



## MENTAL HEALTH AND WELLBEING POLICY

*Next review: Autumn 2023*

*At Christ the King, We Can and We Will support our children, staff and community's well-being.*

### 1 BACKGROUND:

During the Coronavirus pandemic, the mental health of our children, families and staff have been at the core of our decision-making as a school, and this policy aims to embed this commitment to promoting and monitoring wellbeing within our culture. It also aims to set out a clear stepped approach to supporting students and staff during times when their emotional wellbeing is less than optimal.

### 2 POLICY STATEMENT

We are committed to championing the wellbeing and the mental health of our children, staff and the community of families we serve. When our emotional wellbeing is valued, when we feel connected and secure in respectful and nurturing relationships, and when we feel safe to express any worries and concerns we may have, we are most likely to thrive.

Our children are more likely to enjoy the learning experience and secure better educational outcomes, our staff are more likely to enjoy their work and be more productive, and our community of families are more likely to enjoy a supportive environment for their children to be nurtured within. When our wellbeing is optimal, we can manage emotions, self-regulate behaviour, follow structures and routines, socially interact with peers, build trust with peers and adults and ultimately establish positive relationships. (Carpenter, Barry and Carpenter, Matthew. April 2020)

We as a school aim to promote protective behaviours to safeguard the wellbeing of all. We believe that all members of the community have the right to feel safe and for our wellbeing to be prioritised, and that nothing is too small or insignificant to talk about with a trusted adult in our school support network.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We aim to use a common framework to encourage everyone within the community to recognise mental health early warning signs within themselves as well as others, and a common strategy to connect and seek support whenever these signs arise, as well as clear guidance as to how we manage disclosures so that we can safeguard the individual.

#### SCOPE

This document describes the school's approach to promoting positive mental health and wellbeing. The policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our Supporting Pupils with Medical Conditions Policy where a child's mental health overlaps with or is linked to a medical issue, and our Special Educational Needs and Disability Policy where a student has an identified special educational need.

### 3 MEMBERS OF STAFF

As a school community, we all have a responsibility to promote the wellbeing and mental health of children, however, staff with a specific, relevant remit include:

Mrs Victoria Garside and Mrs Helena Carrazedo

Any member of staff who is concerned about the wellbeing or mental health of a student should speak to the Mental Health Leads in the first instance. If there is a fear that the child is in danger of immediate harm then the normal safeguarding and child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead, Head Teacher or designated Governor for Safeguarding. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting emergency services if required.

Where a referral to Child and Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by Mrs Carrazedo, Mrs Garside and Mrs Watts.

## **5 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

## **6 TEACHING ABOUT MENTAL HEALTH**

Our PSHE curriculum has a sustained focus on wellbeing issues and encourages a person-centred approach to exploring these.

## **7 SIGNPOSTING**

We will ensure that staff, children and parents are aware of sources of support within school and in the local community.

We will display relevant sources of support in the staff room and will highlight sources of support to children within relevant parts of the curriculum, in assemblies and in the classroom if and when appropriate to the age group of the children. We will also ensure that our Wellbeing section of the website is updated.

Whenever we highlight sources of support, we will increase the chance of children seeking help 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

## **8 EARLY WARNING SIGNS**

As part of their PSHE lessons, children reflect on the physical, social and behavioural early warning signs that indicate that it would be positive to seek support.

All school staff will be receiving 'Zones of Regulation' training so that they can identify students who may be in a heightened states of emotional arousal and use a common language with which to discuss this with them, revising strategies to manage this at the same time.

Staff may become aware of warning signs which indicate a child 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 Mrs Carrazedo or Mrs Garside.

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
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- An increase in lateness or absenteeism

## **9 MANAGING DISCLOSURES**

All members of the school community should be encouraged to start a wellbeing conversation no matter how small they may deem their concern to be. Children will be reminded in their PSHE lessons how to approach school staff should they wish to share a mental health concern about themselves or others.

When approaching a person to start a wellbeing conversation, the child or adult may express that their mental health is not optimal, but may not be able to describe how they are feeling. We should use our two filtering questions as a starter to this conversation:

- 1) Are you still able to enjoy the things you usually do?
- 2) Is there anything you're looking forward to?

A child 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 student chooses to disclose concerns about their own well-being 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 child's emotional and physical safety rather than of exploring 'Why?'

Any wellbeing discussion with a child which is considered to be low risk with no immediate safety concerns should be referred to the Wellbeing Leads.

All disclosures should be recorded on My Concern, and if there is a fear for the immediate safety or wellbeing of the young person, an immediate referral should be made to the Designated Safeguarding Lead.

## **10. 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 child:

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

It is always advisable to share disclosures with the mental health lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it ensures continuity of care in our

absence; and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if;

- A child has self-injured or disclosed that they have considered self-injuring
- A child suggests or expresses they are having suicidal thoughts or have attempted suicide
- A child discloses disordered eating behaviours

Children may choose to tell their parents themselves. If this is the case, the child should be given 24 hours to share this information before the school contacts parents. We should always give children the option of us informing parents for them or with them. If the child discloses suicidal thoughts parents must be told. Seek advice from external agencies.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a Designated Safeguarding Lead must be informed immediately.

## **11. 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/via video call?
- Where should the meeting happen?
- Who should be present?
- 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 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'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.

## **12. WORKING WITH ALL PARENTS**

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental wellbeing. 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 information evenings and webinars
- 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

### **13. TRAINING**

As a minimum, all staff will receive regular training about recognising and responding to wellbeing issues as part of their regular child protection training to enable them to keep students safe.

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.

Suggestions for individual, group or whole school CPD should be discussed with the Mental Health Leads who can also highlight sources of relevant training and support for individuals as needed.

## Appendix A: Further Information about common mental health issues

Below, 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 we think they are useful for school staff too.

Support on all these issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) Minded ([www.minded.org.uk](http://www.minded.org.uk)).

<sup>1</sup> Source: Young Minds

### 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](http://www.selfharm.co.uk)

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

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](http://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](http://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](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

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 – POPYRUS: [www.papyrus-uk.org](http://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/](http://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](http://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](http://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

