Supporting positive mental health 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 Organisation)

At our academy we aim to promote positive mental health for every member of our staff and children. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable children. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three 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 children affected both directly, and indirectly by mental ill health.

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.

The Policy aims to:

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

- Mr James Hitchens - designated child protection officer
- Kirstie MacLachlan, Mrs Iona Stoddard, Chris Lee and Hannah Hooper – deputy designated child protection officers
- Mrs Iona Stoddard - mental health lead
- Mrs Iona Stoddard, Sarah Oldfield and Kelly Rosvear - Health and Wellbeing Champions
- Mr Chris Lee and Miss Hannah Hooper - CPD leads
- Vicky Wheeler - PSHCE lead
- Kirstie MacLachlan – Family Support Worker

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection officer or deputy child protection officer in their absence. If the child 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 Child and adolescent mental health services (CAMHS) is appropriate, this will be led and managed by Iona Stoddard, 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 receive a diagnosis pertaining to their mental health. This should be drawn up involving the child, the parents/carers and relevant health professionals. This can include:

- Details of a child'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 children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental SMSC 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 children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Signposting

We will ensure that staff, children and parents/carers 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 such as the reception area and staff room and will regularly highlight sources of support to children and their parent/carers within relevant parts of the curriculum.

Whenever we highlight sources of support, we will increase the chance of children and their parent/carers help-seeking by ensuring children and their parent/carers 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 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 with Mrs Eddy, our mental health and emotional wellbeing lead. 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
- An increase in lateness or absenteeism

Signs and symptoms of common mental health conditions are also provided in Appendix 3.

Managing disclosures

A child 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 student 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 child's emotional and physical safety rather than of exploring 'Why?'

For more information about how to handle mental health disclosures sensitively see appendix 4.

All disclosures should be recorded in writing using the online reporting tool; My Concern.

This written record should 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, Iona Stoddard, who will record appropriately and 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 believe that it is necessary for us to pass on our concerns about a child then we should discuss with the child:

- 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 child 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. This would include a concern regarding a child under the age of 16 years who was deemed to be in danger of harm. It is always advisable to share disclosures with a colleague, usually the mental health lead, Iona Stoddard, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the child and talk with them who it would be most appropriate and helpful to share this information with.

Parents/carers must always be informed unless a child or a concern raised, gives us reason to believe that there may be underlying child protection issues. In this instance, please inform a member of the Child Protection team. Parent/Carers should not be informed, but the child protection leader or deputy leader must be informed immediately.

Working with parents/carers

Where it is deemed appropriate to inform parents/carers we need to be sensitive in our approach. Before disclosing to parents/carers, 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?
- Who should be present? Consider parents/carers the child, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation or they may not accept that there is a concern. We should be accepting of this (within reason) and give the parent/carer 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/carers 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.

Supporting parents/carers

Parents/carers 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 we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents/carers 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/carers
- Share ideas about how parents/carers can support positive mental health in their children through our regular updates
- Keep parents informed about the mental health topics their children are learning about in PSHE.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep children safe. We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal2 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 children.

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 Chris Lee or Hannah Hooper, our CPD Coordinators, who can also highlight sources of relevant training and support for individuals as needed.

This policy will be reviewed annually as a minimum. It is next due for review in September 2020.

Appendix 1:

Making a CAMHS referral.

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance. You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this.

CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

• Have you met with the parent(s)/carer(s) and the referred child/children?

• Has the referral to CAMHS been discussed with a parent / carer and the referred pupil? • Has the pupil given consent for the referral?

• Has a parent / carer given consent for the referral?

• What are the parent/carer pupil's attitudes to the referral?

• Is there a child protection plan in place?

• Is the child looked after?

• Name and date of birth of referred child/children

• Address and telephone number

• Who has parent/carer responsibility?

• surnames if different to child's

• GP details

• What is the ethnicity of the pupil / family.

• Will an interpreter be needed?

• Are there other agencies involved?

• Emotional and mental wellbeing state/presentation – e.g. current presentation's impact upon: emotional wellbeing, socialising, behaviour, academia and general functioning

• How long the worry/concern has been present and when was it first noticed

• Child's current mental state; mood, appetite, sleep and concentration

• Interventions and support already tried or in place already (e.g. school pastoral support to include behavioural support, other agencies/services involved to include Children's Services and Early Help)

• Detailed risks to self or others Reason for referral

• What are the specific difficulties that you want CAMHS to address?

- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved. Further helpful information
- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

Early Help Hub
CAMHS Referral Form

Cornwall Partnership NHS
NHS Foundation Trust

Please send completed forms to: email: earlyhelphub@cornwall.gov.uk

Telephone enquiries: 01872 322277 or visit the website

www.cornwall.gov.uk/earlyhelphub

Appendix 2:

Signposting support:

Sources or support at school and in the local community:

School Based Support

• **Referral to CAMHS** (Child and Mental Health Service).

Suitable for all pupils in primary and secondary schools. Access is via a referral from the school with permission and consent from the parents. The Senior Leadership Team (SLT) are able to make a referral and discuss the process with the pupil and parents.

• **Discussion with the School Nurse.**

SLT talk together and discuss concerns with school nurse. With consent from the parent/carers, the child is able to speak with the school nurse with/without parents present – depending on the needs of the child and request of the parents/carers. This is suitable for dealing with any health issues and managing emotions of the pupil and family.

• **Referral to the Early Help Team.**

Contacting the Early Help Hub to make a request for Early Help Services, professionals will need to complete the Request for Help form available on the website:

www.cornwall.gov.uk/earlyhelphub

and email it to

earlyhelphub@cornwall.gov.uk

Families can also request help directly by telephoning the hub Tel: 01872 322277 or completing the form .

The Hub is open Monday to Thursday 8.45 am to 5.15 pm and 8.45 am to 4.45 pm on Fridays. The Hub is closed on Bank Holidays.

• **In school**

Members of the Senior Leadership Team (SLT) and Trauma Informed Schools (TIS) practitioners are available to support children experiencing short term issues. However, SLT and TIS practitioners are not trained counsellors and may need to sign post to other agencies for more, long term support. The Family Support Worker, Kirstie MacLachlan, is also available to support parents with concerns they may have regarding their child, themselves, or a family member. She can signpost to further avenues of support.

Appendix 3:

Signs and symptoms of common mental ill health conditions.

Module 2 – Resource 3

Signs and symptoms of common mental ill-health conditions

Depression • Feeling sad or having a depressed mood • Loss of interest or pleasure in activities once enjoyed • Changes in appetite — weight loss or gain unrelated to dieting • Trouble sleeping or sleeping too much • Loss of energy or increased fatigue • Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others) • Feeling worthless or guilty • Difficulty thinking, concentrating or making decisions • Thoughts of death or suicide	**Anxiety** • Palpitations, pounding heart or rapid heart rate • Sweating • Trembling or shaking • Feeling of shortness of breath or smothering sensations • Chest pain • Feeling dizzy, light-headed or faint • Feeling of choking • Numbness or tingling • Chills or hot flashes • Nausea or abdominal pains
Obsessive-compulsive disorders Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions: • Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings. • Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done. • Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone. • Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion. • Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say	**Eating Disorders** ***Anorexia Nervosa:*** People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation: • Menstrual periods cease • Hair/nails become brittle • Skin dries and can take on a yellowish cast • Internal body temperature falls, causing person to feel cold all the time • Depression and lethargy • Issues with self-image /body dysmorphia ***Bulimia Nervosa:*** Patients binge eat frequently, and then purge by throwing up or using a laxative. • Chronically inflamed and sore throat • Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids

phrases to reduce anxiety or prevent a dreaded future event.	• Constant vomiting causes gastroesophageal reflux disorder • Severe dehydration from purging of fluids

Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.

Appendix 4:

How to handle mental health disclosures:

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." (anon child)

If a child has come to you, it's 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. The child 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 child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the child 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 or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Eye contact:

Don't be afraid to make eye contact. It's 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). Making an effort to maintain natural eye contact will convey a very positive message to the child.

Offer support:

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. It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a child 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 child. Explain that you will pass on the information to Mrs Eddy who will 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.