Woodbrook Vale School
Policy Document

Mental Health and Well-being
Policy & Guidance

Date last approved by Headteacher: **Autumn Term 2024**

Review Date: Every Three Years   **Autumn Term 2027**

Headteacher's Signature:

Print name: Rachael Fraser

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Positive Mental Health Policy Woodbrook Vale School

Last Updated August 2018

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. Mental Health and resilience are identified School Improvement Priorities. 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 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 trustees.

This policy should be read in conjunction with our medical 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/carers

All staff

All school staff have a responsibility to promote positive mental health, to identify students who may be struggling to manage their own mental health and to provide early help for students.

Early Help

All students will benefit from early help within the school setting. This includes being able to talk to staff about worries and concerns, support with exam stress, opportunities to engage in activities such as mindfulness or physical activity.

Lead Members of Staff

Staff with a specific, relevant remit include:

- Sarah Anderson - Designated Child Protection/Safeguarding Officer/Deputy Headteacher (pastoral)
- Jill Lewis - Mental Health Lead
- Teresa Woolley - Lead First Aider
- Peter Hayes - CPD Lead
- Sachin Sandhu - Head of Faculty: Personal Development

Any member of staff who is concerned about the mental health or wellbeing of a student should always follow the schools safeguarding procedures in the first instance. 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 designated child protection/ safeguarding officer or the head teacher. 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 may be appropriate, this will be led and managed by the Deputy Headteacher (pastoral). The school cannot refer directly to CAMHS but can seek advice from the CAMHS helpline/crisis team, signpost a parent/carer to the GP or refer to the school nurse who can refer.

Individual Health Care Plans
It may help to draw up an individual care plan for students causing concern or who receive a diagnosis relative 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

School has access to external professionals including, for example, Educational Psychology; Autism Outreach Service; Strengthening Leicestershire Families and Social Care.

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 Personal Development 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.

We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms, taking into account statutory guidance and examples of best practice.

Assemblies are carried out raising awareness of mental health issues amongst our students, signposting help, encouraging students to talk about their concerns and promoting resilience.

There is a mindfulness club, which is run at lunchtime. Students can attend and learn therapeutic techniques of controlling their stress by focusing their awareness on the present moment and calmly accepting their feelings. Students are also signposted to mindfulness Apps such as www.smilingmind.com.au

There will be a bank of resources in the library (help shelf), where students can find resources and access self-help on a range of mental health concerns.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. Support resources are also listed in the appendices of this policy.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Triggers

Form tutors and class teachers see their students day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate a problem. Students are more susceptible to developing problems when their lives are disrupted by difficult events:

Loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;

Life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form;

Traumatic events - such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

Schools will often be able to support children at such times, intervening well before mental health problems develop. **Early intervention** is the most effective in preventing further mental health developments later. Staff may be of significant help by giving the student time to talk and by listening to them.

The table below sets out possible but not exhaustive warning signs ranked in severity. These warning signs should always be acted upon and staff observing these warning signs should always follow the school's safeguarding procedures.

1	2	3
Drop in academic performance or achievement.	Changes in eating habits, loss of appetite, weight loss or gain.	Severe weight loss or gain and/or fatigue.
Problems concentrating or confused thinking	Changes in sleeping habits. Appearing tired, wanting to sleep all the time, frequent nightmares, difficulty sleeping.	Physical signs of harm that are repeated or appear non-accidental.
Changes in activity and mood. Student generally seems sad or low, irritable or angry.	Increased isolation from friends or family, socially withdrawn.	Abusing drugs or alcohol.
Expressing feelings of failure, uselessness or loss of hope and lack of interest.	Overly suspicious of others. Talking or joking about self-harm or suicide	Repeated physical pain or nausea with no evident cause.

Excessive worrying or fear.	Changes in clothing – e.g. long sleeves in warm weather	Talking about how they would carry out suicide.
Vague and on-going aches and pains such as headaches and stomach ache.	Secretive behaviour such as:	Sees or hears things that others do not.
	Skipping PE or getting changed out of sight.	Dangerous or illegal thrill seeking behaviour.
	An increase in lateness to or absence from school.	
	Neglect of personal appearance or hygiene.	

Managing disclosures

All disclosures should be treated as a safeguarding concern.

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

All disclosures should be recorded in writing and held on the student's safeguarding file. 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 a safeguarding lead, who will store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we think it is necessary for us to pass our concerns about a student on then we should discuss with the student:

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

Before sharing information about a student, ideally we would receive their consent. There are certain situations when information must always be shared with another member of staff and / or a parent, when the child is not considered Gillick competent or is under-16.

It is always advisable to share disclosures with a colleague, usually the safeguarding lead, 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 student and discuss with them who it would be most appropriate and helpful to share this information with.

Working with Parents

It can be upsetting for parents to learn of concerns for their child's mental health. We recognise this and should give the parent time to reflect. 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 have a number of resources that we can signpost parents to as a source of support. 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
- Share ideas about how parents can support positive mental health in their children through signposting on the school website or in meetings
- Keep parents informed about the mental health topics their children are learning about in Personal development and share ideas for extending and exploring this learning at home
- Signpost or refer to external agencies including the school nurse; RELATE counselling and Educational Psychology.

We will 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 often have many questions as they process the information. We will finish each meeting with agreed next steps and always keep a brief record of the meeting on the student's confidential record.

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. Support will be provided either in one to one or group settings and will be guided by conversations by the student 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 needs help (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 child protection training in order to enable them to keep students safe.

We will host relevant information on our shared area for staff who wish to learn more about mental health. The [MindEd learning portal](#)[1] 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 appraisal process and additional CPD will 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.

Suggestions for individual, group or whole school CPD should be discussed with Peter Hayes, who can also highlight sources of relevant training and support for individuals as needed.

Well-being of staff

It is important that staff prioritise their own wellbeing in order to be able to prioritise and support the wellbeing of students. This is because all school staff have a responsibility to promote positive mental health, to identify students who may be struggling to manage their own mental health and to provide early help for students. Staff have access to professional development around wellbeing and wellbeing services are funded by the school to support staff. Supportive mechanisms are in place including discussing welfare and wellbeing, as appropriate, as part of return to work and exit staff interviews

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[1] www.minded.org.uk

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues[2]

- 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. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (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 bang or bruise themselves.

Online support
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

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[2] Source: Young Minds

Depression
Ups and downs are a normal part of life for all of us, 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

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, and it is something that each of us 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

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 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

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 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 apparently out of the blue.

Online support
Prevention of young suicide UK – PAPYRUS: 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/

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 preschool 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
Eating Difficulties in Younger Children and when to worry: 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

Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (September 2018)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014 updated 2017)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to

mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Data Sources

[Children and young people's mental health and wellbeing profiling tool](#) collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

[ChiMat school health hub](#) provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

[Health behaviour of school age children](#) is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.