



Mental Health and Wellbeing Policy

St Osmund's Middle School

Established January 2019

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 St Osmund's our Christian vision shapes all we do with our key themes of **Faith, Hope & Love**. We aim to promote positive mental health for every member of our school community. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental health and wellbeing issues.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and governors.

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

The policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils

- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of poor mental health and wellbeing
- Provide support to staff working with young people with mental health and wellbeing issues
- Provide support to pupils 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 pupils, staff with a specific, relevant remit include:

<i>Paul Absolom</i>	Designated Safeguarding Lead (DSL) & Mental Health and Emotional Wellbeing Lead
<i>Saira Sawtell</i>	Headteacher
<i>Sara Cradock</i>	Lead First Aider
<i>Simon Beet</i>	Assistant Headteacher (Pupil Behaviour)
<i>Annette Boon</i>	Leader for Staff Learning (CPD)
<i>(Paul Absolom</i>	Acting Head of PSHCE)

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

Where a referral to CAMHS is appropriate, this will be done by the Mental Health and Emotional Wellbeing Lead.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receives 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 and Wellbeing

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHCE 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 pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

PSHE Association Guidance will be used to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. [PSHE Association, *Preparing to teach about mental health and emotional wellbeing* (PSHE Association, 2015)]

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. For relevant support available within our school and local community, for whom it is intended and how it can be accessed can be addressed via the Mental Health and Emotional Wellbeing Lead.

We will display relevant sources of support in communal areas and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we can do this, we will increase the chance of pupil help-seeking by ensuring pupils 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 pupil 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 our Mental Health and Emotional Wellbeing Lead.

Possible warning signs include:

- 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
- 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 pupil 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 pupil 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 pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see the Mental Health and Emotional Wellbeing Lead.

All disclosures should be recorded on 'MyConcern' (school confidential electronic safeguarding record system.) 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 immediately with the Mental Health & Emotional Wellbeing Lead who will offer support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

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

As outlined in all school Safeguarding training, total confidentiality should NOT be promised. Information should not be shared about a pupil 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 (particularly if a pupil is in danger of harm.)

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures

continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils 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 must be informed immediately.

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 pupil, and 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 step and always keep a brief record of the meeting on the child's confidential 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 get 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 PSHCE and share ideas for extending and exploring this learning at home

Supporting Peers

When a pupil 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 by the pupil 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 / saying which may inadvertently cause upset
- Warning signs that their friend helps (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 in order to enable them to keep pupils safe.

We will host relevant information in our learning environment for staff who wish to learn more about mental health. The '*MindEd*' learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff that 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 pupils.

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 Leader for Staff Learning 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 January 2022.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

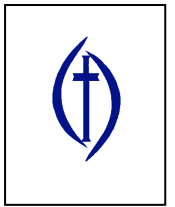
If you have a question or suggestion about improving this policy, this should be addressed to **Paul Absolom** our **Mental Health and Emotional Wellbeing Lead**.

Contact details are: phone 01305 262897 or email pabsolom@stosmunds.dorset.sch.uk

This policy will always be immediately updated to reflect personnel changes



Appendix A



Common mental health disorders

The Office for National Statistics' mental health of children and young people offers the following categories of common mental health disorders:

Emotional disorders

Separation anxiety: Concerns about: separation from an attachment figure, for example, because of loss of or harm to that person or the child being taken away; not wanting to go to school; being afraid of sleeping or being at home alone. The child may feel sick, anxious or have nightmares about the possibility of separation

Specific phobia: Characterised by - excessive fears about particular objects or situations, for example: animals, storms, the dark, loud noises, blood, infections or injuries, dentists or doctors, vomiting, choking or diseases, types of transport, enclosed spaces, toilets, people who look unusual, monsters, etc. The child becomes very upset each time the stimulus is triggered and tries to avoid such situations.

Social phobia: Includes anxiety about: meeting new or large groups of people, eating, reading or writing in front of others, speaking in class. The child may be able to socialise with familiar people in small numbers but is frightened of interacting with other adults or children. The anxiety is typically due to fear of embarrassment. The child becomes distressed (for example, blushes or feels sick) and tries to avoid such social situations.

Generalised anxiety: The child worries about a wide range of past, present or future events and situations, for example: past behaviour, school work and exams, disasters and accidents, his/her own health, weight or appearance, bad things happening to others, the future, making and keeping friends, death and dying, being bullied and teased. The anxiety is accompanied by physical symptoms such as restlessness, fatigue, poor concentration, irritability, muscular tension or insomnia.

Depression: Characterised by feelings of sadness, irritability and loss of interest which last for most of the day and persist over a period of time. Associated features may be: tiredness, changed appetite, weight loss or gain, insomnia, hypersomnia, agitation, feelings of worthlessness or guilt, poor concentration, thoughts of death, recent talk or experience of deliberate **self-harm**.

Conduct disorders

Oppositional defiant disorder: Characterised by: temper outbursts, arguing with adults, disobedience, deliberately annoying others, passing on blame, being easily annoyed, angry, resentful, spiteful and vindictive. The behaviour is likely to have caused complaints from parents and teachers.

Unsocialised conduct and socialised conduct disorders: Typical behaviour includes: telling lies, fighting, bullying, staying out late, running away from home, playing truant, being cruel to people or animals, criminal behaviour such as robbery, rape, using weapons. This type of behaviour would often have resulted in complaints from school staff or contact with the police. Socialised conduct disorders are where the young person has friends (though usually antisocial friends). They may engage in antisocial behaviours such as shoplifting or stealing cars together. In unsocialised conduct disorder, the young person lacks any real friends and typically engages in solitary antisocial activities. These are the opposite ends of a spectrum, so dividing conduct disorder into these two categories is somewhat arbitrary.

Hyperkinetic disorders: The child is hyperactive (for example, fidgeting, running around, climbing on furniture, always making a lot of noise), impulsive (for example, blurts out answers, cannot wait his/her turn, butts into conversations or games, cannot stop talking) and inattentive (for example, cannot concentrate on a task, makes careless mistakes, loses interest, does not listen, is disorganised, forgetful and easily distracted). The child's teachers are likely to have complained about his/her over activity, impulsiveness and poor attention.

Eating disorders: Children with eating disorders are excessively concerned with their eating habits, weight and shape. For example, they may perceive themselves as too fat even though they are thin, they may be ashamed of, or feel guilty about eating or engage in binge eating followed by fasting. Measures to control eating may involve excessive dieting, hiding food, vomiting, taking pills to aid weight.

Less Common Disorders

Tic disorders including Tourette's syndrome: This disorder covers motor and vocal tics. The former include: eye blinking, squinting, eye rolling, nose twitching, head nodding, screwing up face, shoulder shrugging, jerking of arm or leg. Vocal tics include; throat clearing, excessive sniffing, coughing, squeaking, sucking noises, word repetition.

Selective mutism: Characterised by a failure to speak in certain circumstances although the child is able to converse normally in other situations.

Schizophrenia: Schizophrenia represents a major psychiatric disorder characterised by psychotic symptoms that alter the child's perception, thoughts, mood and behaviour. It is rare in children and young people, the prevalence increases from age 14 onwards.

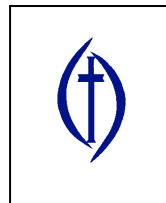
Suicide

Suicide is a complex issue, usually with no single cause, and it is therefore not possible to generalise. However, there is some evidence to suggest that people who have previously experienced bereavement or undergone a personal crisis, people with mental health problems, and people in marginal groups may be more vulnerable.

In the UK, suicide is the leading cause of death in young people, accounting for 14 per cent of deaths in 10-19 year olds. It is rarely caused by one thing and usually follows a combination of previous vulnerability and recent events. The stresses identified before suicide are common in young people and most come through them without serious harm. Important themes for suicide prevention are support for or management of family factors (e.g. mental illness, physical illness, or substance misuse), childhood abuse, bullying, physical health, social isolation, mental ill-health and alcohol or drug misuse.

Those affected by suicide are themselves at increased risk of serious upset and may potentially be at greater risk of taking their own life. School staff should be asked to identify any young people who are vulnerable, and efforts should be made to provide additional support or referral to specialist services without delay.

Appendix B



Reference Factsheets

- ***Mental Health and Growing Up: Factsheets for parents, teachers and young people*** (4th edn) Royal College of Psychiatrist (Feb 2013) www.rcpsych.ac.uk/publications/books/rcpp/9781908020468.aspx (sample chapter)

Books for Parents and Adults

ADHD and Hyperactivity

- ***Teenagers with ADD and ADHD: a guide for parents and professionals***, Chris A Dendy (Woodbine House). A guide to understanding and coping with teenagers with attention deficit disorder. The book discusses diagnosis, medical treatment, family and school life, interventions, advocacy, legal rights and options after school.
- ***Put yourself in their shoes: understanding teenagers with Attention Deficit Hyperactivity Disorder***, Harvey C Parker (Partners Publishing Group). For parents of teenagers with ADHD. This book contains a wealth of information about understanding the world of teenagers with ADHD.

Anger

- ***Taming the dragon in your child: solutions for breaking the cycle of family anger***, Meg Eastman and Sydney Rozen (John Wiley & Sons Inc.). Gives parents realistic, healthy and positive ways to understand and diffuse situations that trigger children's tantrum, flare-ups, sulks and arguments.
- ***When anger hurts - quieting the storm within***, Matthew McKay, Judith McKay and Peter Rogers (New Harbinger Publications). Clears up misconceptions about anger, explains how to control it and discusses spouse and child abuse.

Anxiety

- ***The "Which?" guide to managing stress***, Mark Greener (Which? Books). Looks at the causes and consequences of stress and offers advice on devising an effective strategy for stress management.
- ***The worry cure: seven steps to stop worry from worrying you***, Dr Robert Leahy (Piatkus Books). Worry is a central issue in many people's lives; 38 per cent of people say they worry every day. In this ground-breaking book, Dr Robert Leahy offers new insight, advice and practical techniques for everyone who has ever had a sleepless night.

Behaviour

- ***How to deal with your acting-up teenager; practical self-help for desperate parents***, Robert Bayard and Jean Bayard (M Evans & Co Inc.). Offers practical advice on giving teenagers responsibility, reinforcing good behaviour and standing up for your parental rights.
- ***Understanding children's behaviour***, Dr Dinah Jayson and the British Medical Association (Family Doctor Publications Ltd.). If a child is difficult to manage, if parenting doesn't come easily or if you want to improve your relationship with a child as a parent, teacher or carer, this book offers some strategies that you can try. It will also help you decide whether you need expert help and, if so, where to find it.

Bereavement

- ***The Death of a Child***, Tessa Wilkinson (Jonathan Cape). Aims to help both adults and children to cope with the death of a child.

Childhood Depression

- ***So Young, So Sad, So Listen***, Philip Graham and Carol Hughes (Gaskell). Examines the nature and treatment of childhood depression. Aims to help those involved to recognise the signs of depression in children and to understand the possible causes.

- ***Coping with an anxious or depressed child***, Samantha Cartwright-Hatton (OneWorld Publications).

This book provides an up-to-date approach to helping parents of anxious children. Often, both parents and child can learn to cope better with anxiety by learning how to face very simple childhood anxieties.

Depression

- ***Depression - the way out of your prison***, Dorothy Rowe (Brunner-Routledge). Depression is an experience of terrible isolation, of being in a prison. By understanding how we build this prison, we can dismantle it.

- ***Depression and how to survive It***, Spike Milligan and Anthony Clare (Arrow). Spike Milligan reveals the dark side of his life in this book, which is co-written with his psychiatrist, Professor Anthony Clare.

Eating Disorders

- ***Getting Better Bit(e) by Bit(e): survival kit for sufferers of bulimia nervosa and binge eating disorders***, Ulrike Schmidt, Janet Treasure and Tom Treasure (Psychology Press). A self-help book which empowers sufferers to take control of their own lives and tackle their eating difficulties.

- ***Eating problems in children: Information for parents***, Claudine Fox and Carol Joughin (Gaskell). Tackles issues such as different types of eating disorders children can suffer from, how common they are, what causes them, types of treatment available and long-term outlook for children with eating problems such as selective eating and food refusal.

- ***Eating Disorders: The Facts***, Suzanne Abraham & Derek Llewellyn-Jones (Oxford University Press). Comprehensive guide to anorexia nervosa, bulimia nervosa and obesity.

Life Stages and Problems

- ***New passages - mapping your life across time***, Gail Sheehy (Ballantine Books) About the changes which take place in the adult life cycle.

Parenting

- ***It takes two to talk: a parent's guide to helping children communicate***, Ayala Manolson (The Hanen Centre). Guide for parents to learn how to encourage their child to communicate. It explains different ways to establish a special bond between parent and child. Wonderful book for parents, teachers and caregivers.

- ***Toddler taming: a parent's guide to the first four years***, Dr Christopher Green (Vermillion).

Book for parents of children aged between 1 and 4 years with practical advice on how to deal with difficult behaviour.

- ***From birth to five years: children's developmental progress***, Mary Sheridan, Marion Frost and Ajay Sharma (Routledge). Sets out each stage of normal development in young children.

Post-divorce Parenting

- ***Parenting Threads***, Erica De'Ath and Dee Slater (National Stepfamily Association). This book provides practical advice for those who are separating or starting again with a new partner. It looks at ways to negotiate visits, the needs of children and when to introduce a new partner, the legal position and how to establish stability for your children.

Sexuality

- ***Keeping safe: a practical guide to talking with children***, Michele Elliott (Hodder and Staughton). A guide on talking with children on a whole range of issues from sexual abuse to bullying and teenage drug-taking.

Self-Esteem

- ***The Self-Esteem Workbook***, Lynda Field (Vermillion). This book gives a practical framework of techniques and activities to enable reader to experience high esteem in all aspects of their lives.

Books for Primary Libraries

A comprehensive list of library books for Primary schools can be found here:

www.rcpsych.ac.uk/specialties/faculties/childandadolescent/public/booksforyoungerchildren.aspx

Books for Teens and Adults

Secondary library books list can be found here:

www.rcpsych.ac.uk/workinpsychiatry/faculties/childandadolescent/generalinformation/booksforteensadults.aspx