

# Clee Hill Community Academy



## Pupil Mental Health & wellbeing Policy

Policy written by:	Mrs Ceri Little
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### **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. This policy should be read alongside the Staff Wellbeing policy.

At Clee Hill Community Academy, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

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 students affected, both directly and indirectly, by mental ill health.

### **Scope**

This Policy describes the school's approach to promoting positive mental health and well-being. 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 student's mental health overlaps with or is linked to a medical issue, and the SEND Policy, where a student has an identified special educational need.

### **The Policy aims to:**


- Promote positive mental health in all staff and students
- 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 students suffering mental ill health and their peers and parents or 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:

-  Mrs Ceri Little - Designated Safeguarding Lead / Mental Health Lead
- Miss Sian Pugh - SENDCO
-  Mrs Sharon Hall - mental health ambassador
-  Mrs Gemma Yarnold - mental health ambassador
-  Miss Marie Breakwell - mental health ambassador
-  Miss Ruck Pickford- mental health ambassador
-  Miss Jo Preece- mental health ambassador
-  Mrs Donna Richardson- mental health ambassador

 = Place2be 6 week mental health training course completed

Any member of staff who is concerned about the mental health or well-being of a student should speak to Ceri Little, the Mental Health Lead, in the first instance. If there is a concern that the student is in danger of immediate harm, then the normal child protection procedures should be followed. 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 the Young People and Families Mental Health Service (previously CAMHS) is appropriate, this will be led and managed by the Mental Health Lead or SENDCO.

### **Individual Care Plans**

It may be helpful to draw up an individual care plan for students causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

- Details of a student'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 are included as part of the PSHE curriculum.

The specific content of lessons will be determined by the needs of the cohort being taught, 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.

School will follow the PSHE Association Guidance to ensure mental health and emotional well-being issues are taught in a safe and sensitive manner, which helps rather than harms.

### **Signposting**

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

We will display relevant sources of support and will regularly highlight these to students within relevant parts of the curriculum and assemblies.

### **Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional well-being issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with Ceri Little.

#### **Possible warning signs include:**

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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.

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 their first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'.

All disclosures should be recorded in writing using a Safeguarding Concern Form. This information should be shared with the Mental Health Lead (Ceri Little), who will store the form appropriately and offer support and advice about next steps.

All staff are made aware that mental health problems can, in some cases, be an indicator of abuse. The DSL will liaise with the school mental health lead (Ceri Little) re information is being shared. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following the child protection policy, and speaking to the designated safeguarding lead or a deputy.

[The Mental Health and Behaviour in Schools](#) guidance sets out how schools and colleges can help prevent mental health problems by promoting resilience as part of an integrated, whole school/college approach to social and emotional wellbeing, which is tailored to the needs of their pupils.

### **Confidentiality**

All staff should be honest with regard to the issue of confidentiality. If it is necessary for staff to pass on concerns about a student, they should discuss with the student:

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

Staff will not usually share information about a student without first telling them. Ideally, staff should receive the student's consent before sharing information about them, though there are certain situations when information must always be shared with another member of staff and / or a parent. An example of such a situation would be where a student is in danger of immediate harm.

Staff should always share disclosures with the Mental Health Lead. This helps to safeguard their own emotional well-being, as they are no longer solely responsible for the student, it ensures continuity of care in their absence and it provides an extra source of ideas and support. Staff should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

### **Working with Parents**

Where possible, staff should highlight further sources of support and give parents information to take away. They will often find it hard to take much in, whilst coming to terms with the information being shared. Sharing sources of further support aimed specifically at parents can also be helpful, such as parent helplines and forums.

Staff should also provide clear means of contacting school with further questions and consider arranging a follow-up meeting or phone call, as parents often have many questions as they process the information. Each meeting should finish with agreed next steps and a record of the meeting should be kept confidentially.

### **Working with Parents**

Parents are often very welcoming of support and information from the school about supporting their child's emotional and mental health. In order to support parents, Clee Hill Community Academy will:

- Highlight sources of information and support about common mental health issues
- 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 the Mental Health Policy easily accessible to parents through the school website
- Share ideas about how parents can support positive mental health in their children
- 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, staff 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 student and their parents. Staff will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- What friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help

Additionally, staff 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**

All staff will receive training about recognising and responding to mental health issues as part of their child protection training to enable them to keep students safe. Additional training is also available via online training courses on the MindEd website. Staff will be given sufficient time to complete this training within school hours.

Training opportunities for staff who require more in-depth knowledge will be considered as part of the performance appraisal process. Additional CPD will also be supported throughout the year, where it becomes appropriate due to developing situations with one or more students.

### **Links with Other Schools and External Agencies**

Clee Hill Community Academy is proactive in developing links and sharing good practice with other schools in the area of mental health. Miss Sian Pugh (SENDCO) works alongside other agencies, such as Early Help, the Young People and Families Mental Health Service (previously CAMHS) and the Educational Psychology Service.

### **Policy Review**

This Policy will be reviewed every 3 years as a minimum.

## **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 significant 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.

The information below provides guidance about the issues most commonly seen in school-aged children.

Support on all these issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) MindEd ([www.minded.org.uk](http://www.minded.org.uk)).

### **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 most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bruise themselves.

### **Online Support**

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

## **Depression**

Ups and downs are a normal part of life, but for someone who is suffering from 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**

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

## **Anxiety, Panic Attacks and Phobias**

Anxiety can take many forms in children and young people. It is something that everyone experiences 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 day-to-day life, intervention is needed.

## **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

## **Obsessions and Compulsions**

Obsessions describe intrusive thoughts or feelings which are disturbing or upsetting; compulsions are the behaviours carried 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

Conners (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 without warning.

### **Online Support**

Prevention of young suicide UK - PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

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

### **Eating Problems**

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 (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or pre-school age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

## **Online Support**

Beat - the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

## **Books**

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

## **Appendix B: Support at school and in the local community**

### **School-Based Support**

At Clee Hill Community Academy the mental health of students is supported through:

- Support Workers - individual / group support (No worries)
- Staff Mental Health Ambassadors
- School Nurse
- Assemblies / PSHE lessons

### **Local Support**

In Shropshire, children's mental health is supported through:

- Bee U - <https://beeu.org.uk/>
- Young People and Families Mental Health Service (previously CAMHS) <https://camhs.mpft.nhs.uk/>
- Beam <https://www.childrenssociety.org.uk/beam/shropshire>
- Kooth <https://www.kooth.com/>
- Healios <https://www.healios.org.uk/>
- Compass <https://shropshire.gov.uk/early-help/practitioners/compass-childrens-social-care/>

If the school-based support a student receives does not address the mental health issues they are experiencing, a referral will be made to one of the services listed above.