

Rothwell Schools' Mental Health and Well Being policy

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 Organization)

Our aims:

At our school, we aim to promote positive mental health for every member of our staff and pupils. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. 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. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health. We will support staff who are struggling with their own mental health and provide strategies or direct to support should this be required.

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 young people with mental health issues
- ♣ Provide support to pupils suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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

- ♣ Gemma Harvey- designated child protection / safeguarding officer
- ♣ Bridget Leder - mental health lead
- ♣ Bridget Leder, Chloe Fallady, Megan Van-Davis- well-being team
- ♣ Megan Van-Davies- pastoral lead
- ♣ Bridget Leder - CPD lead
- ♣ Alison O'Neill - Heads of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil 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 pupil 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 Bridget Leder/ Chloe Fallady/ Megan Van-Davies.

Individual Care Plans

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 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 developmental PSHE curriculum. The Jigsaw scheme of work is used across the schools with clear plans for teaching about positive mental health and mental health issues. The specific content of lessons will be determined by the specific needs of the cohort we are 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 follow the PSHE Association Guidance 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, pupils and parents are aware of sources of support within school and in the local community.

Varied support is available within our school and local community including the Mental Health Support Team, CAMHS, school nurse, Think for the Future, Youth Works, Targeted support through SSS, MST as well as Draw and Talk and other SEMH support interventions within school and confidential counselling for staff .

We will display relevant sources of support in communal areas such as classrooms/corridors and staffrooms and will regularly highlight sources of support to pupils within relevant parts of the curriculum.

Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring that they understand:

- ♣ What help is available
- ♣ Who it is aimed at
- ♣ How to access it
- ♣ Why to access it
- ♣ What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 Bridget/Chloe/Megan, our mental health and emotional wellbeing leads. Possible warning signs include:

- ♣ 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

Managing disclosures

A pupil 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 pupil 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 pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be reported to the DSL and mental health lead and recorded on CPOMs in the same way that safeguarding concerns are 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

This information should be shared with the designated safeguarding team, which includes members of the mental health team, who will store the record appropriately and offer support and advice about next steps. The Safeguarding tab on school pod is monitored regularly and followed up weekly. If urgency is required in reporting, then direct contact should be made immediately with the safeguarding lead or deputies.

Confidentiality

We will be honest with regards to the issue of confidentiality. If the safeguarding team deem it is necessary to pass on concerns about a pupil then we will discuss with the pupil:

- ♣ 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 pupil without first telling them. Ideally, we would receive their consent, though there are certain situations, such as when a pupil is in danger of harm, when information must always be shared with another member of staff and/or a parent. It is always advisable to discuss a disclosure with a member of the safeguarding team as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil; it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if a child is talking of harming themselves / discloses they have hurt themselves and students may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be a child protection issue with contacting parents then parents should not be informed, but the child protection office [Gemma Harvey] or her deputies must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we will be sensitive in our approach. Before disclosing to parents, we will 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 pupil, other members of staff.
- ♣ What are the aims of the meeting?

It can be shocking and upsetting for parents 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 time to reflect. We should always highlight further sources of information and give them information to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that we are sharing. We will provide clear means of contacting us with further questions and offer a follow up meeting or phone call as parents often have many questions as they process the information. Each meeting will finish with agreed next steps; a brief record of the meeting will be kept in the child's confidential record.

Working with All Parents

In order to support parents we will:

- ♣ Highlight sources of information and support about common mental health issues, including bullying on our school website
- ♣ Ensure that all parents are aware of who to talk to, and how to access this, if they have concerns about their own child or a friend of their child
- ♣ Make our mental health policy easily accessible to parents
- ♣ Share ideas through newsletters, coffee mornings etc with parents about how they can support positive mental health in their children
- ♣ Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

Supporting Peers

Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom 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/saying which may inadvertently cause upset
- ♣ Additionally, we will want to highlight with peers warning signs that their friend needs help (e.g. signs of relapse)
- ♣ 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

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 pupils safe. All staff have access to a confidential telephone counselling service. Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

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 to developing situations with one or more students.

This policy will be reviewed every 2 year. Next review date July 2023.