Holme Grange School
Whole School Policy Including EYFS

Positive Mental Health Policy

Date:	Amendment:	Reviewed by:	Approved by
October 2023	Next Review due		
August 2022	Reviewed	Jo Cooke	SMT September 2022
October 2021	Reviewed	Tara Boyle & Jo Cooke	SMT – 08/02/22
October 2020	Reviewed	Tara Boyle & Jo Cooke	SMT -
October 2019	New Policy	Tara Boyle & Jo Cooke	SMT -

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 pupil body. We pursue this aim using both universal, 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 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.

This policy should be read in conjunction with our First Aid, Safeguarding and Child Protection policies in cases where a pupil's mental health overlaps with or is linked to a medical issue. Please refer to the SEND policy where a pupil has an identified special educational need.

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 young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers
- Guide staff towards a Graduated Response for SEN pupils

Lead Members of Staff

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

- Mrs Cooke – Designated safeguarding lead and Mental Health Lead
- Mrs Robinson – Deputy designated safeguarding lead
- Mr D Boynes - Deputy designated safeguarding lead
- Mrs Cox - Deputy designated safeguarding lead EYFS
- Mrs Tara Boyle – Health and Wellbeing Nurse
- Mrs Allyson Spence – First Aider and matron
- Mental Health First Aiders

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to one of the safeguarding leads. If there is a fear that the pupil is in danger of immediate harm, then the school's child protection procedures should be followed. If the pupil 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 CYPMHS is appropriate, this will be led and managed by the Designated Safeguarding lead. The DSL works closely with a range of external agencies, both private and through the local authority.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community, through the weekly newsletters and those sent by the Head of Pastoral Care.

We will display relevant sources of support in communal areas such as corridors and the library and will regularly highlight sources of support to students. 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

Warning Signs

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 communicate their concerns with DSL or a member of the Safeguarding Team and enter the concern onto MyConcern. If a pupil is on a level 3 in MyConcern they will be receiving Intensive Help from outside of school. The pupil will be put on a Safeguarding and Welfare plan, which will be reviewed regularly with those involved with their care.

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
- 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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

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):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen?
- Who should be present? Consider parents, the pupil, 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 provide them with relevant links to websites or leaflets 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 are sharing. Sharing sources of further support aimed specifically at parents can 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 step and always keep an appropriately detailed and objective record of the meeting on the child's MyConcern record.

Supporting Peers

When a pupil is suffering from mental health difficulties, 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 will be exposed to 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 in either one to one or in-group settings and will be guided by conversations by 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 / 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

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 pupils safe.

The Educare learning portal provides online training suitable for staff wishing to know more about a specific issue and staff are required to complete mental health training regularly.

The DSL is a trained counsellor with a level 5 Certificate in Counselling Children and Young People.

Mental Health First Aiders

Mrs J Cooke
Mrs T Boyle
Mrs L Philip
Mrs C Mackworth-Praed
Mr J Taylor

Mrs R Frost
Mr R Frost
Miss R Fuller
Miss M Graham

Mental Health and SEN pupils

Not all children with mental health difficulties will have SEN. However, persistent and serious mental health difficulties will often meet the needs of SEN in that they lead to pupils having significantly greater difficulty in learning that the majority of pupils of the same age. The school puts effective support in place for children and young people with identified special educational needs. By doing this, barriers to learning can be removed. The SEND code of Practice provides a framework for deciding what support to offer. The DSL and the SENDCO work closely together to ascertain the level of needs for the pupils.

Policy Review

This policy will be reviewed every 2 years as a minimum.

Appendix 1

Useful sources of information

Prevalence of Mental Health and Emotional Wellbeing

- 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.

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 they are useful for school staff too.

Support on all of these issues can be accessed via:

- Young Minds https://youngminds.org.uk/
- Mind https://www.mind.org.uk/
- Minded www.minded.org.uk
- Charlie Waller Trust https://www.cwmt.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

Self Harm: https://www.selfharm.co.uk/

National Self-Harm Network: http://www.nshn.co.uk/

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: https://www.depressionalliance.org/

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: https://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: http://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

What to Do When Your Brain Gets Stuck: A Kid's Guide to Overcoming OCD (What-to-Do Guides for Kids) (What-to-Do Guides for Kids (R))

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:https://papyrus-uk.org/

On the edge: ChildLine spotlight report on suicide: http://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: https://www.beateatingdisorders.org.uk/types

Eating Difficulties in Younger Children and when to worry: http://www.inourhands.com