Mental Health and Wellbeing Policy

Contents

Statement of Intent

"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

In our school, our Christian vision shapes all we do. All members of the school community are committed to upholding the St Michael's Church of England Christian values:

- to show love, care and kindness to all in our community
- to value what we have and to share with others
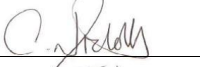- to enable everyone to achieve their full potential

In addition, we aim to promote positive mental health for all of our staff and pupils. We pursue this aim using universal, whole-school approaches and specialised, targeted approaches aimed at vulnerable pupils.

The importance of mental health and wellbeing is recognised through the Wellbeing Advisory Board; members ensure wellbeing is a priority focus in all areas of school life. As a school community, we aim to recognise 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 and staff affected, both directly and indirectly, by mental health and wellbeing issues.

As a school, we are dedicated to developing provision and current strategies through the application for The Carnegie Centre of Excellence for Mental Health in Schools. The whole school award focuses on ensuring effective practice and provision is in place that promotes the emotional wellbeing and mental health of both staff and pupils. The award is focused on changing the long-term culture of a school, and embedding an ethos where mental health is regarded as the responsibility of all. With this award, we will demonstrate that we are committed to:

- promoting mental health as part of school life
- improving the emotional wellbeing of our staff and pupils
- ensuring mental health problems are identified early and appropriate support is provided
- offering provision and interventions that match the needs of our pupils and staff
- engaging the whole-school community in the importance of mental health awareness
- capturing the views of parents, carers, pupils and staff on mental health issues

Signed by:

C Handy Lovett	Acting Headteacher	Date:	10/03/2022
K Thornton	Co-Chair of Governors	Date:	10/03/2022
C Kiddy	Co-Chair of Governors	Date:	10/03/2022

Date adopted   21st November 2019

Date reviewed   10th March 2022

Review date   March 2024

1. Scope

1.1 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.

1.1 This policy should be read in conjunction with the following policies:

- Attendance
- Behaviour Principles
- Child Looked After
- Child Protection & Safeguarding
- Disability & Equality
- Drug & Alcohol
- Equality
- RSE & Health Education
- Supporting Pupils with Medical Needs
- Young Carers

1.2 Any member of staff who is concerned about the mental health or wellbeing of a pupil should complete the Pastoral & SEND referral form and speak to a member of the Pastoral Team in the first instance. If there is a fear that the pupil is in danger of immediate harm, the normal safeguarding protocols and procedures must be followed, with an immediate referral to the Designated Safeguarding Lead (DSL). If the pupil presents a medical emergency, the normal procedures for medical emergencies must be followed, including alerting first aid staff and contacting the emergency services if necessary.

1.3 Where a referral for external support is required, this will be led and managed by the Head of Year (HOY)/Assistant Head of Year (AHOY).

1.4 Staff Occupational Health referrals or other agency support for mental health and wellbeing will be led and managed by the Headteacher in accordance with the school's Management of Absence Policy. If a member of staff has a concern for the wellbeing or mental health of a colleague, they should raise the concern through speaking directly to the DSL or Deputy Headteacher(s).

2. Wellbeing Advisory Board (WAB)

2.1 The Wellbeing Advisory Board provides strategic direction and leadership to ensure the mental health and wellbeing of the St Michael's community is considered a high priority. Represented by members of the whole school community, the vision of the WAB is to reflect on current practices and consult, as a collective, to further implement high quality and well informed mental health and wellbeing initiatives.

2.2 The Wellbeing Advisory Board aims to:

- drive collective consultation to include staff, pupils, parents and, where appropriate, service led partnerships
- challenge the stigma surrounding mental health with an understanding that wellbeing is a cultural issue and one that should not be treated as an 'extra' responsibility
- embrace systemic change through planning and processes that can have an impact at multiple levels.

2.3   The WAB members include:

- Christina Handy-Rivett: Acting Headteacher
- Kerry Whitehouse: School Engagement Development Manager
- Andrew Turner: Assistant Head of Year/Social Emotional Mental Health (SEMH) Lead
- Hollie Thompson: Assistant Head of Year/SEMH support
- Reverend John Bridge: School Chaplain and Governor
- Simon Lakin: Ethos Lead
- Amy Dowler: EAL Lead
- Annisha Rukar: Learning Support Practitioner
- Rachel Banno: Cover Supervisor
- Daniel Robinson: Unqualified Teacher of Music
- Samantha Prescott: SLT Personal Assistant and Office Manager
- Jane Mitchell-Barnes: Compliance & Quality Manager
- Victoria Dimmock: Parent
- Jenny Postings: Parent
- Emma Newman-Male: Parent

2.4   Members of Student Voice have ongoing opportunities to engage in consultation and the development of initiatives. Pupil representatives have the opportunity to attend meetings with the Wellbeing Advisory Board

3.   Lead Members of Staff

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

NAME	ROLE
Christina Handy-Rivett	Acting Headteacher
Sarah Beardsmore	Assistant Headteacher/Designated Safeguarding Lead
Jill Mills	Inclusion Manager/Designated Safeguarding Lead
Kerry Whitehouse	School Engagement Development Manager/Designated Mental Health Lead
Andrew Turner	SEMH Lead
Hollie Thompson	MHFA qualified
Kate Wilcox	Lead First Aider
Peter Stafford	PSHE/RSHE and Work Related Learning Coordinator
Reverend John Bridge	SEMH Governor

4.   Identification of Pupils with SEMH

4.1   Using a range of data and information, the school will identify and record pupils with SEMH concerns. CPOMS and Go 4 Schools will be used to record incidents, behaviours and emotions, which can be interpreted as expressions of SEMH, e.g. self-harm, anxiety, suicidal thoughts, being withdrawn, challenging behaviour. This data and information will allow the Pastoral Team to identify pupils who have SEMH concerns. Risk assessments for some pupils who require them will be shared via the staff portal.

4.2   Pupils that have SEMH needs will sometimes need support from external agencies including BEAM, Murray Hall, CAMHS and inclusion support. The school will work with parents and agencies to provide the best support available for these learners.

5.   Individual Care Plans

5.1   An individual care plan will be drawn up for pupils who receive a formal diagnosis pertaining to their mental health. This must be drawn up involving the pupil, the parents/carers, and relevant health care 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

5.2   This Individual Care Plan will be reviewed regularly to ensure that it is effective. As a school, we appreciate that mental health fits on a continuum and changes in provision will be needed to ensure that students receive the correct level of support.

6.   Teaching about Mental and Physical Health and Wellbeing

6.1   The skills, knowledge, and understanding our pupils need to keep themselves and others physically and mentally healthy and safe are included as part of our broad and balanced curriculum offering. We offer dedicated programmes of study, delivered through the PSHE curriculum. This is enhanced by assembly programmes, tailored 21st Century Child events and mental welfare campaigns. To support pupils' physical health and fitness, we deliver a core PE curriculum and provide extracurricular provision. This provision is tailored to promote good physical and mental health.

6.2   In relation to PSHE, the specific content of lessons will be determined by the specific needs of the cohort we are teaching; however, 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 PSHCE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner that helps rather than harms.

7.   Signposting

7.1   We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. The support that is available within our school and local community, who it is aimed at and how to access it, is outlined on the school website, pupil planners, school newsletters and our Student Voice social media platforms. We will regularly highlight sources of support to pupils within relevant parts of the curriculum and in focus presentations and assemblies. 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

8.   Warning Signs

8.1   School staff may become aware of warning signs that 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 by completing a record of concern CPOMS.

8.2   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 secretively
- lateness to or absence from school
- repeated physical pain or nausea with no evident cause

8.3   Parents, guardians and carers have a duty of care to notify the school if they have concerns about their child displaying any of the above warning signs.

9.   Managing disclosures

9.1   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.   Staff must follow the guidance in the school's Child Protection and Safeguarding Policy.

9.2   If a pupil chooses to disclose concerns about their 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.   All disclosures should be recorded on CPOMS as part of the pupil's confidential file. This written record should include:

- the date
- name of the member of staff to whom the disclosure was made
- main points from the conversation
- agreed next steps

9.3   This information must be shared via CPOMS but, as these incidents are often urgent, personal contact is also required to communicate the issue with the DSL. Support and advice about the next steps will then be agreed.

10.   Confidentiality

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

10.2   We should never share information about a pupil without first telling them. Ideally, we would receive their consent, although 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.

10.3   It is advisable to share disclosures with a colleague, usually the Pastoral Team and the DSL. 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 this will be, as finding the most appropriate support and help is imperative.

10.4   Parents, carers and guardians will generally be informed regarding SEMH issues. This may not happen immediately and will not happen if we feel this puts the pupil at further risk (this decision will be taken by the DSL), and pupils may choose to tell their parents, carers themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents, carers and guardians. We should always give students the option of us informing parents, carers and guardians for them or with them.

10.5   If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSLs must be informed immediately.

11.   Working with Parents & Carers

11.1   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, and other members of staff.
- what are the aims of the meeting?

11.2   It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or distress during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

11.3   We should always highlight further sources of information and signpost support where possible, as they will often find it hard to take much in whilst coming to terms with the news that is being shared. Sharing sources of further support aimed specifically at parents can be helpful too, e.g. the school website, parent helplines and forums.

11.4   We should always provide parents with 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. Each meeting will be finished with agreed next steps, and we will always keep a brief record of the meeting on the child's confidential record.

11.5   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, carers and guardians 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 do so if they have concerns about their 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 and 21st Century Child events
- 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

12. Supporting Peers

12.1 When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support each other but do not know how. In the case of self-harm or eating disorders, it is possible that friends will 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 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 each other
- things friends should avoid doing/saying which may inadvertently cause upset
- warning signs that their friend help (e.g. signs of relapse)

12.2 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

13. Student Voice and Mental Health Champions

13.1 Student Voice will have a designated committee with the brief to drive forward the 21st Century Child programme within school. The pupils will work closely with external agencies to create campaigns and lead events that raise awareness of mental health and wellbeing.

13.2 Alongside Student Voice, there will be a team of Wellbeing Champions recruited by the School Engagement Manager and trained in partnership will local and national mental health charities. The aim of the Wellbeing Champions is to:

- represent the views of their peers in identifying trending issues
- evaluate current SEMH provision and propose new developments
- create campaigns to raise awareness, signpost support and educate peers
- support the delivery of assemblies and PSHE lessons (where appropriate)

14. Managing Expectations

14.1 Many individuals suffering from poor mental health, do so for long periods of time, which may impact a pupil's ability to access learning. We need to ensure that all members of staff are familiar with pupils who are suffering from poor mental health via regular spotlight briefings. We will provide information that helps manage expectations of affected pupils to ensure those pupils are not placed under undue stress, which may exacerbate their mental health issues. This information will be shared by the Pastoral Team in a sensitive manner to support the pupil.

14.2 In addition to the Pastoral Team, teachers will play a significant part in monitoring these identified pupils, taking a holistic approach which may include considering issues addressing:

- academic achievement
- absence and lateness
- access to extra-curricular activities
- duration and pace of recovery
- ability to interact and engage within lessons

15. Continued Professional Development and Learning

15.1 As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their annual safeguarding training to enable them to keep students safe and also consider strategies for their own wellbeing. We will host additional sessions through staff briefings and dedicated CPDL to promote learning or understanding about specific issues related to mental health and wellbeing.

15.2 The school will train an identified group of staff in Mental Health First Aid (MHFA). These staff will be promoted to all in the school community and will include both teaching and non-teaching staff. Alongside this, the governing board will receive a basic mental health and wellbeing training package.

15.3 Training opportunities for staff that require more in-depth knowledge will be considered as part of our performance management process, and additional CPDL will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils. Suggestions for individual, group or whole school CPDL should be discussed with Mrs Christina Handy-Rivett or Mrs Sarah Beardsmore, who can also highlight sources of relevant training and support for individuals as needed.

16. Types of Mental Health

16.1 Different types of mental health have been clarified to support staff, students and parents understanding mental health issues:

a) **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 is most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, but may also include picking or scratching wounds, pulling out their hair or banging and bruising themselves.

Online support includes:
www.selfharm.co.uk
www.nshn.co.uk

b) **Depression:** Ups and downs are a normal part of life for us all, but for someone who is suffering 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 includes:
Depression Alliance - Mind

c) **Anxiety, Panic Attacks and Phobias:** Anxiety can take many forms in children and young people, and it is something that each of us experience 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 everyday life, intervention is needed

Online support includes:
www.anxietyuk.org.uk

d) **Obsessions and Compulsions:** Obsessions describe intrusive thoughts or feelings that enter our minds that 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 do not 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 includes:
www.ocduk.org/ocd

e) **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, although they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support includes:
www.papyrus-uk.org
https://letterfromsanta.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline-suicide-report.pdf

f) **Eating Disorders:** 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, binge eating disorder and bulimia nervosa.

Online support includes:
https://www.beateatingdisorders.org.uk/

17.   Policy Review

17.1   The Wellbeing Advisory Board will monitor the impact of this policy on an annual basis.

17.2   This policy will be reviewed on a two-yearly basis by the Headteacher in agreement with the governing board.