



**TITLE: POSITIVE MENTAL HEALTH POLICY**

**MODEL POLICY STATEMENT**

This is **not** a Dartmoor Multi Academy Trust model policy

<b>Policy Owner:</b>	<b>Principal</b>	<b>Review period:</b>	<b>3 Years</b>
<b>Last Review:</b>	<b>May 2021</b>	<b>Approving Board:</b>	<b>Local Stakeholder Board 16 June 2021</b>
<b>Next Review:</b>	<b>Summer term 2023</b>		

**Public Sector Equality Duty**

This policy is written with due regard for the public sector equality duty that is placed on all schools. Tavistock College will make reasonable adjustments for members of the school community with SEND and protected characteristics and guard against discriminatory practices and victimisation to ensure no-one is treated unfairly.

## **RATIONALE**

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

### **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 nonteaching staff and governors.

This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

### **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

### **Lead Members of Staff**

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

- Barbara Manning – Vice Principal, Designated Safeguarding Lead and Designated Mental Health Strategic Lead
- Wendy Stephens – Assistant Principal , Deputy Designated Safeguarding Lead

- Jenny Harris - SENDCo
- Neil Hoskin - Mental Health Champion
- Clair Cameron – Well Being Worker
- Heads of Year
- Julia Tosdevin- Head of Social Studies ( incl PSHE)
- Garry Jones - NHS School Nurse

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection officer, the head teacher or the designated governor. If the student presents 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 CAMHS is appropriate, this will be led and managed by the relevant Head of Year. Guidance about referring to CAMHS is provided in Appendix F.

### **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

### **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 curriculum.

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<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## **Signposting**

We will ensure that staff, students and parents 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 D.

We will display relevant sources of support in communal areas such as common rooms and toilets and 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 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

## **Warning Signs**

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 with the Head of Year or one of our mental health and emotional wellbeing champions.

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

## **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.

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?'. For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded in writing and held on the student's CPOMS record. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the Head of Year and a mental health champion via CPOMS record . Where possible and practical, one of the mental health champions will offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

### **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. The premises of good safeguarding and the requirements of Keeping Children Safe in Education (KCSiE) 2020 et seq apply.

It is always advisable to share disclosures with a colleague, usually the mental health champions or strategic 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 discloses mental health concerns, especially if they disclose that they are self-harming or have suicidal ideation. 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 the DSL or DDSL must be informed immediately following the college/DMAT policy and protocols.

### **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? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- 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 record.

### **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 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.

### **Supporting Peers**

- When a student 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 student who is suffering and their parents with whom we will discuss. The principles and practices of Living Life To The Full (LLTTF) will be adhered to when delivering this kind of support and intervention:
  - 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
    - The necessity not to interfere with, or otherwise interrupt, the normal pattern of events in a school day i.e. students must not miss timetabled lessons to engage in peers support.

### **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. NB; colleagues should remember that training is not necessarily "going on a course" or directly transmitted information and they are also reminded

that DMAT “Educare” on line learning provision provides access to relevant and appropriate self-directed opportunities.

We will host relevant information on our Google area for staff who wish to learn more about mental health. The MindEd learning portal<sup>2</sup> provides free online training suitable for staff wishing to know more about a specific issue and we have partnered with the Anna Freud Centre as a pioneer school for mental health. .

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 Vice Principal, our CPD Coordinator, 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 **Summer term 2024**

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to The Vice Principal our mental health lead via email [b.manning@tavistockcollege.org](mailto:b.manning@tavistockcollege.org)

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

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

### Prevalence of Mental Health and Emotional Wellbeing Issues<sup>1</sup>

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) ([www.youngminds.org.uk](http://www.youngminds.org.uk)), [Mind](http://www.mind.org.uk) ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) ([www.minded.org.uk](http://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 or bruise themselves.

### Online support

[SelfHarm.co.uk](http://www.selfharm.co.uk): [www.selfharm.co.uk](http://www.selfharm.co.uk)    [National Self-Harm Network](http://www.nshn.co.uk): [www.nshn.co.uk](http://www.nshn.co.uk)

### Books

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

<sup>1</sup> Source: [Young Minds](http://www.youngminds.org.uk)