GREAT ADDINGTON CE PRIMARY SCHOOL
MENTAL HEALTH AND WELL-BEING POLICY

Together we build a Christian foundation of love, care, respect and forgiveness for all members of our school family. These deeply embedded values influence our whole lives and community, permeating everything we are and do. Our love is not just words and talk; it is true love, shown in our actions.

COMMITTEE/GOVERNOR RESPONSIBLE	:	
DATE APPROVED BY GOVERNING BODY	:	September, 2019
Signed		Chair of Governors
NOTES (If applicable)	:	

This Policy is subject to the published Equality Information, in line with the Equality Duty 2011 and is underpinned by the Christian beliefs and values of our School.

POLICY STATEMENT

Mental health is a state of well-being in which every individual realizes 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).

In our school our Christian vision shapes all we do.

Together we build a Christian foundation of love, care, respect and forgiveness for all members of our school family. These deeply embedded values influence our whole lives and community, permeating everything we are and do. Our love is not just words and talk; it is true love, shown in our actions.

(1 John 3:18)

In addition 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 specialized, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognize and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

SCOPE

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 governors.

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

This policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils;
- Increase understanding and awareness of common mental health issues;
- Alert staff to early warning signs of poor mental health and wellbeing;
- Provide support to staff working with young people with mental health and wellbeing 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 pupils. Staff with a specific, relevant remit include:

- Mr Richard Meekings, Miss Emily Birch and Mrs Emma Kyberd – Designated Child Protection/Safeguarding Officers;
- Mrs Sallie Foster – Mental Health and Emotional Wellbeing Lead;
- Mrs Eve Lacatusu – Lead First Aider;
- Mr Richard Meekings – Pastoral Lead;
- Mr Richard Meekings – CPD Lead;
- Mrs Sallie Foster - Head 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 Staff or the Headteacher. 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 Mrs Sallie Foster – Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix 1.

INDIVIDUAL CARE PLANS

It is helpful to draw up an individual care plan for pupils causing concern or who receives 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 AND WELLBEING

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

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 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 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 is outlined in Appendix 2.

We will display relevant sources of support in communal areas 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 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 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 Mrs Sallie Foster, our Mental Health and Emotional Wellbeing Lead.

Possible warning signs include:-

- Physical signs of harm that are repeated or appear non-accidentally;
- Change 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 behavior;
- Skipping P.E. or getting changed secretively;
- 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 to remain calm, supportive and non-judgmental.

Staff should listen rather than advise and our fist thoughts should be of the pupil's emotional and physical safety rather than of exploring "Why?" For more information about how to handle mental health disclosures sensitively see Appendix 3.

All disclosures should be recorded on My Concern. This will include:

- Date;
- The name of the member of staff to whom the disclosure was made;
- Main points from the conversation;
- Agreed next steps;

This information should be shared with the mental health lead, Mrs Sallie Foster who will offer support and advice about next steps. See Appendix 1 for guidance about making a referral to CAMHS.

CONFIDENTIALITY

We should be honest with regards to the issue of confidentiality. If we think it is necessary for us to pass our concerns about a pupil on then we should 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 when information must always be shared with another member of staff and/or a parent. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead, Mrs Foster. 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 should be informed if there are concerns about their mental health and wellbeing and pupils 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 underlying child protection issues, parents should not be informed, but one of the Designated Safeguarding Leads (Mr Richard Meekings, Miss Emily Birch and Mrs Emma Kyberd) must be informed immediately.

WORKING WITH PARENTS

Where it is deemed appropriate to inform parents, 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 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 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.

WORKING WITH ALL PARENTS

Parents 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 are aware of who to talk to, and how to get help 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;
- 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 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. 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 parents with whom we will discuss:

- What 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 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 recognizing and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

We will share relevant information with staff who wish to learn more about mental health. The MindEd learning portal 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 to developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight 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 Mrs Sallie Foster, our CPD Co-ordinator who can also highlight sources of relevant training and support for individuals as needed.

POLICY REVIEW

This policy will be reviewed every 3 years as a minimum. It is next due for review September 2022. Additionally, this policy will be reviewed and updated as appropriate on an ad-hoc basis. This policy will always be immediately updated to reflect personnel changes.

APPENDIX 1 – REFERRING TO CAMHS

Our Child and Adolescent Mental Health Service (CAMHS) supports children and young people with significant mental health difficulties. The service offers a range of therapies delivered individually or in groups, in partnership with families at a number of localities.

Here at CAMHS we offer:

- Mental health assessments;
- Skills based workshops for young people, parents and carers;
- Individual work with a range of professionals including psychology, psychiatry, nurses, social workers, occupational therapists, and psychotherapists;
- CAMHS Live – helping you to access the mental health services you might need;
- Cognitive assessments;
- Consultation Line;
- Children's Response and Resolution Team;
- Training for professionals;

When we receive a request for help we will offer you an appointment. At the first appointment we will spend time talking about the reasons you are here. We will listen to you, you can tell us anything you like about how you are feeling and ask as many questions as you like. This is a safe environment and we want to help you. We find it helpful to meet other members of your family so we can hear what they think about the difficulty but we will also talk to you separately. You may prefer it if it is just you at the appointment and this is fine, just let us know.

Who is the service for? Children and young people in Northamptonshire who have severe and complex mental health difficulties;

How to access this service: We accept referrals from any professional background via our Referral Management Centre at https://www.nhft.nhs.uk/camhs

Young people and their family can speak to one of our advisors live and online about CAMHS and the best services for them at https://www.nhft.nhs.uk/camhslive

APPENDIX 2 – FURTHER INFORMATION AND SOURCES OF SUPPORT ABOUT COMMON MENTAL HEALTH ISSUES

- 1 in 10 children and young people aged 5 – 16 suffer from a diagnosable mental health disorder- that is around 3 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;
- 3.3% or about 290,000 children and young people have an anxiety disorder;
- 72% of children in case have behavioural or emotional problems – these are some of the most vulnerable people in our society;

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 as they are useful for school staff too.

Support on all 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) Place2Be (www.place2be.org.uk).

SELF-HARM

Self-harm describes any behavior 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.

ON-LINE SUPPORT

SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.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 behavior and ability and motivation to engage in day to day activities.

ON-LINE SUPPORT

Depression Alliance: www.depressionalliance.org/information/what-depression.

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

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. London: Jessica Kingsley Publishers.

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

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 Conners (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 due 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/

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 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.

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.

APPENDIX 3 – HOW TO HANDLE MENTAL HEALTH DISCLOSURES SENSITIVELY

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

"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point"

If a pupil has come to you, it is 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

"Sometimes it is hard to explain what is going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end".

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 to try to offer answers. This all comes later. For now your role is imply one of supportive listener. So make sure you're listening!

DON'T PRETEND TO UNDERSTAND

"I think that all teachers got taught on some course somewhere to say "I understand how that must feel" the moment you open up. YOU DON'T – don't even pretend to. It is not helpful, it is insulting.

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you have 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 are saying and encourage them to talk and you will 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

"She was so disgusted by what I told her that she couldn't bear to look at me"

It is 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 to 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

"I was worried how she would react, but my Mum just listened then said "How can I support you?" – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could to help me stop self-harming".

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. 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 are working with them to move things forward.

ACKNOWLEDGE HOW HARD IT IS TO DISCUSS THESE ISSUES

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my Teacher looked me in the eye and said "That must have been really tough" – he was right, it was, but it meant so much that he realized what a big deal it was for me".

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.

DON'T ASSUME THAT AN APPARENTLY NEGATIVE RESPONSE IS ACTUALLY A NEGATIVE RESPONSE.

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself"

Despite the fact that a pupil has confided in you, and my even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the pupil.

NEVER BREAK YOUR PROMISES

"Whatever you say, you'll do, you have to do or else the trust we've built in you will be smashed to smithereens, and never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken.

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 it is handled within the school's policy of confidentiality and 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 that 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 savior and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.