

Slaithwaite CE J & I School



Wellbeing and Mental Health Policy

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At Slaithwaite J and I School it is our vision that all children are entitled to develop to their fullest potential academically, socially, emotionally and into healthy well beings, enabling each child to grow in confidence and be able to fully participate in everything that goes on in the wider community with confidence. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. The department for Education recognises that, in order to help their pupils succeed: schools have a role to play in supporting them to be resilient and mentally healthy,

"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 2014)

At our school, we aim to promote positive mental health for every child, parent / carer and staff. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at identified vulnerable pupils and families.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We recognise as a school that by developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable environment for children affected both directly, and indirectly by mental ill health. See Appendix 1 for information and additional support about mental health illnesses.

This policy describes the school's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff including non-teaching staff and governors. It 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, the SEND policy where a student has an identified special educational need and the safeguarding policy in relation to prompt action and wider concerns of vulnerability.

Ethos

Slaithwaite J and I School aims to support and teach skills to pupils and staff to increase their awareness of emotional health and wellbeing.

Two key elements to support good mental health are:-

Feeling Good - experiencing positive emotions like happiness, contentment and enjoyment. Including feelings like curiosity, engagement and safety.

Functioning Well - how a person is able to function in the world, this includes positive relationships and social connections, as well as feeling in control of your life and having a sense of purpose.

To promote first aid for mental health and wellbeing Slaithwaite J and I School School aims to:

To work together with families.

To develop a whole school approach for both pupils and staff.

To create an approach on the 8 key principles identified in 'Promoting Children and Young people Emotional Health and Wellbeing' (2015).

To provide a holistic and multi- agency approach that is identified in the children's individual SEN support plans.

The following eight principles promote emotional health and wellbeing in schools and colleges.

1. Curriculum, teaching and learning to promote resilience and support social and emotional learning.
2. An ethos and environment that promotes respect and values diversity.
3. Leadership & Management at Slaithwaite School that supports and champions efforts to promote emotional health and wellbeing.
4. Target support and appropriate intervention.
5. Staff Development to support their own wellbeing and that of others.
6. Enable Pupil Voice to influence decisions.
7. Working with parents and carers.
8. Identify need and monitoring impact of interventions.

The eight identified principles will underpin the approaches used to support the development and integration of wellbeing strategies. The policy and curriculum delivery will be tailored to promote the key aspects of improving mental health illness and wellbeing. It will focus on creating a

socially, emotionally and physical rich environment where key relationships can thrive and children can feel secure in their learning. School based programmes which are linked to the curriculum will promote pupil voice through developing independence and choice making decisions. Clear identification, impact and outcomes measures will feed into school based programmes and the target interventions that will be offered to pupils. All staff has a responsibility to promote the mental health and emotional wellbeing of pupils. Staff with a specific, relevant responsibility includes:

- o Mrs Bradley + Miss Millward - Designated Safeguarding Officers
- o Mrs Bradley - SENCOs (Mental Health Lead)
- o Mrs Beckett- Head of PSHE

Pupil Identification

Wellbeing measure include staff observations focusing on any changes in behaviour, attention and presentation will feed into the identification process as well as any communication from the pupils regarding their emotions and feelings. Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the SENCO (mental health lead) in the first instance. If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the safeguarding lead staff or the head teacher. 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 CAMHS is appropriate, this will be led and managed by Mrs Bradley, SENCO/mental health lead. Individual SEN support plans will identify an individual support for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil (pupil's voice page), the parents and relevant health professionals and recorded in the section (Individual Health Care Plan).

In relation to DFE statutory guidance 2015) having links to individual behaviour plan and risk assessments. The plan will include:

- 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

Approaches

Intervention

Curriculum policy re-write focus on wider curriculum, all school do anti-bullying week annually and children's mental health week.

Teaching and Learning approaches to meet individual children's needs

Holistic/ Multi-agency approach (Individual SEN

Support Plans and Parental Support)

Whole School approach

Staff training

□ Pupil voice - communication skills (School Council - pupil EHCP and HCP reviews)

□ Emotional literacy skills

□ Engagement in individual SEN pupil voice page and home school contact such as (TAF involvement, CAMHS, Educational Psychologist).

□ Virtual School Heads are aware of the information and policies of the school for Children who are looked after and children who have been previously looked after

Targeted support through interventions, small group work e.g Social circles, nurture group, 1:1 targeted support for children with different needs

Wellbeing Interventions

□ Personalised differentiated learning opportunities.

Identified support linked to pupil premium - Small group work sessions provided for an afternoon or two afternoons each week focusing on individual wellbeing outcomes.

(Social circles, Narrative, Nurture group)

Staff Identification

It is recognised at Slaithwaite that promoting staff health and emotional well-being should be an integral part of the whole school approach to mental health and wellbeing. Therefore an open door policy to senior leadership is always made available if staff are in need of speaking to someone about any issues of concern and a fully committed supportive governing body.

Supervision and appraisal will allow for mutual communication about personal health and emotional wellbeing if both felt it is deemed necessary.

Staff Wellbeing Support and Interventions. A senior leadership team and governing body committed to provide all staff with listening support in relation to emotional wellbeing and recognition of this within performance management / appraisal discussions.

Whole School Approach

Work life balance

Support and Flexibility for personal wellbeing appointments within school time.

Open door policy, contactable governing body.

LA Corporate discounts for Health and Fitness facilities.

LA Confidential Counselling Service

Procedure for Concern in relation to mental health issues.

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 of exploring 'Why?'

All disclosures should be recorded in writing and held on the pupil's confidential 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 the Head, Deputy Head or the SENCO mental health lead, Mrs Bradley will store the record appropriately and offer support and advice about next steps within 24 hours.

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 pupil on 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

Working with All Parents and Carers

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 on our school website.
- Ensure that all parents are aware of who they can talk to, and how to get the support they need 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 the mental health topics their children are learning about in PSHE.

Staff Training and CPD

This policy will always be immediately updated to reflect personnel changes and legislation.

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, I 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

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/ocdBooks

□ 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: Child Line 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

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/eatingdifficulties-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*

This policy is closely aligned with our safeguarding policy.

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