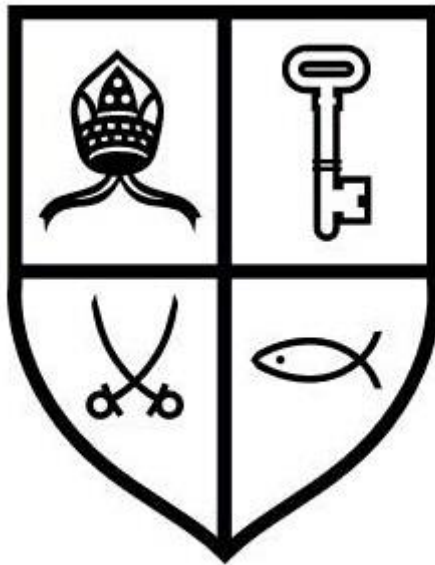


# St. Egwin's CE Middle School



## Mental Health and Well-Being Policy

Signed by:

N Pullan

Headteacher

Date: 12 September 2018

A handwritten signature in black ink, appearing to be 'N Pullan', written over a horizontal line.

Chair of governors

Date: 18 September 2018

# Pupil Mental Health and Wellbeing Policy

## Policy Statement

*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 Organization)*

At our school, we aim to promote positive mental health for every member of our staff and student body. St Egwin's Church of England Middle School fully recognises its responsibilities for mental health and wellbeing needs.

At SEMS, we want our students:

- Be motivated and enjoy learning
- Develop a range of skills and be mentally and physically fit to equip them for a successful adult life, be independent and ambitious
- Be confident, happy and feel safe
- Be friendly, respectful. Caring and polite
- Experience success every day

To be resilient in the face of difficulties and adversity

## We are a School:

- Where British Christian Values are at the heart of all we do.
- That welcomes people into our community
- That is committed to learning and achieving the best that we can
- That has high expectations of staff and students
- That values the role of parents and carers
- That strives to maintain our 'outstanding in all areas' classification.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, some 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 students affected both directly, and indirectly by mental ill health.

## The Policy Aims to:

- Promote positive mental health in all staff and students
- to increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with self-harm, eating disorder, anxiety, depression, loss and bereavement.

- to detect and address problems in the earliest stages where they exist in thinking and attitudes to self/image, self-esteem and self-control.
- to increase the appropriate level of support available to students with mental health issues in partnership with outside health agencies, child support groups and our own staff who have undertaken appropriate training.
- to continue to promote positivity around Mental Well Being. To reduce the stigma associated with Mental Health.

## **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students. Staff with a Specific responsibility for mental health are:

- Ms C Gordon – Welfare and Safeguarding lead
- Mrs C Petit - SENd lead
- Mr S Taylor - mental health lead
- Mrs A Jennings - lead first aider
- Mr J Clabbon - CPD lead
- Mrs R Croft- Head of PSHE

There is a fine line between appropriate responsiveness and inappropriate intrusiveness into the personal lives of students and families. However, all staff must respond to their responsibility to ensure the well-being and welfare of all students, progress and achievement in school depends on this; early intervention is paramount to success. All referrals will be made to CG, CP initially.

This policy and guidance should be made with close reference to the Safeguarding and Child Protection Policy. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL's . If the student 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 DSL or Mrs Petit.

## **Ownership**

The Pupil Mental Health and Well Being and Guidance has been created by staff who have worked closely with students and outside agencies over a number of years and with reference to The Mental Health Standards, Jan 2014.

## **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 students to keep themselves and others physically and mentally 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 students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

## Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school is outlined in Appendix .

We will have a 'links' page on the website signposting organisations that support mental health and well-being.

## 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 to the appropriate person through CPOMS.

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 student 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. St Egwin's Middle Schools' normal safeguarding protocols should be followed if a disclosure is made.

## **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 student, other members of staff.
- What are the aims of the meeting?

We should always highlight further sources of information if possible. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums. We should ensure that the parents are aware that we are happy to work in partnership with them.

## **Working with All Parents**

In order to support all 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 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
- 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 student 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.

## **Training**

We will endeavour to provide staff training about recognising and responding to mental health issues.

We may use a virtual learning environment for staff who wish to learn more about mental health like the MindEd learning portal2 [www.minded.org.uk](http://www.minded.org.uk)

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

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.

The Charlie Waller Memorial Trust provided funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. For further information email [admin@cwmt.org](mailto:admin@cwmt.org) or call 01635 869754.

## Appendix A:

### Further information and sources of support about common mental health issues Prevalence of Mental Health and Emotional Wellbeing Issues

- 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.
- Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children.

### What is Self-Harm?

Self Harm describes a wide range of behaviours that people use to cope with difficult feelings and distressing life experiences. Some people have described self harm as a way to express suicidal feelings and thoughts without taking their own life.

#### ***Examples (not exhaustive)***

- Cutting
- Burning
- Severe scratching
- Biting
- Scalding
- Pulling out hair
- Picking at skin or re-opening wounds

It is estimated that 1 in 15 young people in the UK have deliberately self-harmed at some point and the most common age is between 11-25. Young people who have self-harmed have said they do it for a distraction, as self-punishment, as a way to symbolically cleanse themselves and to gain control, as a way to communicate without words, as a release of tension or as a form of comfort, to make themselves unattractive, to make them feel real or alive and because they may see it as a ritual or rite of passage into a group.

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://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

## What is an Eating disorder?

While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional problems. Eating disorders include but are not exclusive to Anorexia Nervosa, Bulimia Nervosa, and Binge -Eating Disorder. Disordered eating affects the physical and emotional well-being of an individual and also leads to changes in behaviour. Very often masked by the eating disorder there is usually an underlying reason this can be a coping mechanism and this is a way of gaining control.

Young people may display the following behaviours

- Loss of concentration
- Skipping meals
- Disappearing to the toilet after meals
- Pre occupation with body Image, dieting.
- Excessive exercise
- Secretive behaviour
- Becoming irritable and withdrawing from social activities particularly those involving food.

## Anxiety

Some people will experience levels of anxiety from time to time. Most people can relate to feeling tense, uncertain fearful for example before an exam. These in turn can lead to sleep, problems, loss of appetite and ability to concentrate. This kind of anxiety can be useful because it makes you more alert and enhance performance. However, if anxiety overwhelms a child they may not be able to deal with daily activities. If the anxiety stays as a high level the young person may feel powerless, out of control and sometimes this can lead to a panic attack.



### **Examples: (not Exhaustive)**

- Phobias
- Obsessive Compulsive disorder
- Generalised Anxiety disorder, (GAD)
- Post -traumatic stress disorder, (PTSD)
- Panic Disorder

### **Online support**

Anxiety UK: [www.anxietyuk.org.uk](http://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

### **Depression**

In its mildest form depression can be being in low spirits, it doesn't stop you leading a normal life not makes things harder to do and seem less worthwhile. At its most severe (Clinical Depression) can be life threatening. Some young people need medication to alleviate their symptoms.

### **Online support**

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://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

### **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](http://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 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 – POPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventingabuse/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

Please refer to our Action and Response Strategy in the appendices.