



THE WHITE ROSE FEDERATION

MENTAL HEALTH POLICY

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Responsible officer			
J. Marwood			
Signed:			
Headteacher	S. MacDonald	Chair of Governors	A. Edwards & A. Burr

Links to Other Policies	
Child Protection	Behaviour & Rewards

Mental Health and Wellbeing Policy

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)

In our school our Christian vision shapes all we do. It is a **safe and caring environment which allows our community to flourish and grow**. We nurture positive relationships, which lie at the heart of all that we do.

We believe in engaging pupils through challenging and inspiring learning opportunities, which are rooted in practical learning. We foster **independence and resilience, enabling each unique individual to fulfil their potential academically, socially, morally and spiritually, learning to become responsible members of our society**.

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 including non-teaching 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:

Suzanne MacDonald - Designated Child Protection / Safeguarding Officer

Sam Maud - Mental Health and Emotional Wellbeing Lead

Rachel Lindley - Lead First Aider at Chapel Haddlesey Primary

Craig Bealey - Lead First Aider at Burton Salmon Primary

Tom Rich – Lead First Aider at Barlow Primary

Sam Maud - Pastoral Lead

Suzanne MacDonald - CPD Lead

Rachel Lindley - Head of PSHE

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 Child Protection Office staff or the headteacher. If the pupil 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 (Child and Adolescent Mental Health Services) is appropriate, this will be led and managed by Sam Maud, Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix 1.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or those 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 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 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 pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance¹ 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, pupils 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 2.

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why they might 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 Sam Maud, our Mental Health and Emotional Wellbeing Lead.

¹ Teacher Guidance: Preparing to teach about mental health and emotional wellbeing URL= <https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and> (accessed 02.02.2018)

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 Appendix 3.

All disclosures should be recorded on CPOMS and held securely within the pupil's confidential online file. This 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 mental health lead, Sam Maud, who will provide support and advice about next steps. See Appendix 1 for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. If 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

We should never share information 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, Sam Maud. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil; it also 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 child's 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 Child Protection Officer, Suzanne MacDonald, 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, 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 (or access to these online) 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 are 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. We will always finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record on CPOMS.

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 contact them, 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 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 can be aware of (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 on our virtual learning environment (The National College) 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.²

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 to 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 Suzanne MacDonald, 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 September 2025.

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 Sam Maud, our mental health lead via phone – 07877 029504, or email – s.maud@wrfed.co.uk

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

² www.minded.org.uk [accessed 02/02/18].

Appendices

1. REFERRAL CRITERIA

Children, young people up to their 18th birthday, (and their families) with Mental Health needs or distress which is impacting upon their day-to-day functioning and cannot be resolved with appropriate intervention by Universal and Targeted Services within Health, Local Authority Prevention Service; the Common Assessment Framework process; Social Care; Education Services and the Voluntary Sector.

Presenting problems may include:

- Severe deliberate self-harm and/or risk of suicide
- Depression/mood disorders
- Psychosis (the Early Intervention Psychosis Team for Young People 14+ may be more appropriate.) - Anxiety Disorders (life affected day to day) i.e. OCD, PTSD
- Eating Disorders
- Significant/complex emotional/behavioural difficulties that have not improved following Universal or Targeted Interventions i.e. conduct disorder
- Neurodevelopmental / hyperkinetic disorders i.e. ADHD (depending on local commissioning arrangements)

Factors to consider when deciding to refer:

- duration of problem
- level of distress to child/young person and family
- number of areas of child/young person's life which is affected i.e home, school, friendships, interests and hobbies.
- other agencies that are involved and how their work is progressing.

Other factors to consider prior to considering CAMHS are:

- If there is a Safeguarding issue, then Social Care should be consulted.
- If the child has a learning disability, is there LD Nursing team involvement or Disabled Children Team?
- If the issue is related to family separation, has the family been offered information regarding Relate or some other mediation service for parents in conflict?
- Does the family want referral to a mental health service?
- Has the referral been discussed with the family, child or young person? 4/27 CAMHS Referral Doc SPoA adapted /reviewed September 2015 Service Response Presentation Specialist CAMHS Crisis Response (seen within 4 hours)
- Potential Suicide/other lethal risk to self and others
- Presenting acutely at hospital, A&E, GP surgery or following admission to hospital after episode of self-harm & reported medically fit for discharge Specialist CAMHS Emergency referrals (within 24 hours)
- Acute Psychotic Disorder
- Risk of undiagnosed emotional disorder (such as depression, severe anxiety, panic disorder, Obsessive Compulsive Disorder) which is having significant impact on the child / young person's functioning Specialist CAMHS Urgent referrals (within 1 week)
- Suspected emerging psychosis (e.g. perceptual disturbance, delusional beliefs, withdrawal from socialising, apparent personality change).
- Suspected Anorexia Nervosa with BMI of less than 17 or rapid weight loss in recent weeks.
- Suicidal ideation or repeated severe deliberate self-harm in the context of a significant mental health problem.

- Severe and disabling anxiety (e.g. severe OCD) that is impacting significantly on the child or young person's functioning.
- Significant symptoms suggesting depressive illness. Specialist CAMHS Routine (appointments within 4 weeks of 'referral')
- Deliberate Self Harm that is not currently a significant threat to health (See NY multi-agency Self Harm Pathway)
- Traumatic reaction/Post abuse, at least a few months after incident, with evidence of disturbance of arousal, repeated experiencing of event
- Assessment for ADHD/ Behavioural / Hyperkinetic disorders
- Chronic Physical Illness/Somatic disorders with clear impact on child's mental health (and/or on family functioning/well-being).
- Head Injury/Neuro-developmental problems which have impacted on the child/young person's mental health
- Parental mental health problem/illness with impact on child's functioning

WHO CAN REFER?

All CAMHS teams operate an open referral system, i.e. anyone concerned about a child or young person's emotional / mental health can access the services. This includes self-referrals from the child/young person themselves or their parent/carer. We encourage all referrals to be made using the service's referral form, with these being emailed from a secure email address to the email address on the top of the form; or through a consultation/phone conversation with a member of the CAMHS Single Point of Access Service.

On occasions that we feel that a referral should be managed by a different commissioned service to that offered by Specialist CAMHS. These may include:

- Child and Young People where behaviour issues are the primary concern, but no intervention has taken place by North Yorkshire's Prevention Service or Healthy Child Service.
- Children and young people whose difficulties are associated with a normal reaction to recent life events, (e.g. bereavement, parental separation, adjustment to chronic illness), and who would be considered to be experiencing normal adjustment reactions.
- Children and young people whose problems are entirely education-based and are best addressed by educational services such as specific learning or behavioural issues within the school environment.
- Children and young people where there is a request for a diagnostic service for Autism without any clear evidence of mental health difficulties.
- Children and Young People requiring cognitive assessment to exclude Learning Difficulties where there is no co-morbid mental health difficulties. Requests for ADHD assessments across the service are commissioned differently by varying CCG's.

Follow the link for more information and a referral form:

https://cyps.northyorks.gov.uk/sites/default/files/School%20office/Referral%20Forms/North_Yorks_hire_Specialist_CAMHS_Process.pdf

2. In-school support

School website - <https://www.chapelhaddleseyschool.org.uk/parents/pastoral-support>

School Mental Health Lead email: s.maud@wrfed.co.uk

3. Support in North Yorkshire –

North Yorkshire County Council – Children and Families: Early Help

Early Help is North Yorkshire’s new approach to ensure children, young people and their families receive the right support at the right time to stop problems escalating.

In North Yorkshire we believe **Early Help** is a collaborative approach, not a provision. All children and young people will receive universal services; however, some children and young people because of their needs or circumstances will require extra support to achieve their potential. Therefore, the purpose of **Early Help** is to work together to resolve problems before they become overwhelming, long term and costly to the child, young person, family and the wider community. **Early Help** enables children, young people and their families that have become overwhelmed by difficulties to make better choices, learn new skills and have aspirations to turn their lives around.

Who should offer Early Help?

As a basic principle, the first person to offer support to a child or young person and their family should be the professional identifying the issue.

In North Yorkshire every person working with or engaging with children and families, regardless of organisation, status or position has a responsibility to support the delivery of **Early Help** and support the family to access appropriate services to enable positive parenting. **Early Help** can be provided by a range of staff in different organisations, such as health services, schools, early year’s providers and a range of voluntary, community and faith sector services. **Early Help** is the term used by all agencies to describe North Yorkshire’s approach to providing early support to families so that children, young people and their families are safe, happy and ready for school, work and life’s challenges. **Early Help** is the right help, at the right time, in the right place.

What does the Children and Families: Early Help Team do?

The team talk to professionals, parents, carers and young people to find out what their concerns are and help them to find the right solution as quickly as possible. Sometimes issues can be addressed by talking to someone who is already familiar with the family – such as a Midwife, 0-19 Healthy Child Practitioner, Teacher, Early Years Practitioner. But some issues need more support from someone who has experience of dealing with similar situations and could require more intensive support.

How does it work?

After completing an **Early Help** assessment with the families, the team will identify what the difficulties are and work with children, young people and their families to put together a package of support to ensure the right support is offered at the right time. It might be that one professional or service can help or that the family need a range of different professionals at different times. This is known as Team around the Family (TAF).

For more information on Early Help contact your local team on:

Early Help Central 01609 (53)4829

Early Help West 01609 (53)4842

Early Help East 01609 (53)4852