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Policy Review

This policy will be reviewed every two years as a minimum. The next review date is 16/06/21. In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of the Designated Safeguarding Lead and Head of School.

1.0 Policy statement

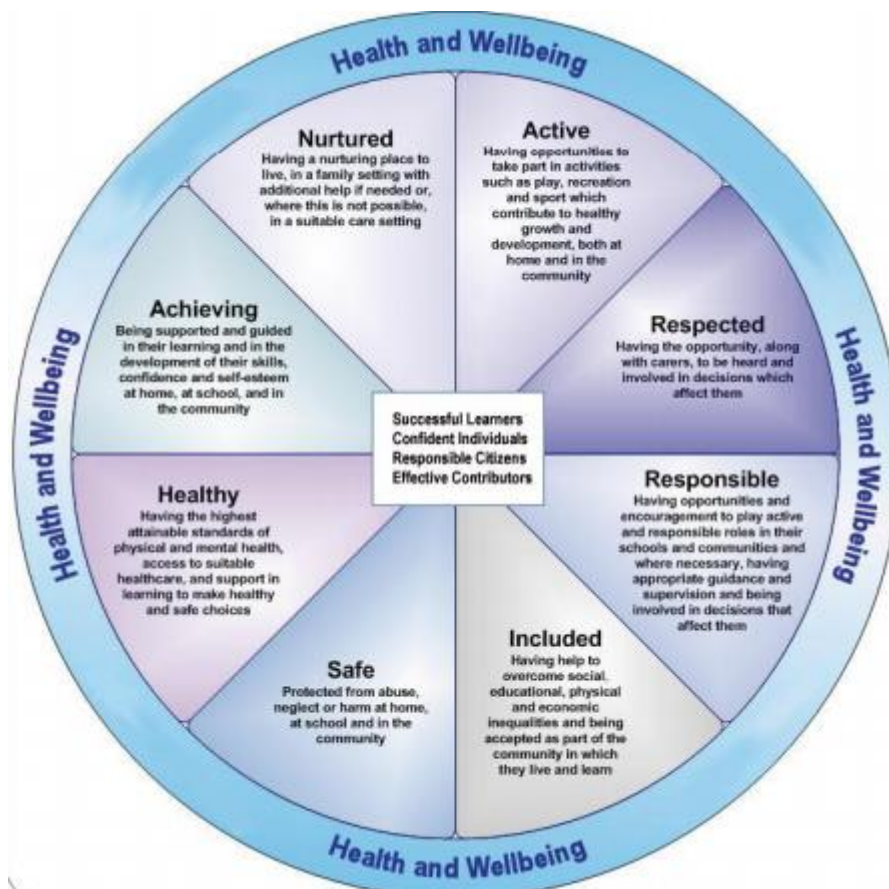
What do we mean by mental health?

Emotional and Mental Health refers to our overall psychological well-being. It includes the way we feel about ourselves, the quality of our relationships, our ability to manage feelings and deal with difficulties, and how much meaning and joy we derive from life.

Good mental health is not about the absence of mental health problems such as depression or anxiety. Rather it is the presence of positive characteristics, such as being able to cope with life's challenges, handle stress, build strong relationships and recover from setbacks.

Research shows that up to 10% of pupils aged 5 – 15 years' experience mental health issues at some point in their life. It is essential that they get the help they need as quickly as possible. Issues such as lack of confidence, anxiety, low mood and depression, conduct and eating disorders can impact significantly on pupil's happiness, education and life chances.

The new Ofsted Framework recognises the importance of supporting the Mental Health & Well-being of young people. Additions to the framework include personal development, behaviour, welfare and mental health. More specifically the framework references the essential components of emotional wellbeing such as relationships, self-disciplined, self-confidence, self-efficacy, communication skills, positive mind-set and attitude.



Specifically the OFSTED guidelines state:

In order for schools to gain, good status pupils must 'enjoy learning about how to stay healthy and about emotional and mental health, safe and positive relationships'.

To be outstanding schools must enable students to be able to 'make informed choices about healthy eating, fitness and their emotional and mental wellbeing'.

The new framework recognises that it is important to continue to support individual students with specific behavioural and mental health needs but there is also a need to create a culture that fosters emotional wellbeing and resiliency within the school. Consequently, 'good' and 'outstanding' schools commit to helping students develop personal skills, employability skills and achieve academically.

At Greenfields Academy, we are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and governors. Our open culture allows students' voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

2.0 Scope

This policy is a guide to all staff, including non-teaching, and Governors – outlining Greenfields Academy's approach to promoting Mental Health and Emotional Wellbeing. It should be read in conjunction with other relevant school policies.

3.0 Policy Aims

- Promote positive mental health and emotional wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4.0 Key staff members & training

This policy aims to ensure all staff take responsibility to promote the mental health of pupils. Key members of staff have specific roles to play:

- Tutors
- Designated Safeguarding Lead
- SENCO
- Senior Leadership Team

- Key Workers
- Teachers/Instructors of PSHE

If a member of staff is concerned about the mental health or wellbeing of a pupil, in the first instance they should speak to the Designated Safeguarding Lead.

If there is a concern that the pupil is high risk or in danger of immediate harm, the school's child protection and safeguarding procedures should be followed.

If the child presents a high risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

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. **A nominated member of staff will receive professional Mental Health First Aid training or equivalent.**

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 to developing situations with one or more pupils.

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 a member of the Senior Leadership Team or Designated Safeguarding Lead who can also highlight sources of relevant training and support for individuals as needed.

5.0 Individual Care Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

Suggested elements of this plan include:

- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific staff.

6.0 Teaching about Mental Health (Curriculum)

The skills, knowledge and understanding our students need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum.

We will follow the guidance issued by the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively:

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and%20emotional%20wellbeing>

Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of pupils' own emotions as well as those of other people.

Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges. **See Section 14 for Supporting Peers.**

7.0 Sources or support at school and in the local community

We will ensure that staff, students and parents/carers are aware of the support and services available to them and, how they can access these services.

Within the school (noticeboards, common rooms, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

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

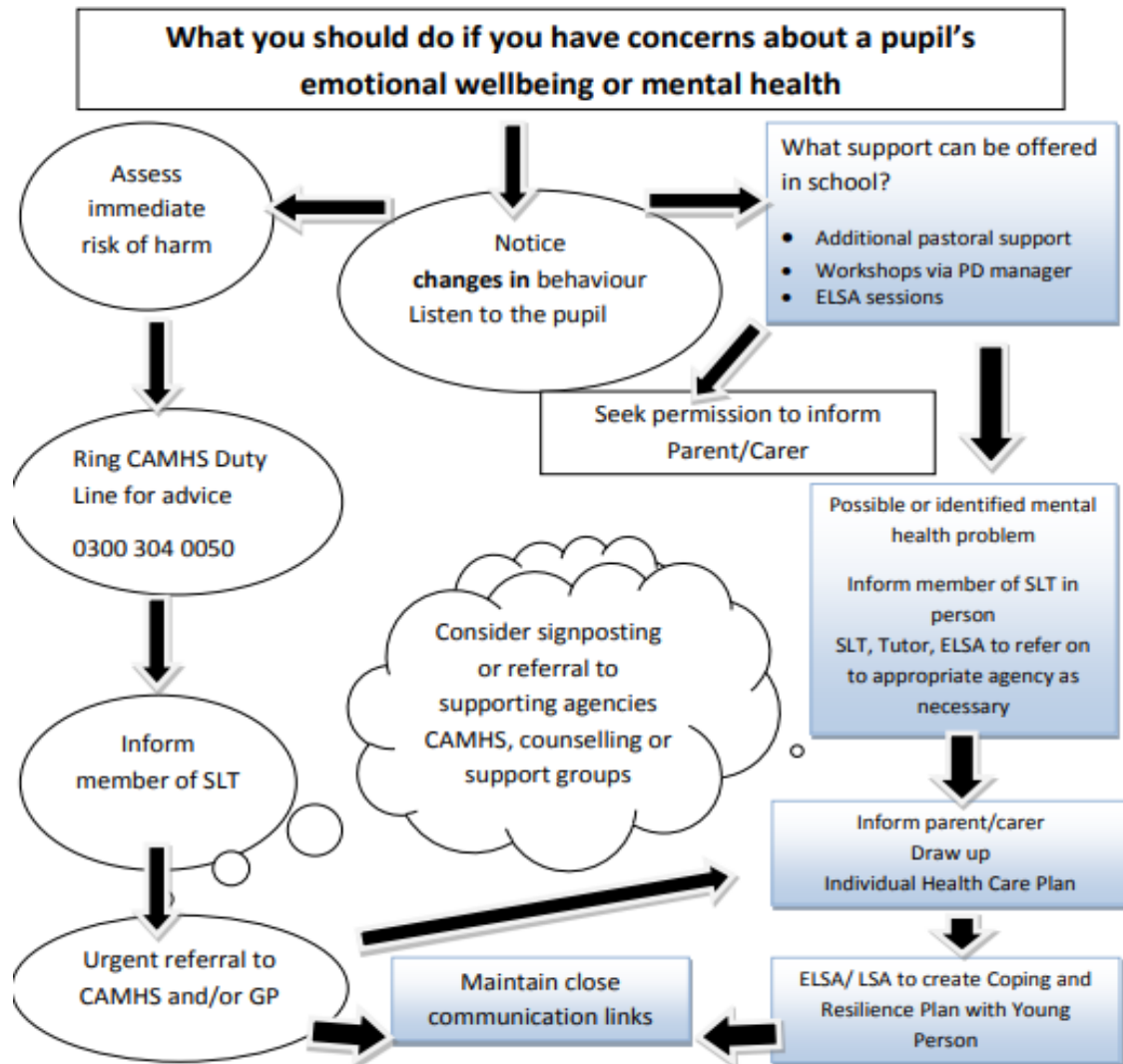
Staff may become aware of warning signs, which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert the Designated Safeguarding Lead.

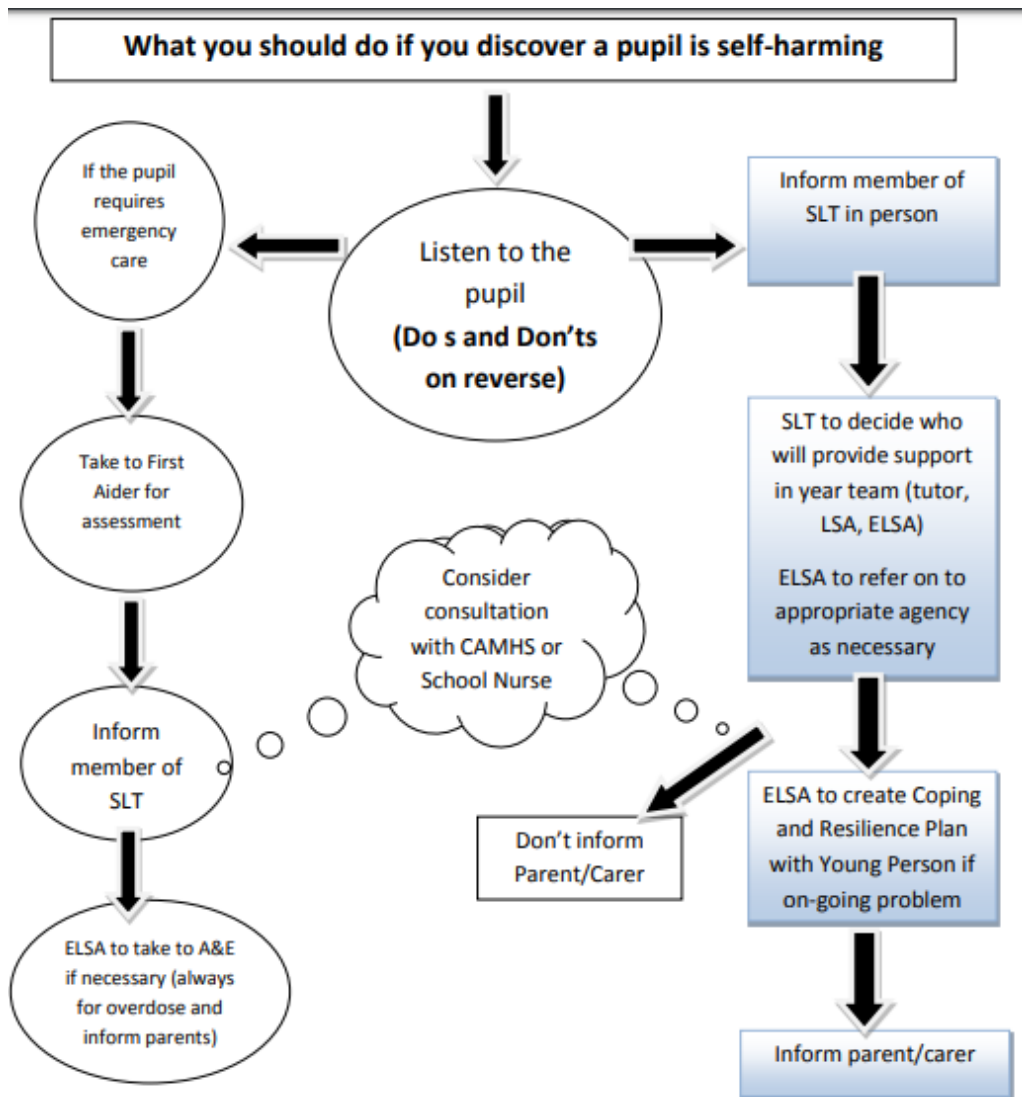
Possible warning signs, which all staff should be aware of include:

- 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 secretly
- Lateness to, or absence from school

- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Flowcharts to help guide staff in accessing the correct support for pupils:





DO

Stay Calm – no reaction is better than a negative one.

Listen – show a low key dispassionate demeanour.

- acknowledge their emotional distress
- ask what help and support they want and explain you have to tell to get help

Observe – the young person’s non-verbal clues, look at their body language – does what they say and what you see match up? What is the underlying mood state – is it anger?

DON'T

Panic – Unfortunately many young people self-harm and each young person will have a different reason or story behind their behaviour. Panicking will not help the young person feel safe and contained.

Send them away or ignore it – make some time for them. Either help them find other ways of coping or help them get support.

Be judgemental – keep an open mind about the behaviour and don't refer to it as "attention seeking". Remember – attention seeking is attention needing.

REMEMBER

Most episodes of self-harm have nothing to do with suicide. For most young people self-harm is a way of coping with overwhelming emotions. The easiest way to differentiate between suicide and self-harm is by asking the young person what their intention was behind the self-harm behaviour.

Listen, then try to help the young person find alternative positive ways of coping and identify their supportive network. Draw up a "Coping and Resilience Plan"

If a young person is talking to you about their self-harming behaviour, it is because they feel they can trust you but you cannot promise to 'keep it a secret'. Tell the young person you have to pass the information to a member of Senior Leadership Team and ideally their parent/carer.

Treat a suicide intention as an emergency; do not leave the young person alone. Contact a member of the Senior Leadership Team.

School Based Support:

- Access to the School Counsellors (including PTSD Therapy)
- Music Therapy
- Lego Therapy
- ELSA

Local Support

In Lincolnshire, there are a range of organisations and groups offering support, including the CAMHS partnership, a group of providers specialising in children and young people's mental health wellbeing. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation.

<http://www.lpft.nhs.uk/our-services/specialist-services/camhs>

8.0 Targeted support for Young People

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We ensure timely and effective identification of pupils who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- Working closely with Lincolnshire County Council Children's Services, CAMHS and other agencies services to follow various protocols including assessment and referral;
- Identifying and assessing in line with the Early Help Assessment Tool (EHAT), children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach;
- Providing a range of interventions that have been proven to be effective, according to the child's needs;
- Ensure young people have access to pastoral care and support, as well as specialist services, including CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and
- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

9.0 Managing Disclosures & Confidentiality

If a pupil chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. All disclosures should be recorded confidentially on Schoolpod.

If the Designated Safeguarding Lead feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the pupil. We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we're going to tell them

Ideally, consent should be gained from the pupil first however, there may be instances when information must be shared, such as students up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers.

If a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

10.0 Whole School Approach

10.1 Working with and supporting parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- Who should be present – students, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to the pupil's record and an Individual Care Plan created if appropriate.

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc);
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; and
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

10.2 Supporting Staff Well-being

At Greenfields Academy, we believe that a well-supported, valued staff with a clear and shared purpose is the most effective way to promote the emotional well-being of pupils in their care. Members of the Senior Leadership Team are available daily to support staff with any matters they may wish to discuss, alongside a range of agencies that can be accessed via the staff noticeboard. We hold a morning briefing each day, which provides an opportunity for staff to support each other with strategies for specific pupils, where necessary.

12.0 Appendix

[Appendix 1 – A Guide to Child Mental Health Conditions](#)

Mental health problems in children are quite common. About one in ten children aged between five and sixteen, are diagnosed with a problem every year, and about 75% of mental illnesses are thought to start before the age of 25.

Sadly, it's often the case that a child will go untreated with significant consequences to that young person's life, to their family and community. Nip in the Bud wants to change that. We believe that with more information and the right resources, we can improve outcomes, giving all children a happier and healthier life.

To find out more about the most common childhood mental health conditions, access fact sheets and media clips outlining presentation and sign posting of the support available please go to:

https://nipinthebud.org/child-mental-health-conditions/?gclid=EAlaIQobChMIcDS5qyT4wIVorztCh04hqn1EAAYAiAAEgIm7PD_BwE

OCD in Children

Obsessive Compulsive Disorder (OCD) is thought to occur in between 1-4% of the child and adolescent population. In real terms that could mean that in an average primary school of 500 pupils there could be between 5 and 20 young people struggling with OCD.

OCD is a serious condition that can cause major disruption to the lives of young people and their families. OCD tends not to go away on its own and without treatment it is likely to persist into adulthood. In fact, many adults who receive a diagnosis of OCD report that some symptoms started during childhood.

Depression in Children

A common question we often hear is, "Can even very young children be depressed?"

The answer is, yes they can.

Depression affects around 2.8% of children under the age of 13 and 5.6% of 13-18-year olds. An estimated 20% will have had one depressive episode before the age of 18.

Anxiety in Children

Anxiety disorders are one of the most common mental health problems identified in children. Estimates of the rates of prevalence vary greatly from 8% to 27% lifetime prevalence by age 18.

Chronic anxiety disorders are associated with increased risk of other serious mental health problems in later life. Therefore, early identification and treatment is key.

PTSD in Children

Post-traumatic stress disorder, or PTSD, is a mental health disorder that may develop after exposure to exceptionally threatening, frightening events or traumas.

Conduct Disorders in Children

Conduct Disorders are a pattern of persistent and repetitive antisocial, aggressive or defiant behaviours that are seen at a level that is more severe than you would expect in a child of that age.

Additional Sources of Information

Types of mental health need - https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/types-of-mental-health-problems/?gclid=EAlalQobChMltcDS5qyT4wIVorztCh04hqn1EAAYASAAEgLzmPD_BwE#.XRn76li6PIU

Resources for parents by parents - https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/types-of-mental-health-problems/?gclid=EAlalQobChMltcDS5qyT4wIVorztCh04hqn1EAAYASAAEgLzmPD_BwE#.XRn76li6PIU

Young people's mental health - <https://www.childrenssociety.org.uk/what-we-do/our-work/young-peoples-mental-health>

Tackling mental health - <https://www.time-to-change.org.uk/resources>

Head Space guide to health and happiness - <https://www.headspace.com/blog/2016/07/13/can-our-kids-be-happier-than-us/>

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