Appendix C: Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

If a pupil has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

Offer support

Never leave this kind of conversation without agreeing next steps. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

KINDNESS RESPECT RESPONSIBILITY ASPIRATION

Acknowledge how hard it is to discuss these issues

It can take a young person weeks or even months to admit to themselves they have a problem, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

Never break your promises

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.