BROADWATER SCHOOL
BY INCREMENTS CONQUER

POSITIVE MENTAL HEALTH AND WELLBEING POLICY

Approved: October 2021

Next review: October 2022

RATIONALE

In an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly, by mental ill health.

POLICY STATEMENT

Mental health is a state of wellbeing 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 Organisation)

At our 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.

Our Policy Aims

- **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 in adults and young people**
- **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/carers**

Lead Members of Staff

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

DMHL	Susan Looseley
DSL/ Assistant Head	Jenny Hanson
DDSL/ HSLW	Rachel Jones
DDSL/ Headteacher	Lizzi Matthews
DDSL/Deputy Head	Nathan Smith-Rogers
DDSL/SENCO	Jason Illingworth
Mental Health First Aider	Carole Thompson
Behaviour & Welfare Officer	Luke Boothman
ELSA	Sophie Smith
Eikon Youth Worker	Sophie Lamb

Any member of staff who is concerned about the mental health or wellbeing of a student should record this, in the first instance, via CPOMS under 'Welfare'. If there is a fear that the student is in danger of immediate harm, child protection procedures should be followed with an immediate referral to the Safeguarding Team and a CPOMS report completed.

If the student presents as a medical emergency then the procedures for medical emergencies should be followed, including alerting the first aid staff in school who will then assess the situation prior to further action being taken.

Where a referral to CAMHS is appropriate, this will be led by the Safeguarding Team with awareness provided to the DMHL and partnership working where appropriate.

Supportive Documentation

It is helpful to document the support given to students with mental health difficulties. There are a number of documents that could be used depending on the nature of the students' mental health difficulties, including:

- Risk assessments : used to manage any risks associated with students' mental health difficulties, including risks to themselves and others
- Individual Health Care Plans : used to support students with more complex mental health difficulties that overlap with, or are linked to, a diagnosable medical condition that may require medication

Supportive documentation is to be drawn up in partnership with the student, parents/carers and relevant health professionals where appropriate, and centre on the role that the school can play in supporting the students' mental health difficulties.

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 Social Science curriculum following the statutory guidance from the Department for Education issued under Section 80A of the Education Act 2022 and section 403 of the Education Act 1996 which led to a new curriculum that has become compulsory since September 2020.

The specific content of the lessons will be determined by the DfE statutory guidance and will follow these topic areas:

- Families
- Respectful relationships, including friendships
- Online and media
- Being safe

- Intimate and sexual relationships, including sexual health
- The Law

There is an expectation that an emphasis on students being able to develop their skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others underpins the approach to teaching.

To further support this ethos of positive mental health there is a school-wide focus on Character Education which embraces the 4C values of Caring, Collaborative, Creative and Critical. These are embedded in both curricular and extra-curricular learning across key stage 3 and 4 as well as in the recognition of student achievement outside of school.

Signposting

We will ensure that staff, students, parents and carers are aware of sources of support within school and the wider community. We will also ensure that this information is centrally available both in school by way of printed resources and displays, digital newsletters and information within the Wellbeing section of the school website.

These relevant sources of support will be displayed in communal areas such as the Wellbeing Hub, corridors, staff room, toilet doors and noticeboards and will be regularly reviewed and updated.

We will also ensure that reference to positive mental health support and strategies are highlighted in those lessons where it has relevance as well as during whole school, year group and house assemblies. Whenever we highlight or signpost sources of support, we will increase the chance of students seeking help by ensuring that students understand:

- what help is available
- who it is aimed at
- how to access it
- why it should be accessed
- what is likely to happen next

Staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing challenges. These warning signs should **always** be taken seriously and staff observing any of these warnings signs should communicate their concerns through CPOMS under the 'welfare' category.

Possible warning signs include:

- evident changes in behaviour
- 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
- reduced concentration
- lowering of academic achievement
- talking, joking or researching 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 behaviours
- skipping PE or getting changed secretively
- an increase in lateness to or absence from school
- repeated physical pain or nausea with no evident cause
- spending more time in the bathroom
- discontinuation of hobbies or interests

- failure to take care of personal appearance
- seemingly overly-cheerful after a bout of depression

Managing disclosures

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 (see Safeguarding procedures and protocols).

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the response should always be **calm, supportive and non-judgmental.**

Staff should **listen**, rather than give advice and our first thoughts should be of the student's **emotional and physical safety** rather than of exploring 'why?'. Information and resources to support understanding of and implementation of strategies will be made available to staff through best practice briefings, INSET training and a centralised Wellbeing resource library.

All staff should be honest with regards to the issue of confidentiality. No member of staff should promise confidentiality, it must be made clear that information given by a student will be shared with appropriate members of staff on a needs basis. The following procedure to support this should be followed: an explanation stating

- who we are going to talk to
- what we are going to tell them
- why we need to tell them

Staff should inform a student they are sharing information. Ideally staff should seek consent from the student, however there are certain situations when information must always be shared with another

member of staff, usually a DSL or DMHL and parent, for example where a young person up to the age of 16 is at risk.

ALL DISCLOSURES,
no matter the perceived seriousness, should be reported on CPOMS under the 'welfare' category.

Working with Parents

Parents are often very welcoming of support and information around their child's emotional and mental health.

In order to continue to provide robust support for parents we will:

- highlight sources of information and support regarding the most common of mental health issues on our school website, through our 'Help for the Holidays' and Wellbeing @ Broadwater newsletter together with periodic newsletters and updates from Eikon and ELSA
- ensure that all parents are aware of lines of communication with school and who to talk to if they have concerns regarding either their own child or a friend of their child
- ensure that the mental health policy is easily accessible within the policies section of our website
- share ideas about how parents can support positive mental health in their children through online workshops, information sharing during parents evening and other forums as required

Where it is deemed appropriate to inform parents about specific mental health concerns regarding their child, we need to ensure that this is undertaken in a sensitive and supportive manner. In these circumstances a student can be given the opportunity to discuss this with parents first. Parents should be notified within 24 hours. Less

time would be given at the end of a school week or prior to a school holiday. If in doubt staff should discuss this with a member of the Safeguarding Team.

Before disclosing to parents, we should consider the following questions (on a case by case basis):

- can the meeting happen face to face? this is often preferable
- where should the meeting happen?
- who should be present? Consider parents, the student, other members of staff etc – be very mindful of over-populating a meeting as this could create an intimidating environment for some parents
- 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 signpost further sources of information and give links to websites, leaflets, printed resources as appropriate to take away that the parents/carers can take away with them. It is very easy to overload parents with information during a meeting and this must be avoided. In addition to sharing information centred on the child, it is also good practice to share information aimed at specifically supporting the parents/carers where appropriate e.g. parent helplines, forums etc.

We should always provide clear means of contacting a key member of staff should there be further questions and consider booking in a follow up meeting or phone call after the meeting once parents have had time to process the information given.

Finally, it is good practice to complete a meeting with agreed next steps and records of meeting uploaded to CPOMS.

Mental Health First Aiders in School

We currently have a full time trained Mental Health First Aider in school and a trained Mental Health First Aider on our Governing Body, who serves as the Link Governor to the DMHL.

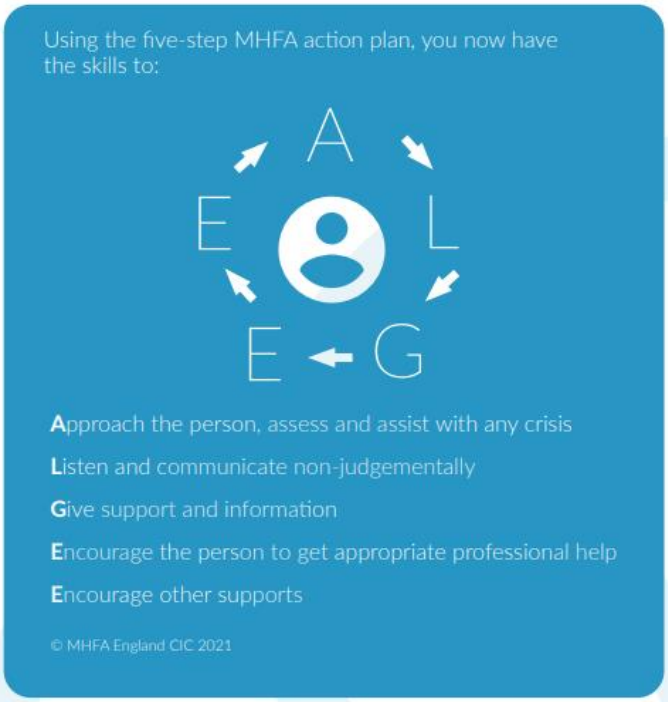
Context:

The role of a Mental Health First Aider in the education setting is to be a point of contact for a student who is experiencing a mental health issue or emotional distress. This interaction could range from having an initial conversation through to supporting the person to get appropriate help. As well as in a crisis, Mental Health First Aiders are valuable in providing early intervention help for someone who may be developing a mental health issue.

Mental Health First Aiders are not trained to be therapists or psychiatrists but they can offer initial support through non-judgemental listening and guidance.

Mental Health First Aiders are trained to:

- Spot the early signs and symptoms of mental ill health
- Start a supportive conversation with a colleague who may be experiencing a mental health issue or emotional distress
- Listen to the person non-judgementally
- Encourage the person to access appropriate professional support or self-help strategies
- Escalate to the Safeguarding Team and external services as appropriate
- Complete CPOMS records and work with colleagues to produce Health Care Plans/Risk Assessments as needed
- Protect themselves while performing their role



Training

As a minimum, all staff will receive training and updates during the Academic year around the subject of mental health in order to facilitate keeping themselves and students safe.

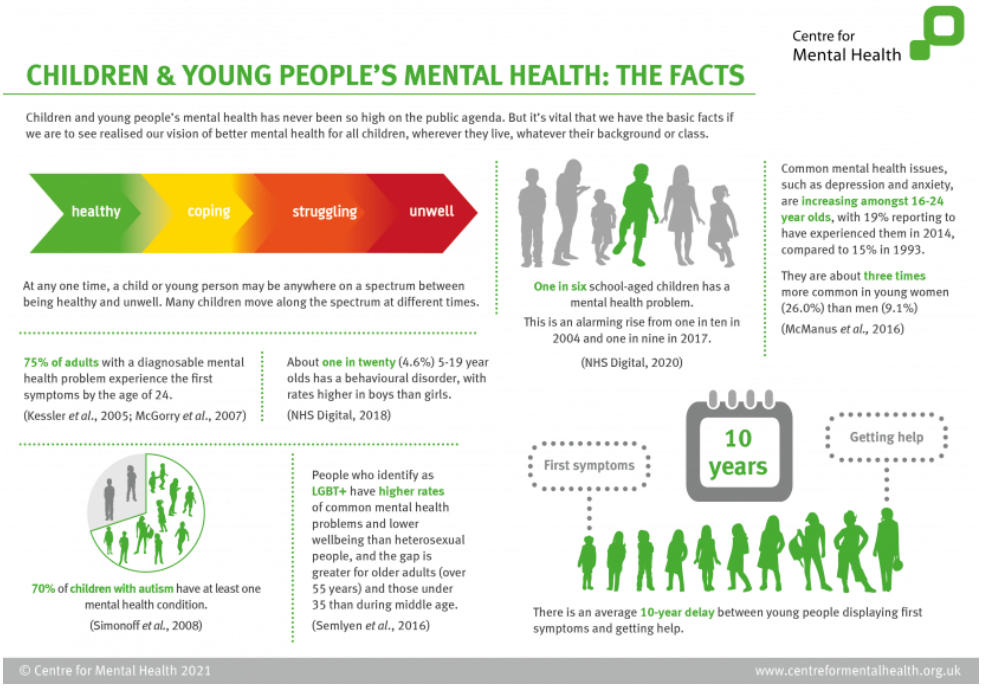
Training opportunities for staff, requiring more in-depth knowledge as part of their role in school, will be considered as part of the performance management process.

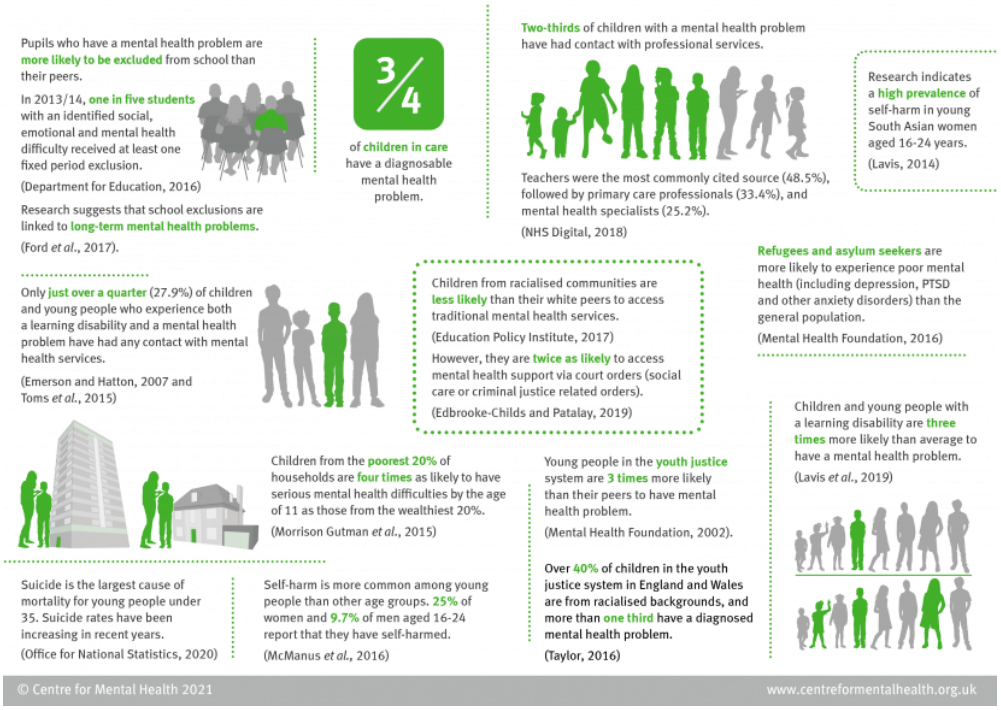
Where the need to do so becomes evident, we will include presentations around the subject of mental health in twilight and INSET sessions for all staff to promote learning or understanding about specific issues related to mental health.

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

Prevalence of Mental Health and Emotional Wellbeing Issues

(source Centre for Mental Health – an independent UK charity)





Mental Health of Children and Young People in England: Wave 1 follow up to the 2017 survey

(source: Lifestyles Team, NHS Digital, part of the Government Statistical Service. Health and Social Care Information Centre 2020)

- Rates of probable mental disorders have increased since 2017. In 2020, one in six (16%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls

- Among 11 to 16 year old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder

- Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%), than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%)

- About six in ten (62.6%) children aged 5 to 16 years with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder

Below is a selection of signposted information and guidance about the issues most commonly seen in school-aged children.

Support on all of these issues can be accessed via **Young Minds** (www.youngminds.org.uk), **Mind** (www.mind.org.uk), NSPCC Keeping Children Safe (www.nspcc.org.uk/keeping-children-safe/) and for e-learning opportunities **Minded** (www.minded.org.uk)

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/bruise themselves.

Online support:

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books:

Pooky Knightsmith (2015) *Self-harm and Eating Disorders in School: A Guide to Whole School Support and Practical Strategies.* 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

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

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 otder 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, 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

Books:

Amita Jassi and Sarah Hull (2013) *Can I Tell You About OCD?: A guide for friends, family and professionals.*
London: Jessica Kingsley Publishers

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 – PAPYRUS: www.papyrus-uk.org

Books:

Joy Hibbins (2021) *The Suicide Prevention Pocket Guidebook: How to Support Someone Who is Having Suicidal Feelings.*
London: Welbeck Balance

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, binge eating disorder and bulimia nervosa. Other young people, particularly those of primary/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 UK's leading eating disorders charity: www.beateatingdisorders.org.uk

Books:
Pooky Knightsmith (2015) *Self-harm and Eating Disorders in School: A Guide to Whole School Support and Practical Strategies.*
London: Jessica Kingsley Publishers

Appendix B: Guidance and advice documents

Mental Health and Behaviour in Schools
Department for Education (November 2018)
https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Promoting and supporting mental health and wellbeing in schools and colleges
Department for Education (15th June 2021)
https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges

Mental health resources for children, students, parents, carers and school/college staff – The Education Hub
Department for Education (3rd September 2021)
https://educationhub.blog.gov.uk/2021/09/03/mental-health-resources-for-children-parents-carers-and-school-staff/

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing
PSHE Association (updated 2019)
https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-teaching-about-mental-health-and

Keeping Children Safe in Education
Department for Education (1st September 2021)
https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

Appendix C: Data Sources

Children and Young People's Mental Health and Wellbeing Profiling Tool
Department for Education (updated September 2021)
https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh
collates and analyses a wide range of publically available data on risk, prevalence and detail on those services that support children with, or vulnerable to, mental illness.

Appendix D: Sources of support at school and in the local community

Key members of staff in school:

DMHL	Susan Looseley
DSL/ Assistant Head	Jenny Hanson
DDSL/ HSLW	Rachel Jones
DDSL/ Headteacher	Lizzi Matthews
DDSL/Deputy Head	Nathan Smith-Rogers
DDSL/SENCO	Jason Illingworth
Mental Health First Aider	Carole Thompson
Mental Health First Aider	Debi Lawson (Governor)
Behaviour & Welfare Officer	Luke Boothman
ELSA	Sophie Smith
Eikon Youth Worker	Sophie Lamb

Support for Parents/Carers, Young People and Education Staff:

(this list is not exhaustive and should be referred to as a guide)

Organisation	Contact details	Overview
Young Minds	www.youngminds.org.uk	supporting and providing training for young people, parents and professionals – usefulP guidance, advice and resources

Organisation	**Contact details**	**Overview**
Anna Freud National Centre for Children and Families	www.annafreud.org.uk	Supporting early years, young people, parents/carers, school and medical professionals with a wealth of guidance and resources
Kooth	www.kooth.com	an online counselling and emotional wellbeing platform for children and young people
Place2Be	www.place2be.org.uk	'improving children's mental health – supporting schools, parents and carers with guidance, advice and resources
Mind	https://www.mind.org.uk/information-support/for-children-and-young-people/	dedicated space on the website aimed at sharing information on the subject of mental health with young

		people aged 11-18
Organisation	**Contact details**	**Overview**
Beat	https://www.beateatingdisorders.org.uk/	Information for anyone finding themselves in the role of guide or friend to anyone affected by eating disorders
MindEd	https://mindedforfamilies.org.uk/young-people	MindEd for Families give safe and reliable advice to parents and carers about young people's mental health
Childline	https://www.childline.org.uk/	Childline provides help for anyone under 19 in the UK with any issue they're going through

Appendix E: Talking to students when they make a mental health disclosure

(the following information has been shared by Wallace High School, Stirling)

The advice below is from students 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 our own Mental Health and Safeguarding policies and pastoral care processes such as reporting on CPOM together with conversations with key members of staff.

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 student 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 different and marks the 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 student 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 student does so. This can often lead them to exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with a question to the student to explore certain topics they've touched on, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. Your role is simply one of supportive listener – you are not a trained medical professional and should never adopt the role of one who diagnoses.

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. If you make too much eye contact, the student 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 student 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 student.

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 a conversation that has discussed mental health issues and concerns without agreeing next steps. These will be informed by your conversation 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 student to realise that you're working with them to move things forward. Never forget there is a wealth of 'sign-posting' available that can be directed at young people and their parents/carers.

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 student 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 (refer to the school Safeguarding policies and training) 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 of the answers or aren't exactly sure what will happen next. Consider yourself the student's ally and advocate rather than their saviour and think about which next steps you can take together, always ensuring you follow the relevant policies and consult with the appropriate colleagues for guidance and advice.