



Mental Health & Wellbeing Policy

Mental Health and Wellbeing Policy: St. George's VA Church of England School

Last Reviewed and updated: September 2023 following Mental Health Lead training

Next Review: Autumn 2026

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)

In our school, our Christian vision '**live learning; love learning, enabling our community to live life in all its fullness, John 10:10**' shapes all we do.

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 specialised, targeted approaches aimed at vulnerable members.

In addition to promoting positive mental health and wellbeing, 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.

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 'Supporting pupils with medical conditions' policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue, and also the SEND policy where a pupil has an identified special educational need.

The 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

- Promote a supportive work-life balance culture for staff, workload impact-assessing any major changes in policy or practice

Lead Members of Staff

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

Mrs Katy Astle (Headteacher) – Designated Safeguarding Lead (DSL) and Designated Mental Health Champion

Mrs Sarah Hardy - Lead First Aiders

Mrs Sophy Friend & Mrs Claire Hollard – ELSA/Mental Health First Aider

SLT (Mrs Katy Astle & Mr Keith Paxton) - CPD Leaders & Safeguarding Team

Mrs Chantelle Legg (Teacher) – PSHE & RSE and Health Education Leader

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Champion 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 Safeguarding Leader (DSL), who is 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 Katy Astle**, Mental Health Champion, referring to the latest referral guidance for CAMHS.

Concerns about staff wellbeing should be directed to the Headteacher.

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

This policy has been created regarding the following DfE guidance:

- [New] DfE (2020) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's policies including, but not limited to, the following:

- Child Protection and Safeguarding Policy
- SEND Policy
- Positive Behaviour Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy

Common SEMH difficulties

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful, or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- **Generalised anxiety disorder:** This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic disorder:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult, or help would be unavailable if things go wrong.

Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity, and impulsivity. While some children show the signs of all three characteristics, which is called

‘combined type ADHD,’ other children diagnosed show signs of only inattention, hyperactivity, or impulsiveness.

- **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child’s characteristics.
- Family context.

Eating disorders: Eating disorders are serious mental illnesses which affect an individual’s relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person’s life.

Substance misuse: Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

Individual Care Plans

It is helpful for the Mental Health Leader/ELSA/SEND Co, as appropriate, to draw up an individual care plan (IHP) for pupils causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents/carers and relevant health professionals. Pupils on the SEND register may have this integrated as part of their SEND Support Plans. This can include:

- Details of a pupil’s condition
- Special requirements and precautions
- Medication and any side effects (risk assessment)
- 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 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'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 Guidance¹ and Jigsaw Scheme of Work 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 will be communicated in various ways e.g. staff room and foyer notices, emails and flyers/posters.

We will display relevant sources of support in communal areas (such as the staff room, corridors and foyer) 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 Claire Hollard** or **Ms Sophy Friend**, our Mental Health champions, as well as logging on **My Concern** for the Designated Safeguarding Lead's attention.

Emergency situations leading to concerns for a pupil's safety, if there is a perceived risk of significant harm, should always be reported verbally and without delay to Katy Astle Designated Safeguarding Lead/Headteacher in the first instance (or DDSL in her absence).

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

¹ Teacher Guidance: Preparing to teach about mental health and emotional wellbeing URL= <https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and> (accessed 02.02.2018)

- 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 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 calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than exploring 'Why?' Use the TED (Tell Me, Explain, Describe) approach.

All disclosures should be recorded in writing on **My Concern** and held on the pupil's secure electronic file. This written record will include:

- Date
- The name of the member of staff to whom the disclosure was made/is reporting it on My Concern
- Main points from the conversation
- Action taken at the time

Follow-up actions will be recorded by the Safeguarding Team, including dates of any referrals made (e.g. Early Help Hub, School Nursing Team or CAMHS).

Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass on our concerns about a pupil, then we should ensure the pupil understands:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

In-line with the Safeguarding and Child Protection Policy, we cannot promise confidentiality, and there are certain situations when information must always be shared with the DSL/senior member of staff and/or a parent, particularly if a pupil is in danger of significant or imminent harm. More minor/routine concerns are more suitable for the Mental Health and Emotional Wellbeing Lead in order to ensure continuity of care and to provide an extra source of ideas and support for our pastoral responsibilities.

Parents should be informed if there are significant concerns about a child's mental health and wellbeing and pupils may choose to tell their parents themselves, depending on a range of factors, including age. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. Pupils may be given the option of an appropriate member of staff informing parents for them or with them present, depending on the circumstances and other factors, e.g. age.

If a child gives us reason to believe that there may be underlying child protection issues, which could put the child at risk of significant or imminent harm, parents should not be informed, but the procedures outlined in the Safeguarding and Child Protection Policy must be followed 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 with face to face contact (in person or by remote means)? This is preferable.
- Where should the meeting happen? In the school environment, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff/external partners.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's mental health 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 or signpost to reading material online, wherever 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 also be helpful too e.g. parent helplines and forums.

We should provide clear means of contacting us with further questions and consider a follow up meeting or phone call as parents often have many questions as they process the information. Finish each meeting with an agreed next step and keep a brief record of the meeting on the child's confidential My Concern record so a clear chronology is kept.

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
- Ensure that all parents are aware of who to talk to if they have concerns about their own child or a friend of their child
- Make our Mental Health Policy easily accessible to parents (via the website) and staff (via whole school One Drive)

- Share ideas about how parents can support positive mental health in their children through our regular parent meetings and conversations
- Keep parents informed about the mental health topics their children are learning about in PSHE (via our detailed curriculum maps) and share ideas for extending and exploring this learning at home whenever possible

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 with the pupil who is suffering and their parents 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's can spot (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, annual child protection training in order to enable them to keep pupils safe. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.²

Our Mental Health Champion will signpost staff to relevant information on our virtual learning environment for members who wish to learn more about mental health.

Training opportunities for staff identified as requiring more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year, especially if it becomes appropriate due to developing situations with one or more pupils. For example, ELSA supervision sessions will form part of regular supervision provided and relevant staff will have access to courses via dorsetnexus.

Where the need to do so becomes evident, we will host twilight training or INSET sessions for all staff to promote learning or understanding about specific issues related to mental health, and/or provide links to wider reading and resources.

² www.minded.org.uk [accessed 02/02/18].

Suggestions for individual, group or whole school CPD should be discussed with **Mrs Katy Astle**, (Headteacher), 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, with the next review **November 2025**.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. For example, this policy will always be updated to reflect key personnel changes.

If you have a question or suggestion about improving this policy, this should be addressed to our Mental Health Champion, **Mrs Katy Astle**, via the office email address:

office@stgeorgeslangton.dorset.sch.uk