Student Mental Health and Well-Being Policy

Formby High School
Determined To Achieve

Policy approved: 21 March 2017 (Governors' Curriculum and Staffing Committee)
Scheduled Review: Spring 2020

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 Formby High School, we aim to promote positive mental health for every member of our student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at supporting vulnerable students.

In addition to promoting positive mental health, we recognise and respond to mental ill health. Whilst we are not in a position to diagnose, we will seek, instead, to be pre-emptive and proactive in supporting students to link into the appropriate support required.

We aim at all times to:

- Promote good mental well-being and resilience, by supporting students and their families to adopt and maintain behaviours that support good mental health
- Prevent mental health problems from arising by taking early action with students who may be at greater risk in conjunction with parents
- Identifying needs earlier, so that students are supported as soon as problems arise to prevent more serious problems developing wherever possible

Resilience is not something that people either have or do not – resilience is learnable and teachable and as we learn we increase the range of strategies available to us when things get difficult.

Policy documents

- Sefton Council 'Children and Young People's Emotional Health and Well-being Strategy 2016 – 2021'
- Formby High School Child Protection Policy
- Department for Education 'Mental Health and Behaviour in Schools (2016 non-statutory guidance)
- Formby High School Anti-bullying Policy

Lead Members of Staff

Whilst all staff have a responsibility to be mental health 'gatekeepers' for our students, staff with a specific, relevant remit include:

- Deputy Headteacher (Pastoral Care) / Designated Safeguarding Lead (Mrs Blanchard)
- Well-Being Team Manager (Mrs Taylor)
- Pastoral Support / Well-Being Team Workers (Mr Silcock and Mrs Baker)
- Climate for Learning Leaders
- First Aiders (Miss Butterworth and Mrs Eastwood)
- Personal, Social, Health, Economic Education(PSHEE) Coordinator (Mrs Kearsley)

Any member of staff who is concerned about the mental health or well-being of a student should speak to a member of the Well-Being Team 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 Safeguarding Lead. If the child presents as 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 Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the Well-Being Team Manager.

Individual Mental Health Care Plans

An Individual Mental Health Care Plan for students causing concern or who receive a diagnosis pertaining to their mental health will be drawn up by the Well-Being Team Manager and the process will involve both the student and his/her parents. The plan will include:

- Details of the concerns that exist
- The interventions and support already given in school
- The further role that the school can play
- What outcomes the child would like from the identified interventions

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally safe are included as part of our developmental PSHEE curriculum which is overseen by the PSHEE Coordinator.

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.

We will follow the PSHE Association Guidance[1] to ensure that we teach mental health and emotional well-being issues in a safe, age appropriate and sensitive manner which helps rather than harms.

Signposting Support

We will ensure that staff, students and parents are aware of sources of support. This will include what support is available within school and the local community, who it is aimed at, and how to access it. This information is outlined for staff on the pre-emptive Health & Wellbeing Concern Flow Chart (Appendix One) and will be regularly shared during whole staff (In Service Training) INSET time.

This information is outlined for students in the following ways:

- Signage around school clearly identifies the Well-Being Centre
- Student planner
- Posters in classrooms
- Presentations to students during assemblies
- Awareness raising by Form Tutors

Information about different sources of support will be displayed in classrooms and further information will be shared with students at appropriate stages in the curriculum. Whenever we highlight sources of support, we will increase the likelihood of a student seeking help by ensuring that students from all year groups understand the help that is available.

Warning Signs

School staff may become aware of warning signs which indicate a student may be 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 the **Well-Being Team Manager.**

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
- Aggressive or angry outbursts
- Crying without apparent reason
- Rapid changes in weight
- Increased attention seeking behaviour
- 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; for example, 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

Vulnerable Groups

Some children have increased vulnerabilities and risk factors which place their emotional well-being at greater risk. Some of the vulnerable groups are identified as

- Black and minority ethnic
- Lesbian, gay, bisexual and transgender
- Children who live in poverty
- Young offenders
- Young carers
- Looked after children
- Children with special educational needs
- Children and young people who have physical illness or disability
- Children in lone parent households
- Children who have parents with mental health difficulties
- Children who live in households where domestic abuse is prevalent
- Children whose parents misuse substances
- Children who have had an adverse childhood experience

Managing Disclosures

If a student chooses to disclose concerns about his/her 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. Our first thoughts should be for the student's emotional and physical safety rather than of exploring 'why'. Please refer the disclosure to the Well-Being Team Manager.

Confidentiality

It may not always be possible or appropriate for a member of staff to share with a student his/her intention to refer a disclosure to the Well-Being Team Manager as it may be necessary for confidentiality to be maintained. Where possible and appropriate, however, the member of staff will make the student aware of his/her intention to refer the matter and what information he/she intends to share.

Parents will be informed if a student is showing early signs of unhealthy mental health. In most cases students are given the opportunity to tell their parents. If this is the case, the student should be given overnight to share this information. After this time the Well-Being Team Manager will contact the parents to ascertain that the student has told them. For more serious concerns, such as suicidal thoughts, this information will be shared with parents immediately.

Working with Parents

Parents are often very welcoming of support and information from the school about supporting a student's emotional and mental health.

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 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 guidance easily accessible to parents
- Update parents with letters about the need to destigmatise, the support on offer and signs to look out for
- Share ideas about how parents can support positive mental health in their children
- When drawing up an individual mental health care plan, notify parents about the interventions being put in place with external agencies to support their child

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. 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 with the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know
- How friends can best support
- Things friends should avoid doing/saying which may inadvertently cause upset
- Warning signs that their friends help identify (for example, 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

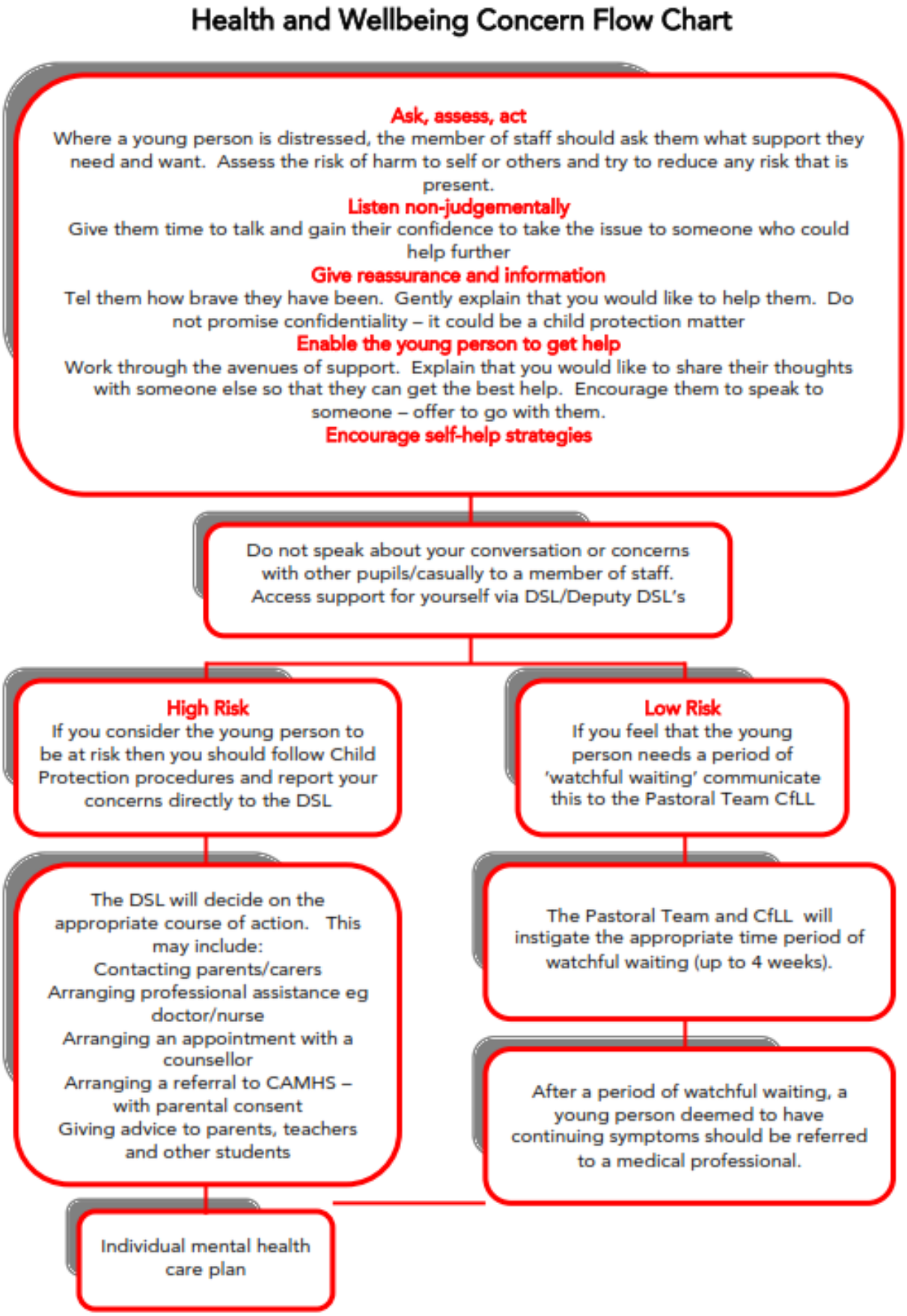
The following training opportunities will be provided to staff to enable them to better understand and handle concerns regarding students' mental health and well-being:

- 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 to enable them to keep students safe.
- The half termly Safeguarding and Well-Being Bulletin will always include information pertinent to supporting mental health.
- The MindEd learning portal[2] provides free online training suitable for staff wishing to know more about a specific issue.
- A wealth of YouTube videos, webinars and PowerPoint presentations can also be accessed using the Charlie Waller Memorial Trust website (www.cwmt.org.uk) and YouTube page.
- Training opportunities for staff that require more in depth knowledge will be considered as part of the appraisal process.
- 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.

[1] Teacher Guidance: Preparing to teach about mental health and emotional wellbeing

[2] www.minded.org.uk

Appendix 1


Health and Wellbeing Concern Flow Chart
Ask, assess, act
Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.
Listen non-judgementally
Give them time to talk and gain their confidence to take the issue to someone who could help further
Give reassurance and information
Tel them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality – it could be a child protection matter
Enable the young person to get help
Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help. Encourage them to speak to someone – offer to go with them.
Encourage self-help strategies
Do not speak about your conversation or concerns with other pupils/casually to a member of staff. Access support for yourself via DSL/Deputy DSL's
High Risk
If you consider the young person to be at risk then you should follow Child Protection procedures and report your concerns directly to the DSL
Low Risk
If you feel that the young person needs a period of 'watchful waiting' communicate this to the Pastoral Team CfLL
The DSL will decide on the appropriate course of action. This may include:
Contacting parents/carers
Arranging professional assistance eg doctor/nurse
Arranging an appointment with a counsellor
Arranging a referral to CAMHS – with parental consent
Giving advice to parents, teachers and other students
The Pastoral Team and CfLL will instigate the appropriate time period of watchful waiting (up to 4 weeks).
After a period of watchful waiting, a young person deemed to have continuing symptoms should be referred to a medical professional.
Individual mental health care plan

Main types of Mental Health Needs

Conduct disorders (eg defiance, aggression, anti-social behaviour, stealing and fire-setting)

Overt behaviour problems often pose the greatest concern because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or anti-social behaviour. In the clinical field, depending on the severity and intensity of the behaviours they may be categorized as Oppositional Defiant Disorder (a pattern of behavioural problems characterized chiefly by tantrums and defiance which are largely confined to family, school and peer group) or Conduct Disorder (a persistent pattern of anti-social behaviour which extends into the community and involves serious violation of rules).

Anxiety

Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. Children and young people may feel anxious for a number of reasons – for example, because of worries about things that are happening at home or school, or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. If they become persistent or exaggerated, then specialist help and support will be required.

Depression

Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness. Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. There is some degree of overlap between depression and other problems. Clinicians making a diagnosis of depression will generally use the categories major depressive disorder (MDD) where the person will show a number of depressive symptoms to the extent that they impair work, social or personal functioning, or dysthymic disorder (DD) which is less severe than MDD, but characterized by a daily depressed mood for at least two years.

Hyperkinetic disorders (eg disturbance of activity and attention)

Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern. Attention Deficit Hyperactivity Disorder (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called 'combined type' ADHD), other children diagnosed show signs only of inattention or hyperactivity / impulsiveness. Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven, and must be evident in two or more settings.

Attachment disorders

Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security: opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child's characteristics; and the family context. Secure attachment is an important protective factor for mental health later in childhood, while attachment insecurity is widely recognized as a risk factor for the development of behaviour problems.

Eating disorders

The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then binging. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys but are more common in girls.

Substance misuse

Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made between substance abuse (where use leads to personal harm) and substance dependence (where there is a compulsive pattern of use that takes precedence over other activities). It is important to distinguish between children who are experimenting with substances and fall into problems, and children who are at high risk of long-term dependency.

Deliberate self-harm

Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

Post-traumatic stress

If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of post-traumatic stress disorder (PTSD).

Appendix 2

Formby High School

Student Name:	Date:
Concerns Raised:	
Has the student been referred to CAMHS? If yes has treatment started?	Yes / No Yes / No
Is the student receiving any additional or other support outside of school? Please specify:	
Advice for Staff:	
Student Goals:	
Review meeting with parents: Date set: Time:	
New Goals:	