

Mental Health and Well Being Guidelines



Written: September 2020

Reviewed – Every two years

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Article 24 – Health Care - ensures that every child has the right to the best possible health.

Governments must provide good quality **health care, clean water, nutritious food, and a clean environment and education on health** and well-being so that children can stay healthy.

Richer countries must help poorer countries achieve this.

“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 Organisation)

National Information

- 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

At Green Gates Academy, we aim to promote positive mental health for every member of our staff, pupils and parents and carers. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. 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 pupils affected both directly, and indirectly by mental ill health.

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 directors. The policy was put together using guidance from advice documents and Data Sources can be found in Appendix A. 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.

The Policy Aims to:

- Promote positive mental health in all staff, pupils and parents and carers
- 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
- Provide support to staff to manage their own and colleague's well-being. Lead Members of Staff. Whilst all staff have a responsibility to promote the mental health of pupils.

Staff with a specific, relevant remit include:

- Designated Safeguarding Lead
- Deputy Safeguarding Officer
- Mental Health Lead
- Behaviour and attitudes lead
- Link director for safeguarding: Al Stephens
- Play therapist
- Special Educational Needs Co-ordinator:
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Any member of staff who is concerned about the mental health or wellbeing of a pupil, member of staff, parent/carer should speak to the safeguarding 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 one of the safeguarding officers. 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 the Child & Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the safeguarding lead.

Individual behaviour support plans.

Each behaviour support plan will have details of:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- Support for the child for regulation
- Support for the child to support with behaviour managements
- Areas of likes and dislikes

The role the school can play teaching about mental health and well being is crucial. 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 personal, social and health education (PSHE) 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 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 wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, pupils and parent/carers 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. We will display relevant sources of support in communal areas such as classrooms, website, reception, staff room, school newsletters and toilets. We will regularly highlight sources of support to staff in the staffroom and to pupils within relevant parts of the curriculum. The mental health lead sends out regular support information to staff and parents via email. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils 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 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 the safeguarding lead. 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 by pupils and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff should listen rather than advise. Staff are clear to pupils that the concern will be shared with the safeguarding lead and recorded in order to provide appropriate support to the pupil. All disclosures are recorded and held on the pupil's confidential file via cpoms, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps. All disclosures will be managed in accordance with the school's Child Protection (Safeguarding) Policy.

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?
- 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/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 step and always keep a brief record of the meeting on the child's confidential record. The parent/carer can also sought support via the parents support advisor or be referred into early help for further support

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/carers we will:

- Highlight sources of information and support about common mental health issues on our school website – Think you know, MindEd, NSPCC, Young minds, Childline
- Parents/carers/staff may also require specific relevant support information regarding self-harm, eating disorders, psychosis, anxiety, depression and more. The Mental Health Lead can signpost individuals further when necessary. Some of these sources are included in Appendix B

- 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 planned information evenings
- 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.

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. The mental health and well-being lead will support friends when they need to further understand how they are able to help their friends. Advice and help is also gained from Lesbian, gay, bisexual and transgender (LGBT) Champions. 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 by the pupil who is suffering and their parent/carers 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
- 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.

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

Monitoring & Review

- Monitoring of mental health issues and policy implementation will be via:
- Continuing professional development (CPD) sessions delivered to staff

- relating to mental health
- Personal, Social and Health Education (PSHE) topics relating to mental health
- An annual report of the number of CPOMS logs and referrals to the Child & Adolescent Mental Health Services
- Thrive assessments and reviews
- PASS data analysis
- There will be a full policy review every 2 years as a minimum. Additionally, this policy will be reviewed and updated as required.

Appendices A

Guidance and advice documents

Supporting mental health in schools and colleges – GOV.UK Surveys and case studies with schools on activities to support pupils' mental health and wellbeing (2017)

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 (2016)

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 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)

Appendices B

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 (www.youngminds.org.uk)

• Mind (www.mind.org.uk) • and (for e-learning opportunities) Minded (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: www.selfharm.co.uk - National Self-Harm Network: www.nshn.co.uk - www.selfinjurysupport.org.uk - www.harmless.org.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

www.depressionalliance.org/information/what-depression -

www.mind.org.uk - www.mindfull.org - www.youngminds.org.uk –

www.childline.org.uk - www.getconnected.org.uk –

www.therelationshipcentre.co.uk/talkdontwalk - www.depressioninteenagers.co.uk –

www.thestudentsagainstd Depression.org - www.thecalmzone.net –

www.youthhealthtalk.org - www.youth2youth.co.uk 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 - www.nopanic.org.uk –

www.ocdaction.org.uk - www.ocduk.org - www.getselfhelp.co.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*.

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 In addition see list under Anxiety heading. 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 - www.samaritans.org - www.cwmt.org - www.stampoutsuicide.org.uk - www.asist.org.uk - Cruse Bereavement Care: www.cruse.org.uk or www.rd4u.org.uk - Survivors of Bereavement by Suicide: www.sobs.org.uk - Sane/Saneline: www.sane.org.uk - On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/researchand-resources/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 - Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children - Anorexia and Bulimia Care (ABC): www.anorexiaandbulimiacare.org.uk - Boy Anorexia: www.boyanorexia.com - Student Run Self Help: www.srsh.co.uk - Men Get Eating Disorders Too: www.mengetedstoo.co.uk - <http://www.nhs.uk/conditions/anorexia-nervosa/pages/lynsey-and-helen-stories.aspx> - <http://guidance.nice.org.uk/CG9>
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 21
OTHER ISSUES Rethink Mental Illness: www.rethink.org IRIS: www.iris-initiative.org.uk Hearing Voices Network: www.hearing-voices.org bipolarUK: www.bipolar.org.uk Voice Collective: www.voicecollective.co.uk Mental Health Care: www.mantalhealth.org.uk