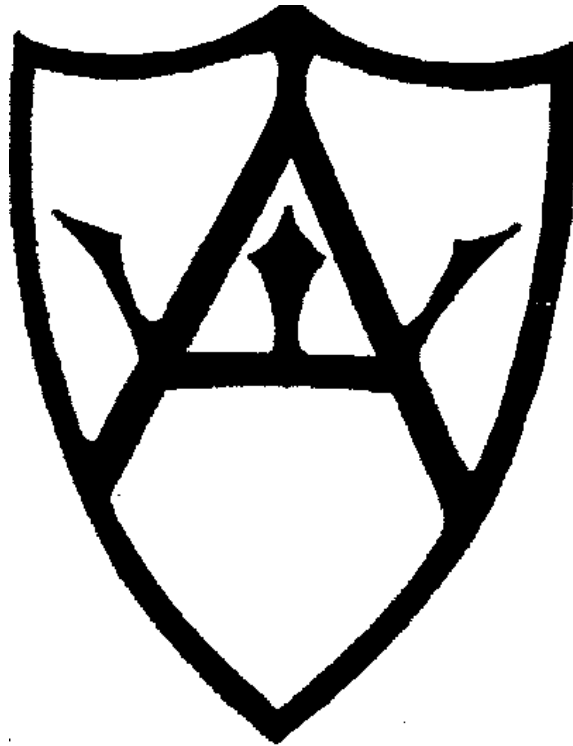


Alfriston School



Mental Health & Emotional Wellbeing Policy

Reviewed by staff and approved by
Governors: March 2022

Section one

The mental health and emotional wellbeing policy guidance

Aims of the policy

- To promote positive mental health in our whole school community
- To increase understanding and awareness of common mental health issues
- To alert staff to early warning signs of mental ill health
- To provide support to staff working with young people with mental health issues
- To provide support to young people suffering mental ill health and their peers and parents/carers
- To provide appropriate support to parents suffering mental ill health

A clear vision, and values that are understood and consistently communicated

Why does mental health and wellbeing matter in schools?

Schools play a crucial role in developing pupil mental health, and a positive school environment and ethos promotes emotional wellbeing across the community. There are a variety of ways that schools can support both young people and parents through; establishing consistent systems and interventions; enabling young people to develop a sense of belonging; ensuring young people feel safe and have the opportunity to ask for help, and providing support for parents that need additional help. A consistent whole school culture and vision is integral for developing young people's positive mental health and resilience.

A child's mental health will affect them for the rest of their life; it influences their overall health, happiness and productivity into adulthood. Promoting and protecting mental health in school is therefore one of the most important things that can be done for them. Half of all lifetime mental health problems develop by the age of 14, affecting approximately three children in every classroom. Untreated problems in early life lead to adult mental illness.

As well as lifetime wellbeing there are immediate benefits to positive emotional health. Children are happier, make friends and sustain relationships, they are aware of and understand others, are able to face problems and setbacks and learn from them, they also enjoy their play and leisure time and they learn better.

The factors that influence whether or not a child develops an emotional or behavioural problem are complex but broadly fall into two categories: risk and resilience. We cannot always protect children from risks (for example parental substance misuse, bereavement or refugee status), but we know that individuals respond differently to difficult life events, failure and mistakes. Building resilience is about supporting and enabling children to cope better with what life throws at them. Risks don't in themselves cause illness, but they are cumulative, whereas resilience is developmental.

The East Sussex County Council's Mental Health and Emotional Wellbeing (MHEW) audit framework for schools is a whole school approach that effectively supports children and young people's mental health and resilience¹. The eight components reflect different aspects of school life that promote positive mental health. The evidence strongly indicates that the framework is most effective when all of the components are embedded in the school's culture.

We are working to ensure that the framework is put into practice across the whole of our school community; by staff, parents and pupils.

¹ ESCC gratefully acknowledges learning from Brighton & Hove City Council, Islington MHARS: A framework for mental health and resilience in schools, and Public Health England.

Our structures and practices consistently support all children's mental health across the school community. We continually consider how the individual needs of a child are met through a stepped approach, ensuring that practices are consistent for all children, whilst providing additional support for the most vulnerable children.



Roles and responsibilities in school

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

- Mrs Lindsey Hudson - Mental Health Lead
- Mrs Lindsey Hudson - Designated Child Protection / Safeguarding Lead
- Mrs Tanya Fitzgerald & Miss Alice Foster – Deputy Designated Child Protection / Safeguarding Leads
- Mrs Caroline Caley – Special Educational Needs Coordinator (SENCo)
- Mrs Karen Bliss & Mrs Gillian Nickalls - Lead First Aiders

Role of the mental health lead

There is an expectation that all schools should have a member of staff responsible for mental health. The mental health lead will; provide a link to expertise and support regarding specific children; identify issues and make effective referrals; and contribute to leading and developing whole school approaches around mental health.

If a staff member is concerned about the mental health or wellbeing of a pupil they will speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures will be followed with an immediate referral to the designated safeguarding lead or deputy designated safeguarding lead. If the pupil presents a medical emergency then the normal procedures for medical emergencies will be followed, including alerting a first aider and contacting the emergency services if necessary.

Where a referral to Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by Mrs Lindsey Hudson, Mental Health Lead.

Signposting

We will ensure that staff, children and parents are aware of sources of support within our school and in the local community. More details are available in the Appendix and also on our school website.

We will display relevant sources of support in school and will regularly highlight sources of support to children within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring children understand:

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

Specific help for vulnerable children

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 will always be taken seriously and staff observing any of these warning signs will communicate their concerns with Mrs Lindsey Hudson, our mental health and emotional wellbeing lead.

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
- increased difficulty in separating from adults (clinginess)
- 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

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, all staff are trained 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 will always be calm, supportive and non-judgemental.

Staff will listen, rather than advise, as their first thoughts will be for the child's emotional and physical safety rather than of exploring 'Why?'

All disclosures will be recorded in writing and held on the child's confidential file. This written record will 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 will be used by the Mental Health Lead, Mrs Lindsey Hudson to offer support and advice about next steps.

Confidentiality

We will be honest about the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on then we will 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 will never share information about a pupil with anyone else without telling them first. Ideally we would receive their consent, although there are certain situations when information must always be shared with another member of staff and / or a parent, for example a child under the age of 16 who is at risk of harm.

If a child gives us reason to believe that there may be underlying child protection issues, Mrs Lindsey Hudson our Designated Safeguarding Lead, will be informed immediately.

Supporting a child with mental health needs

We are committed to ensuring that a pupil with mental health needs receives appropriate support at an early stage. To ensure that a child's specific needs are appropriately met, we work together as a staff team, involving other relevant services, if necessary. The child and their family are always at the centre of the process.

Supporting peers

When a pupil 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. We will find out:

- 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 can help with

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

Peer support systems

We have an established peer support scheme, 'Buddy System' that is reviewed on a regular basis. The peer support scheme supports children to socialise with each other, promotes friendships and supports children that may be isolated.

Effective partnerships with parents

Where it is deemed appropriate to inform parents, we will be sensitive in our approach. Before disclosing to parents we will 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? At school, at their home or somewhere neutral?
- Who should be present? Parents, the pupil, other members of staff?
- What are the aims of the meeting?

It may 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 will be understanding and compassionate.

We will always highlight further sources of information and where possible give leaflets to take away.

We will always provide clear means of contacting us with further questions. If appropriate will arrange a follow up meeting or phone call as we understand parents may have more questions once they have processed the information. Any meetings will be ended by agreeing next steps, we will also keep a brief record of the meeting on the child's confidential record. It is very important to us to work with parents in planning and decision making. Parents will be always be contacted by a member of staff to inform them of any updates.

How does the school work in partnership with all parent/carers in regards to supporting their children's emotional and mental health?

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 open and positive relationships
- Run focus groups to provide us with an opportunity to gather parent perspectives
- 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
- Promote joint planning and decision making with each child's parent

How does the school provide appropriate support to parents who need additional help?

We will ensure that parents suffering from mental ill health and/ or need appropriate support, are provided with additional support. We are mindful that parents with mental health issues may worry about discrimination, and the effect their illness has on their child. Therefore we will be sensitive when approaching parents with mental health needs. In order to support parents with additional needs, we will:

- Keep parents informed about services and sources of help around emotional wellbeing
- Provide details of counselling services available for parents, if required
- Refer parents to specialist services, in consultation with parents
- Provide additional support such as help to complete forms and paperwork
- Support parents in developing their parenting skills
- Provide accessible information, explanation, guidance and signposting

Support and training for all staff to build skills, capacity and own resilience

As a minimum, all staff receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training to enable them to keep children safe.

Mental health and emotional wellbeing is a standing item on every staff meeting agenda enabling us to share relevant information and keep up to date with issues and support. Staff are familiar with the 'Guide for East Sussex schools: Supporting children and young people in their mental health'.

Training opportunities for staff that require more in depth knowledge will be considered as part of our performance management process and additional core professional development will be supported throughout the year where it becomes appropriate due to developing situations.

Where the need to do so becomes evident, we will dedicate INSETs and/or host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Section two

Mental health within PSHE

Mental health within PSHE is developmental and appropriate to the age and needs of every pupil. It is part of a well-planned programme, delivered in a supportive atmosphere, where we aim for all children to feel comfortable to engage in open discussion and feel confident to ask for help if necessary.

Establishing a safe and supportive environment

- Boundaries for discussion and issues of confidentiality are discussed before mental health lessons begin.
- Each class/group works together to establish its own ground rules about how they would like everyone to behave in order to learn.
- Distancing techniques such as role play, third person case studies and an anonymous question box are employed when teaching sensitive issues.

Good practice in teaching and learning

What strategies do teachers use to promote good practice in teaching and learning?

- Using the correct terminology makes clear that everybody understands and avoids prejudiced or offensive language.
- Lessons contain a variety of teaching methods and strategies that encourage interaction, involvement and questioning: working individually, in pairs and groups; discussions; role play; prioritising; quizzes; research; case studies; games; circle time; visiting speakers.

Inclusion

How are lessons about mental health made inclusive?

All children and young people whatever their experience, background or identity are entitled to good quality education about mental health that helps them build a positive sense of self. Respect for themselves and each other is central to all teaching. The PSHE programme and approach is inclusive of difference: gender identity, sexual orientation, ability, disability, ethnicity, culture, age, faith or belief or any other life experience.

- Staff approach mental health education sensitively, knowing that the children are all different and have different family groupings.
- Mental health lessons cater for all children and the teachers and teaching materials are respectful of the rights of children with disabilities and how children choose to identify themselves.

Assessment

Lessons are planned starting with establishing what children already know. In this way, teachers can also address any misconceptions that children may have.

How do teachers do this?

- brainstorms and discussions
- draw and write activities to find out what children already know

- continuums/diamond nine and other activities to find out what children feel is important to them

Assessment is the process where an individual child's learning and achievement are measured against the lesson objectives

How is a child's progress in mental health education assessed?

- student reflective assessment sheets at the end of each topic
- written or oral assignments
- quizzes
- student self-evaluation
- reflective logbooks
- one to one discussion

Monitoring and evaluation

Monitoring helps ensure teaching is in line with school policy and that children are taught what is planned for the different year groups. Evaluation helps to plan future lessons and enables teachers to review the programme to improve the teaching and learning.

How are mental health lessons monitored and evaluated?

The PSHE Lead is responsible for the monitoring and evaluation of mental health lessons. A range of methods are used including:

- lesson observations
- what individual teachers added to or deleted from the lesson content
- children/teachers completing end of topic evaluations
- annual PSHE review
- observations and pupil voice collected from initial need assessment is compared to same assessment at end of topic
- link Governor monitoring visits.

Appendix

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues²

- 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.

Support on all of these issues can be accessed via **Young Minds** www.youngminds.org.uk
Mind www.mind.org.uk

Adults, children and young people can phone **Childline** at any time when in a crisis. The service also offers phone and email counselling and message board support as well as tips and advice on a wide range of issues, including exam stress and bullying.

Tel: 0800 1111 (24 hours a day)

Website: www.childline.org.uk

Below, we have sign-posted information and guidance about the issues most commonly seen in school/college-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/college staff too.

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

² Source: Young Minds

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/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

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 – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/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/eating-difficulties-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