

# Positive Mental Health Policy



## **Positive Mental Health Policy Acorns Primary School**

**Last Updated February 2019**

### **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. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable children.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average mainstream classroom, three children will be suffering from a diagnosable mental health issue. The numbers increase with regard to pupils with a learning difficulty. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils 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 governors.

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.

### **The Policy Aims to:**

- Promote positive mental health 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 children with mental health issues
  - Provide support to students suffering mental ill health and their peers and parents or carers
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### **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Gail Beaton - designated child protection/ safeguarding officer /mental health lead
- Katy Higham - deputy safeguarding lead
- Jo Forshaw – NHS special school nurse
- Donna Carey - ELSA trained teaching assistant
- Katy Higham - CPD lead
- Deana Baker - Head of PSHE
- Nicola Knowles – emotional and social support

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the mental health lead 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 officer, the head teacher or the designated governor. If the child presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the nearest first aid trained staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by a member of the SLT. Guidance about referring to CAMHS is provided in Appendix F.

### **Individual Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals.

This can 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
  - The role the school can play
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## Teaching about Mental Health

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

The specific content of lessons will be determined by the specific needs of the cohort we're 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 follow the PSHE Association Guidance<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. As all of our pupils have a significant learning difficulty, each taught session will be planned to meet need and to ensure accessibility.

## Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix D.

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

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

## Warning Signs

School staff may become aware of warning signs which indicate a student 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 communicate their concerns with the DSL and through CPOMS to all relevant staff.

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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
- Change of demeanour and or personality – especially so if the pupil is nonverbal.

### **Managing disclosures**

A pupil 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 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 pupils emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded in writing and held within CPOMS as a 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
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This information should be shared with the mental health lead who will offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

### **Confidentiality**

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

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

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. This is particularly relevant for our pupils because they are under 16.

It is always advisable to share disclosures with a colleague, usually the mental health 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.

Parents must always be informed if we believe the pupil is in immediate danger of self-harm or impaired judgements and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the child protection office Gail Beaton must be informed immediately.

### **Working with Parents**

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):

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- 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 parents' other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them information to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should 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. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

### **Working with All Parents**

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 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 our regular information evenings
  - 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
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## Supporting Peers

When a pupil or staff member 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 with the pupil 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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 to enable them to keep students safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The [MindEd learning portal](#)<sup>2</sup> 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 performance management process and additional CPD will be supported throughout the year where it becomes appropriate due 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.

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Suggestions for individual, group or whole school CPD should be discussed with Gail Beaton and Katy Higham our CPD Coordinator, who can also highlight sources of relevant training and support for individuals as needed.

The Charlie Waller Memorial Trust provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions.

### **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in February 2022.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to [head@acorns.lancs.sch.uk](mailto:head@acorns.lancs.sch.uk)

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

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