

# Presdales School



<b>Title</b>	MENTAL HEALTH AND WELLBEING POLICY
<b>Version</b>	January 2021
<b>Author/Title</b>	Sara Miller Deputy Head Pastoral
<b>Committee Responsible</b>	Students
<b>Governor Link</b>	Maddie Waller
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## Enquiries & comments

Any enquiries and comments about this publication may be made to:

Telephone: 01920 462210

/

Email: [admin@presdales.herts.sch.uk](mailto:admin@presdales.herts.sch.uk)

Address: Hoe Lane, Ware, Hertfordshire SG12 9NX

## **1 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 Presdales 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 students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In June 2020 we achieved The Healthy Young Minds in Herts (HYMIH) School Accreditation kite mark status for our contribution to continually supporting mental health and wellbeing of our School community and raising awareness of the importance of emotional wellbeing.

## **2 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 Trustees.

This policy should be read in conjunction with our health and safety, and safeguarding policies in cases where a student's mental health overlaps with or is linked to a medical issue, safeguarding concern, and the SEN policy where a student has an identified special educational need or is on the child protection register.

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

- Promote positive mental health in all staff and students
- 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 students suffering mental ill health and their peers and parents or carers
- Outline legal considerations pertaining to minors and mental health

### **Lead Members of Staff**

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

- Mrs Sara Miller - Deputy Head (Pastoral) Mental Health Lead (MHL)
- Mrs Ellie Sykes - Assistant Head (KS3) Deputy Mental Health Lead (DMHL)
- Ms Kate Chandler - Assistant Head (KS4) Lead DSP
- Ms Kate Simmonds - Head of Sixth Form
- Ms Allie Reeves - School Therapist
- Mrs Maddie Waller - Trustee Mental Health Link

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the students Head of Year or AHT in the first instance. If there is a fear that the student is in danger of immediate harm due to mental health, the mental health emergency protocol should be followed and can be found in section 5. If there is a safeguarding concern, then the normal child protection procedures should be followed with an immediate referral to the DSP. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting the emergency services if necessary.

## **3 What is meant by 'mental health difficulty'?**

3.1 The term 'mental health' describes 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. A mental health difficulty is one in which a person is distracted or unable to engage with ordinary life due to upsetting, disturbing thoughts and/or feelings. These problems may distort or

negatively impact a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern.

#### **4 Legal Considerations**

4.1 Under The Equality Act (2010) a person with a mental health difficulty is covered if their condition leads to an adverse impact on their ability to carry out their normal day-to-day activities. This will include students with conditions such as depression, bipolar disorder, self-harm and disordered eating.

4.2 The Act also covers those who have had a mental illness or difficulty in the past, even if they have recovered, and those whose condition meets the definition but is successfully controlled by treatment (for example psychiatric medication such as anti-depressants) or therapy.

4.3 Under The Equality Act, it is unlawful to discriminate against students with a diagnosed mental health condition, and 'reasonable adjustments' may need to be made to ensure they can access education. The general principle of 'reasonable adjustments' is that wherever possible, schools should make practical adjustments to enable a student to continue their education. Mental health problems are often variable and students may only need adjustments for a limited period of time whilst they receive treatment or until they are better able to function.

4.4 Under the Data Protection Act, all information regarding students with mental health difficulties is regarded as sensitive and personal information. Any and all information about student mental health is shared on a 'need to know' basis, and is aligned with defined procedures on sharing of information about students.

4.5 Duty of Care - All staff need to be aware of the concept of the 'Duty of Care'. This is a legal obligation which requires us to take reasonable steps to ensure the safety and well-being of all our students, staff and visitors. If a school knows (or should know) that a student is experiencing mental health difficulties, the student should be advised to seek appropriate help and reasonable measures to support them need to be in place. This is particularly important in regard to passing on personal information where mental health difficulties occur.

#### **5 Mental Health Emergencies or Crisis'**

A Mental Health Emergency or Crisis is defined as:

'A mental health crisis often means that you no longer feel able to cope or be in control of your situation. You may feel great emotional distress or anxiety, cannot cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.' NHS, 2019.

5.1 There may be instances where a student's behaviour and mental state are concerning and may lead to immediate danger through harm to themselves or others. The following situations or symptoms classify as a mental health emergency:

- Self-harm
- Suicidal ideation
- Hearing voices
- Psychosis: Experiencing hallucinations and/or delusions.
- Extreme emotional distress

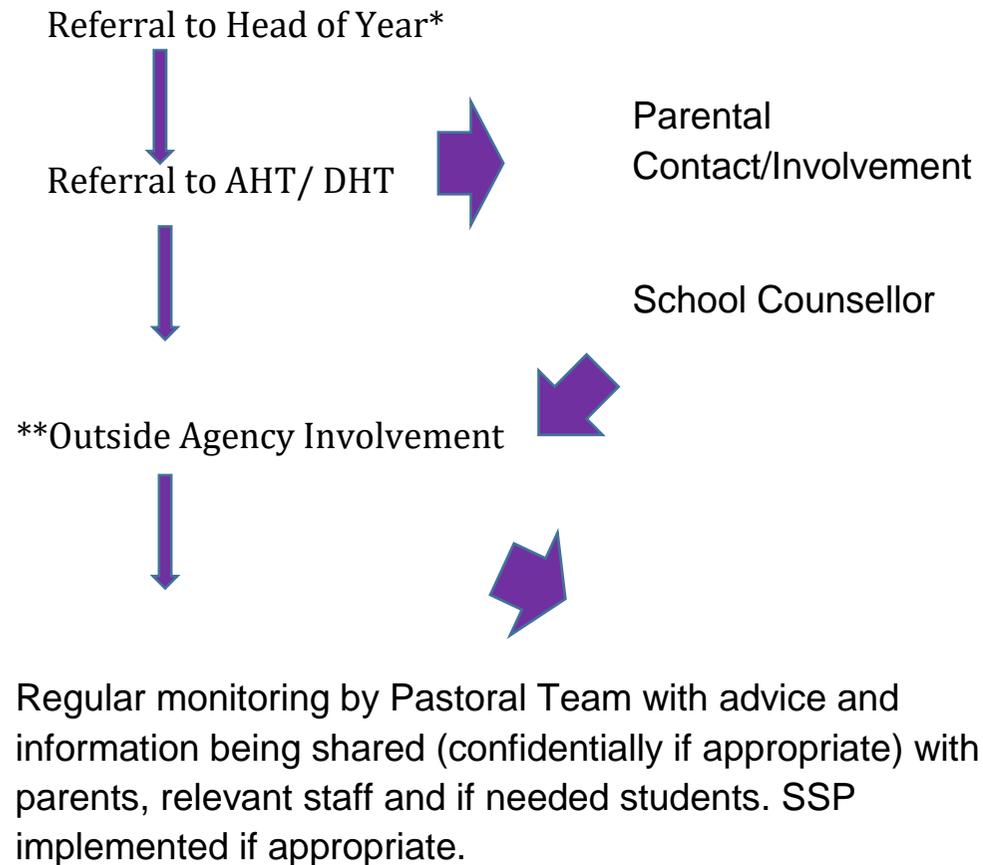
5.2 If a student presents with any of the above problems, relevant staff will go through the following school-wide Mental Health Emergency Protocol Flow-Chart (see below) to ensure the student, fellow students, and staff members are safe. If the student requires being sent home or is advised to go to A&E, this will be directed by the DHT, AHT KS3 or 4 or Head of Sixth Form.

5.3 Mental health crisis or emergencies are often not spontaneous and the student may have been experiencing symptoms for a length of time. Therefore, it is essential that student mental health concerns are communicated to the Mental Health Lead to ensure the school is focusing on preventative strategies, and is carefully monitoring and supporting vulnerable students.

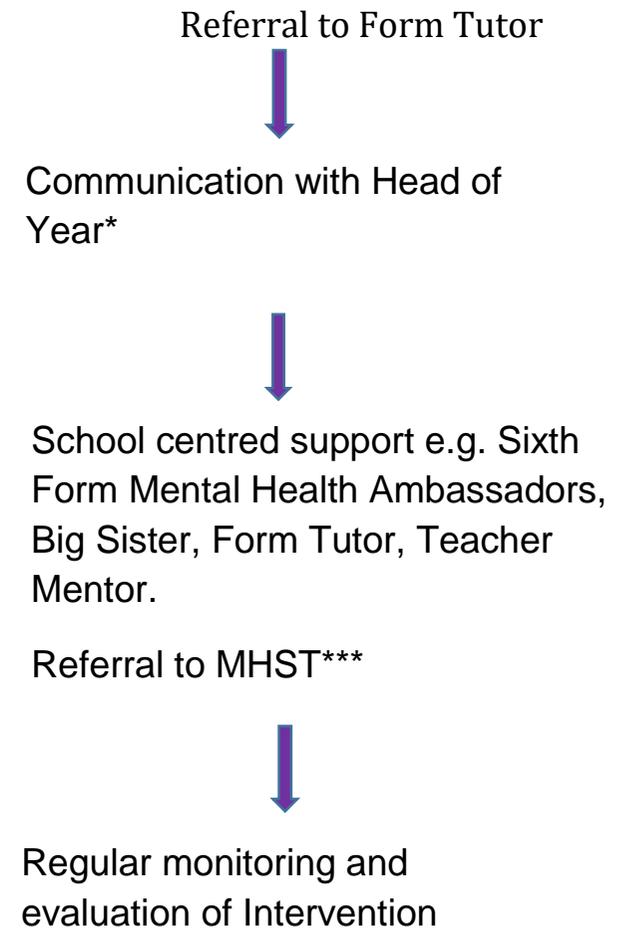
# INTERVENTION STRATEGIES FOR STUDENTS WITH MENTAL HEALTH ISSUES

A student discusses a concern about a mental health issue with a member of staff  
OR a member of staff has a concern about a student's mental wellbeing (When to Worry Questions' can be referred to)

## HIGH RISK



## LOW RISK



\* Head of Year may choose to use the Strengths and Difficulties Questionnaire ([www.sdqinfo.com](http://www.sdqinfo.com)) to determine appropriate action needed

\*\* Referrals to outside agencies can be accessed through the GP, the School in conjunction with School Counsellor or Social Services Worker

\*\*\*Mental Health Support Team

## 6 Warning Signs

6.1 Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties and could be due to a number of reasons. Students may still feel stigma around mental health problems, or may be concerned about the consequences of telling someone. They may be unaware that they have a problem, or be aware but feel that they have to cope with it on their own.

6.2 Adolescence can be a difficult developmental time and this period of change can result in the gradual onset of mental illness. It is important that warning signs are recognised and an appropriate, supportive response is put in place as soon as possible. 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 by logging as a concern on CPOM's and speaking with the students Head of Year / AHT KS3 or 4

Possible warning signs include:

- The student has told you there is a problem, for example, they have been feeling low or anxious recently
- Significant changes in the student's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm
- Changes in mood, for example: mood is very up and down, miserable, tired, withdrawn
- Physical signs of harm that are repeated or appear non-accidental · Changes in eating patterns or sleeping habits
- Concerns expressed from friends, family, other staff members
- Changes in behaviour, academic achievement, extracurricular activity engagement, or among peers. For example, doing too much work, not socialising as much as usual, withdrawn, not attending school, being late or, failure to meet deadlines · Increased isolation from friends, family.
- 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
- Repeated physical pain or nausea with no evident cause

## 7 Internal Support

### *Internal Interventions*

7.1 The following list are examples of interventions currently used internally with students who are experiencing mental health difficulties:

- Support from "Sixth Form big sister / brother" or Sixth Form Mental Health Ambassadors
- One-to-one intervention with the Students Form Tutor or Head of Year
- Group sessions with Head of Year
- Reduced timetable for a fixed period of time (reviewed weekly)
- Time Out Cards
- Stress ball/fiddle toy
- Quiet space (green room)
- Support from the Mental Health Support Team Well-being practitioners
- School Therapist (by referral only)

### *Referrals to outside Agencies*

7.2 Where a referral to Single Point of Access (SPA) / Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by DHT, AHT, Head of Sixth Form or School Therapist in close consultation with the student and their parents/ carers.

## **Safety Support Plan (SSP)**

7.3 It is helpful to draw up an individual care plan (Safety Support Plan) for students experiencing mental health difficulties. This should be drawn up involving the student, the parents and if appropriate the relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication (if any) and associated side effects
- Internal support and in-school interventions
- What to do and who to contact in an emergency

7.4 A Safety Support Plan can be an effective way of discussing, agreeing, and monitoring the support and study needs of a student with mental health difficulties. The SSP will include information on any adjustments that have been agreed upon, for example on such things as changes to timetable, and use of Time Out Cards.

7.6 The SSP will be regularly reviewed and this will give both staff, student and parent / carer the opportunity to discuss how things are going and to make any changes to the adjustments. Review dates of an SSP can be flexible and responsive to the needs of the student and the concerns of the staff member.

## **8 External Support & Signposting**

8.1 Students experiencing mental health difficulties are often best supported by mental health professionals both in and outside school. There are various mental health charities who provide helpful information for parents, and who offer tools to assist young people with their mental health outside school. The following resources can be helpful to review and are often signposted to students in school for support.

- GP – Your local GP is usually the first person to contact regarding concerns about a child's mental health.

Students or parents can call SPA on; 01438 843322

- Kooth – Online, free counselling for young people.
- Childline – Free counselling for young people via phone or online.
- Calm Harm – Free app for self-harm
- Clear Fear – Free app for anxiety
- Mind – General mental health support and knowledge.
- Young Minds – General mental health support and knowledge.
- Samaritans – Suicide phone-line (116 123)
- Lister Hospital Crisis Care Centre – Young people can be taken to the A&E Department at The Lister Hospital (Stevenage) during a mental health emergency or crisis.

8.2 We will display relevant sources of support in communal areas such as form rooms, School website, the Student Well-being google site and on all Year group noticeboards. We will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of students 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

## **9 Support Parents and Staff**

9.1 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 and also send this home via in-touch
- 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
- When possible, offer workshops for parents to attend regarding mental health concerns and practice.

9.2 Parents and staff members may also struggle with their own mental health. Caregiving and teaching can both be emotionally demanding jobs and it is important to ensure that care is taken around personal wellbeing.

## **10 Teaching about Mental Health**

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

10.1 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 to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

10.2 Mental health will also be thematically addressed during SMSC in form times, as well as throughout the curriculum. These sessions will enable students to put their learning into practice and engage in different ways of learning about managing their own mental health.

## **11 Managing disclosures**

A student may choose to disclose mental health concerns about themselves or a friend to any member of staff, therefore, all staff need to know how to respond appropriately to a disclosure.

### ***How to respond to a Mental Health Disclosure***

If a student 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.

11.1 Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. Try to be sympathetic and understanding, and remember to be sensitive to issues relating to sexuality, race, religion, culture and gender or any physical or sensory impairment or condition that they might have.

11.2 Be prepared to listen and give the student some time if you can. Listen to the student - the situation may only require empathetic listening. You can simply ask the student how they are as this may provide them with an opportunity to discuss their concerns with you.

11.3 Ensure that students are aware that you will need to pass the information onto their Head of Year, as a result of the school's responsibility to their safety and duty of care. Try to be clear about what you will communicate and answer any questions the student might have about information sharing.

11.4 The mental health disclosure should be logged as soon as possible on CPOMs. This written record should include:

- Date and time of disclosure, and date and time of incident
- The name of the pupil and staff involved in the disclosure
- Main points from the conversation, from the student's point-of-view · Additional relevant information

11.5 Staff should be very clear about boundaries in the instance of a serious threat by a student to harm themselves. Staff responsibility to the student in a crisis is limited to listening, being supportive, and passing the information onto the relevant professional (HOY, AHT, DHT, SLT). Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

### ***Confidentiality***

11.6 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 student:

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

11.7 We should never share information about a student 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 anything linked to a CP issue). Staff are clear to students that the concern will be shared with their Head of Year and recorded in order to provide appropriate support to the student.

11.8 All disclosures are recorded on CPOMs. 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 support.

11.9 Parents must always be informed of any disclosure surrounding a students' mental health.

11.10 If a child gives us reason to believe that there may be underlying child protection issues, Lead DSP must be informed immediately.

## **12 Promoting School-Wide Positive Mental Health**

### ***Supporting Peers***

12.1 When a student is suffering from mental health issues, it can be a difficult time for their friends who often try to support them. Friends generally want to offer support but do not know how without compromising their own well-being. 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. Students who are supporting their peers with mental health difficulties will know they can seek support from their Form Tutor or Head of Year, Mental Health Ambassadors or the big sisters/ brothers.

Support will be provided either in one to one or group settings and will be guided by conversations with the student 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***

12.2 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. Key staff members such as the Pastoral Team will have completed further Mental Health First Aid training.

12.3 Training opportunities for staff who require more in depth knowledge will be considered and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students. Training can be provided within schools by identifying staff with experience in this area. The SENCO and

Mental Health Lead might be able to offer this training. For more advanced training on specific topics, external expertise will be utilised.

12.4 In addition to training sessions, improved awareness of mental health issues may be achieved through awareness raising campaigns or events. These are particularly effective if tied in with other events such as World Mental Health Day, Hertfordshire's Just Talk Campaign week, and other national Campaigns, which provide opportunities for staff and students to work together.