

Mental Health and Wellbeing Policy



The Beacon Centre
Leading The Way To A Brighter Future

Reviewed - March 2021
Next review – March 2022

Reviewed by	Signature	Date
SLT		
Management Committee		

1 BACKGROUND:

This policy was written in consultation with staff, pupils, parents and professionals involved in mental health and wellbeing.

During the Coronavirus pandemic, the mental health of our students, 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 students, 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 students 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.

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.

3 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.

4 MEMBERS OF STAFF

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

Any member of staff who is concerned about the wellbeing or mental health of a student should speak to the Mental Health Lead 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 Safeguarding lead.

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

'Start the Day the Right Way' pupils and staff all come together for breakfast then activities shared with students each morning in tutor time so that they can start each morning more positively and can be made aware of any early warning signs so that they are more easily able to self-regulate their behaviour. This consistent routine and structure to each day helps students to manage their emotions so that they are in the mindset to build positive relationships.

Our PSHE curriculum has a sustained focus on wellbeing issues and encourages a person-centred approach to exploring these. A spiral curriculum which connects the facets of Health and Wellbeing Education with Relationships Education encourages students right from the beginning of their time at school to create and evaluate their

support networks, understand how to approach people in our support networks to have a mental health conversation and how to read our own emotions and communicate them. We use distancing techniques and case studies when covering content so that any negative impact upon a student experiencing mental ill health is minimised.

In Year 7, students are supported in transition by beginning with the unit 'Be Positive' learning how to adapt to change, manage worries, seek support when they recognise early warning signs and adopt a positive mindset to cope with life's challenges.

In Year 8, students cover an Emotional Wellbeing Unit understanding the difference between everyday and overwhelming feelings, the importance of reaching out to our support network, how we can challenge the stigma of mental health and talk about it more openly, managing anxious feelings and exploring a range of self-care strategies to overcome the stress response. They also cover a unit on Health where they understand the impact of healthy and unhealthy eating behaviours and the importance of sleep for wellbeing.

In Year 9, students cover an Emotional Wellbeing unit where they understand the importance of positive self-talk and language in framing our emotional health, analysing the impact of social media on positive wellbeing, recognising unhealthy coping strategies and exploring ways to manage loss and bereavement.

In Y10 and Y11, students will spend time focusing on emotional wellbeing and covering topics such as healthy coping strategies, emotional literacy, how to develop resilience, the science of anxiety and how to overcome it, how to manage stress and the importance of self-regulation regarding drugs and alcohol. There is a strong focus on recognising how the mind and body are interdependent, on encouraging our students to talk with a trusted adult about how they feel, no matter how small it may seem to them, and on understanding that even small changes can make a big difference to our emotional wellbeing.

7 SIGNPOSTING

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

We will display relevant sources of support in communal areas and will regularly highlight sources of support to students within relevant parts of the curriculum, in assemblies and in form times. We will also ensure that our website and other

Social Media is regularly updated with Wellbeing information and is accessible to all.

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

8 EARLY WARNING SIGNS

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

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 with

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
- 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

9 MANAGING DISCLOSURES

All members of the school should be encouraged that they can start a wellbeing conversation no matter how small they may deem their concern to be. Students will be reminded in their PSHE lessons of their support network and how to approach these individuals should they wish to share a mental health concern about themselves or others. Staff will be reminded of our stepped approach to accessing support as well as being given the opportunity to submit any anonymous concerns which may be impacting upon wellbeing in a designated box in the staff room. The Wellbeing Lead will also run regular surgeries where staff can access support and guidance.

When approaching a person to start a wellbeing conversation, the student 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 student 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 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.

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?' Any mental health discussion with a student which is considered to be low risk with no immediate safety concerns should be referred to the Mental Health lead who will contact parents/guardians/carers to arrange a meeting (face-to-face/over video call if possible) and will remind the young person of their support network as well as the importance of seeking support no matter how small their concern may seem to them. The Form Tutor will signpost to the 'Student Wellbeing and Mental Health' resources of our website for self-care support and guidance. The Form Tutor will oversee a period of 'watchful waiting' over a period of no longer than four weeks. If after this period it is deemed that the student continues to need support, a referral should be made to a mental health professional.

All disclosures should be recorded on CPOMS, 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 and the Mental Health 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 student:

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

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, for example, for students who are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the mental health lead. 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 ideas and support. We should explain this to the student 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

Students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

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? This is preferable.
- Where should the meeting happen?
- Who should be present? Consider parents, the student, 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 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 CPOMS account.

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 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 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 mental health issues as part of their regular child protection training to enable them to keep students safe.

Some staff have had Mental Health first Aid Training and new staff to also be trained.

All staff will receive annual training on how to manage and support wellbeing conversations, how to recognise the early warning signs that an individual needs wellbeing and mental health support (with additional reference to Zones of Regulation) and how to manage disclosures.

We will host relevant information on our website and social media which will provide information on a range of mental health issues as well as signposting as to where we can seek support.

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 Lead who can also highlight sources of relevant training and support for individuals as needed.