

Mental Health & Wellbeing Policy

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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. (World Health Organisation)

At Kirkstone House School we aim to promote positive mental health for every member of our community, both pupils and staff. We pursue this aim using whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe, supportive and stable environment.

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. This policy should be read in conjunction with the following policies:

Safeguarding and Child Protection Attendance Policy Behaviour Policy Risk Assessment Policy First Aid Policy

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 mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health

The Designated Mental Health Lead (MHL):

The responsibilities of the Designated Senior Lead for Mental Health are to:

- develop a whole school approach to support mental wellbeing having a clear process to follow if a concern is raised about a pupil's well-being;
- develop a whole School culture which enables pupils and staff to feel reassured that they can reach out for support with mental health issues;
- liaise and advise the Head of PSHE in respect of exploring mental health and wellbeing through a programme of PSHE;



- oversee staff training in how to identify and recognise signs and symptoms of mental health needs and what to do if they have a concern;
- support pupils and / or staff who may be experiencing mental health difficulties;
- liaise with external agencies such as CAMHS and Autism Outreach in supporting pupils and/ or staff who experience mental health difficulties and sign post these to those who may benefit from contact;
- refer those pupils on to health professionals for appropriate specialist support and know
 what local and national help and support is available in order that these can be
 signposted to pupils and their families to access help and support;
- refer pupils, their families and staff to the Bobby Copping Foundation as appropriate;
- where appropriate, share information about pupils who are experiencing any mental health issues with those who work with them in school so that they can be supported in the school environment.

Responsibilities of staff

All staff have a responsibility to promote the mental health of pupils.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the MHL 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 Lead or Assistant Safeguarding Lead in her absence. If the pupil presents as a medical emergency then procedures should be followed in line with our First Aid Policy.

When schools suspect that a pupil may be having mental health difficulties, they should not delay putting support in place, using a graduated response process - where possible parents should be involved. The response may include:

- an assessment to establish a clear analysis of the students' needs and a plan to set out how the student will be supported;
- regular reviews to assess the effectiveness of the provision and lead to changes when necessary;
- referral to specialist provision following consultation with the pupil and parents.

Teaching about Mental Health

The skills, knowledge and understanding needed by pupils to keep themselves physically and mentally healthy are included as part of our PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort but there will always be emphasis placed on enabling pupils to develop the skills, knowledge and understanding, language and confidence to seek help as needed for themselves or others.



The School follows the PSHE Association guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

The School has invested in training staff in Drawing and Talking and interventions focus on developing social skills and confidence through designated 1-1 sessions and group work. The School works closely with CAMHS and Autism Outreach and referrals for Mental Health are made through the Bobby Copping Foundation.

The School's wide approach to Mental Health

Fostering good mental health is an integral part of the ethos of the School. We are a totally inclusive community and our small numbers and nurturing family atmosphere means that all pupils are well known and any problems are swiftly identified.

Many of our pupils have joined the School following a failed placement elsewhere. There are a high proportion of pupils who already have access to wider mental health resources in the community and some have been school refusers or poor attenders.

In monitoring mental health and absence in School we are able to track pupils' wellbeing, improved attendance and ability to access the School day. There is an open -door policy at lunchtimes and at breaks and the School uses no temporary teachers so that pupils can always approach staff whom they know if they require support.

If pupils come to the School from other settings and have previously experienced mental health difficulties, a risk assessment for pupil welfare will be put in place. The School will be particularly aware of the vulnerabilities of pupils with protected characteristics.

Signposting

We ensure that staff, pupils and parents are aware of sources of support within School and in the local community, who it is aimed at and how to access it. Relevant sources of support such as Childline are displayed in communal areas, toilets and we regularly emphasise how to access support in School.

We fund raise as part of World Mental Health Day for the Bobby Copping Foundation.

Warning Signs

Where pupils experience a range of emotional and behaviour problems that are outside the normal range of their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- emotional disorders, for example phobias, anxiety states and depression;
- conduct disorders for example stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders for example disturbance of activity and attention;
- developmental disorders, for example, delay in acquiring certain skills such as speech, social ability, bladder control, primarily affecting children with autism and those with pervasive developmental disorders;



- attachment disorders for example pupils who are markedly distressed or social impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- trauma disorders such as post- traumatic stress disorder as a result of traumatic experiences or persistent periods of abuse and neglect;
- other mental health problems including eating disorders, habit disorders, somatic disorders and psychotic disorders such as schizophrenia and manic- depressive disorder.

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 inform the MHL.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating and / or sleeping habits
- Increased isolation from family and friends
- Changes in activity and / or mood
- Lowering of academic achievement
- School avoidance
- Talking or joking about self-harm and suicide
- Abusing drugs or alcohol
- Expressing feelings of failure / loss of hope
- Changes in clothing, e.g. long sleeves in warm weather
- Secretive behaviour
- Repeated physical pain or nausea with no evident cause
- Non-verbal behaviour

Early Identification

Pupils joining the School may already have been identified as requiring mental health support. EHCPs may indicate interventions to be used and reports from parents and previous schools may also provide further information.

Staff training such as on Trauma enable staff to be vigilant and aware of signs as above. Pupils are regularly discussed at staff briefings and staff meetings which enables best practice to be discussed and concerns to be shared. The mental health lead is available throughout the day to give advice to staff.



Risk factors and positive protectors

There are risk factors which may lead a pupil to experience problems with mental health.

Risk Factors in School	Protective Factors
Bullying including	Clear policies on Behaviour and Bullying and the promotion
online	and ethos of being a 'Telling School'
	Effective Relationships Education. Highlighting Anti-bullying
	practices; places of support; open door policies.
Discrimination	Clear Equal Opportunities Policy and PSHE programme which addresses protected characteristics, prejudice and racism. Multi-agency days.
Breakdown or lack of	Opportunities both within and beyond the classroom for pupils
positive relationships	to engage in a wide range of activities and have opportunities to socialise and make new friends. Staff support to help pupils negotiate relationships especially at breaks and lunchtimes. The provision of a wide range of clubs and activities in a totally inclusive setting.
Peer on peer abuse /	Zero tolerance to peer on peer abuse and abusive behaviour.
poor peer influences	Promotion of a respectful and tolerant community in which
and behaviour	everyone is welcome. Effective Safeguarding policies, practices
	and procedures in place. Excellent training for staff and liaison
	with third party providers. Excellent classroom management. A
	whole School approach to mental health and wellbeing.

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to nay 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 asking occasional open questions. Explain that you are not able to maintain confidentiality if you can't. Explain though that their disclosure will be handled within the School's policy of confidentiality and that only those will know who can help them with their situation.

Staff should be honest if it is necessary to pass on information. Information about who they will talk to; what they are going to tell them and why they need to be told should be discussed with the pupil.

It is always advisable to share disclosures with the DSL and mental Health Lead. This helps to safeguard the emotional wellbeing of the person to whom the disclosure has been made. It also ensures continuity of care should the person to whom the disclosure was made is absent. It is also helpful to have extra ideas in relation to care and support.



Any disclosure of a safeguarding nature must be dealt with under the School's Safeguarding and Child Protection Policy.

Working with parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, it should be considered if a face to face meeting is preferable and where this should happen. Consideration should be given as to who else might attend the meeting and what are the aims of the meeting.

It can be shocking or upsetting for parents to learn of their child's issues and so it is important that the parent is given time to reflect. Sharing sources of support may be helpful including those which School can offer directly such as referral to Bobby Copping. A follow up meeting or conversation will be useful as parents have had time to process information and they may have further questions or wish to seek clarification.

A written account of the meeting should be kept on the child's confidential record.

Supporting peers

When a pupil is suffering from mental health issues, it can be a worrying time for friends. 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, cases should be treated on a case by case basis. Support can be given to individuals affected or to Form Groups or particular groups of friends. Information can be given to friends as to how they can access support.

Training

As a minimum, all staff receive regular training about responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe. Training opportunities will be available to staff who require more in- depth knowledge as part of their CPD.

Support:

www.selfharm.co.uk

www.depressionalliance.org/information/what-depression

www.anxietyuk.org.uk

www.ocduk.org/ocd

www.b-eat.co.uk/about-eating-disorders

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