Positive Mental Health Policy

Policy created:	**September 2020**
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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 our school, we aim to promote positive mental health for every child, staff member and the wider community. We pursue this aim using both universal, whole-school approaches and specialised, targeted approaches aimed at vulnerable persons.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing a practical, relevant and effective mental health

policy and related procedures we can promote a safe and stable environment for children affected both directly and indirectly by mental ill health.

Scope
This document describes the school's approach to promoting positive mental health and wellbeing. It is intended as guidance for all staff including non-teaching staff, volunteers, parents/carers, outside agencies and governors.

This policy should be read in conjunction with the SEND policy where a child has an identified special educational need and also the Trust's Safeguarding and Child Protection policies.

The policy aims to:

- Promote positive mental health in all children and staff and the wider community where possible
- 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 children with mental ill health issues
- Provide support to children suffering mental ill health, their peers and parents or carers

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

- Danny Brown – Head of School
- Pippa Bastock – Deputy Headteacher, Designated Safeguarding Lead, Inclusion Lead, Mental Health Lead, Designated Teacher for Looked After Children
- Rebecca Goddard – Deputy Designated Safeguarding Lead and Family Support Worker
- Hannah Dillon – SENDCO and Deputy Designated Safeguarding Lead
- Lisa Dandridge - PSHCE and RSHE Lead
- Sally Maclachlan - Pastoral team
- Kate Denham - Pastoral team
- Shona Sinar - Trauma Informed Practitioner - Pastoral team

Further information about common mental health issues and sources of support are outlined in Appendix A.

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

Where a referral to the School Nurse Team, Educational Psychologist, Mental Health Support Team (MHST) or Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the Mental Health Lead, in conjunction with the schools' SENCO, where appropriate.

Teaching about Mental Health
The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum (please refer to personal development policy and PSHE curriculum overview).

The specific content of lessons will be determined by the specific needs of the cohort and individuals within it. There will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will ensure that we teach about the importance of keeping healthy both mentally & physically, and how to look after our emotional wellbeing.

Signposting
We will ensure that staff, children, parents and carers are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is **outlined in Appendix B**.

We will display relevant sources of support in communal areas such as noticeboards and toilets 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 children help-seeking by ensuring they understand:

- What help is available
- Who it is for
- How and why it can be accessed
- What is likely to happen next

Warning Signs
School 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 the Mental Health Lead.

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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Support within school

Within school we have two dedicated pastoral assistants who work with individuals or small groups to provide them with support. Click here to read more about our pastoral offer and the process for this.

Mental Health Ambassadors

At Roselands we recruit mental health ambassadors in Year 5 and Year 6 each year. These children are trained up by the Mental Health Support Team (MHST) and work on a range of different projects across the year, based around promoting positive mental health. Previously, the children have run assemblies for us, teaching their peers about the '10 a Day' choices to help us look after our mental health, they have also launched competitions for children to design anti-bullying posters.

Managing concerns reported by children

A child may choose to share concerns about themselves or a friend to any member of staff and all staff follow our safeguarding policy in responding to reports.

If a child 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 child's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively **see Appendix C**.

All reports are recorded on CPOMS (each child has a confidential file held online) and shared with the Designated Safeguarding Lead and Mental Health Lead who will advise on next steps.

Confidentiality

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a child 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

Staff must ensure that they share any concerns with the Mental Health Lead or the Designated Safeguarding Leads. 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/carers must always be informed if a child is harming/threatening to harm, themselves or having suicidal thoughts and children may choose to tell their parents/carers themselves. If this is the case, school staff will offer to facilitate a conversation between the child and the parents to support the child in sharing how they are feeling. We always give children the option of us informing parents/carers for them if they want us to.

If a child gives us reason to believe that there may be underlying child protection issues, the Designated Safeguarding Lead (Pippa Bastock) or Deputy Designated Safeguarding Lead

(Rebecca Goddard) must be informed immediately and the safeguarding policy will be followed.

Working with Parents/Carers
Where it is deemed appropriate to inform parents/carers, we need to be sensitive in our approach. Before talking to parents/carers we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face?
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the child, other members of staff.
- What are the aims of the meeting?

For some parents/carers, they may have already noted concerns about their child's mental health and well-being. For others, it can be shocking and upsetting for parents/carers to learn of their child's issues and may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent/carers time to reflect and an opportunity to review the information in the near future. 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/carers 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.

We should always highlight further sources of information and give them leaflets and/or direct them to the mental health and wellbeing section of the school website 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/carers can also be helpful too, e.g. parent helplines and forums.

Working with All Parents/Carers
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/carers, 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 regular communication
- 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

Supporting Peers
When a child 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 child who is suffering and their parents/carers 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

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

The https://www.minded.org.uk/ provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management and appraisal process and additional professional development will be supported throughout the year if it becomes appropriate due developing situations with one or more children.

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

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in September 2026.

This policy will always be immediately updated to reflect personnel changes.

Appendix A: Further information and sources of support about common mental health issues

https://www.youtube.com/playlist?list=PLaDZLqW6_Jx7rhSR5fJZTyFaD3q7qSFUj

https://www.nhs.uk/every-mind-matters/supporting-others/childrens-mental-health/

https://www.happymaps.co.uk/age-group/primaryschool/

https://mindedhub.org.uk/

https://here4you.co.uk/

https://www.youngminds.org.uk/

https://www.place2be.org.uk/our-services/parents-and-carers/supporting-your-child-s-mental-health/

https://www.youtube.com/playlist?list=PLaDZLqW6_Jx7rhSR5fJZTyFaD3q7qSFUj

Appendix B: Sources or support at school and in the local community

School-Based Support

Inclusion Team:

- Pippa Bastock – Deputy Headteacher, Designated Safeguarding Lead, Inclusion Lead, Mental Health Lead (working with MHST), Designated Teacher for Looked After Children
- Rebecca Goddard – Deputy Designated Safeguarding Lead and Family Support Worker (working with MHST)
- Hannah Dillon – SENDCO
- Lisa Dandridge - PSHCE and RSHE Lead
- Sally Maclachlan - Pastoral worker
- Kate Denham - Pastoral worker
- Shonar Sinar - Pastoral worker

The team are available to support children with anything that may impact negatively on their emotional well-being (e.g. bereavement, home/friendship issues, social skills, low self-esteem, anxiety). This support can take place individually or within small groups.

Children can be referred for support from the team by their class teacher, support staff or parents. In addition, children can self-refer by seeking support direct from a member of the team.

All members of the School Leadership Team also have an open-door policy for sharing concerns, including from staff members who may have concerns over their own mental health (e.g. due to work load, home issues, staff morale).

Local Support

Check Point (Torquay 01803 200100) offers sessions of Cognitive Behaviour Therapy and Counselling to children over the age of 8 years old.

Tissues and Issues is a local group offering support to parents of children with SEND. The information on how to access the meetings can be found on www.fis.torbay.gov.uk

Appendix C: Talking to children when they make mental health disclosures

The advice below is from children themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on safeguarding and child protection.

Focus on listening

> *"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."*

If a child has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

> *"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."*

The child should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to overanalyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

> *"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

> *"She was so disgusted by what I told her that she couldn't bear to look at me."*

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the child may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a child may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the child.

Offer support

> *"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the child to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

> *"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."*

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a child chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

> *"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."*

Despite the fact that a child has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or

upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the child.

Never break your promises

> *"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a child wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the child's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.