



ST EGWIN'S C.E.
MIDDLE SCHOOL

Mental Health and Well-Being Policy

Dated – November 2020

Review date – November 2021

Signed by:

N Pullan

Headteacher

Date: November 2020

N Jeacock

Chair of governors

Review

Date: November 2021

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 to:

- Feel good- experiencing positive emotions like happiness, contentment and enjoyment.
- 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
- Be resilient
- Function well – by which we mean able to function in the world. This includes positive relationships and social connections, as well as feeling control of your life and having a sense of purpose

We are a School:

- Where British and 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 abides fully by the Equality Act 2010

Covid Addendum: Please note that this policy may have certain limitations due to Covid 19 restrictions in school and in the wider community.

In addition to promoting positive mental health and well-being throughout St Egwin's Church of England Middle School, we aim to recognise and respond to mental ill health.

In an average classroom, some children will be suffering from a diagnosable/undiagnosable 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
- Increase the level of awareness and understanding amongst staff, parents/carers and other stakeholders of issues involving the mental health of young people, in particular but not exclusively with regards to 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 / .B trained
- Mrs R Croft- Head of PSHE / .B trained
- Mrs Coats – Family working
- Mr J Clabbon - CPD lead
- Mrs A Jennings - lead first aider

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 through 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 a 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 as 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 a DSL, the SENDCo and/or the Mental Health Lead.

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, 'Promoting Children & Young People Emotional Health & Wellbeing' (2015), and 'Transforming children and young people's mental health provision: a Green Paper' (2017)

St Egwins Church of England Middle School Emotional Health and Wellbeing principles



The 7 identified principles of emotional health and well-being will underpin the approaches used to support the development and integration of wellbeing strategies throughout the school. School policy and curriculum development will be tailored to promote the key aspects of improving wellbeing. It will focus on creating a physically, emotionally and socially rich environment where relationships can thrive and pupils will feel secure.

Measuring Mental well-being at St Egwin's Church of England Middle School (Pupil Identification)

We will use a variety of recognised packages including Bouncetogether survey software, to measure well-being for the following purposes:

Snapshot: to provide a survey snapshot of student mental wellbeing to inform planning evidence for whole-school practice

Identification: to identify individual students who might benefit from early support to facilitate swifter access to the right specialist support

Evaluation: to consider the impact of early support and targeted interventions

The tools will be used in a number of contexts. The reasons as to why the pupils are being asked to complete the wellbeing measure and what difference it will make will be shared with them.

The data will be collected and stored securely in school and will only be kept for the time the student is attending St Egwin's Church of England Middle School. Only key staff will have access to the data but some data will be shared with staff to inform their planning / support for pupils.

Please follow this link for further general information about well-being instruments and their value

<https://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf>

Mental Health in the curriculum

Aspects of wellbeing will be delivered through a range of subjects in school

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 PSHE and RSE curriculum. The specific content of lessons will be determined by the PHSCE Co-ordinator Mrs R Croft.

Aspects of mental health will also be delivered through Form Time

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 A.

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.

Individual Care Plans

In the case of some pupils we may need to create an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This will be drawn up involving the pupil, the parents and relevant health professionals. This may include but not exclusively:

- 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

Working with Parents

Where it is deemed necessary 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 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
- Keep parents informed about mental health and wellbeing topics

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

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 to 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 or call 01635 869754.

Supporting teachers

We will signpost teachers to mental health support organisations to help with their mental health and wellbeing, as this is intrinsic to the wellbeing, success of students and the creation of a positive school environment.

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

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

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 person they may not be able to deal with daily activities. If the anxiety stays as a high level the 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

Kooth : <https://www.kooth.com/>

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

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

Version 1.5 (November 2020)

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

On the edge: ChildLine spotlight report on suicide: 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

See our Early Help Offer on the School website for other ways we support mental / wellbeing in school

Local Support:

Reach4 Wellbeing : <https://www.hacw.nhs.uk/reach4wellbeing>

<https://springfieldmind.org.uk/>