MENTAL HEALTH AND WELL-BEING POLICY

Introduction:
This policy is part of the general ethos of the school, which encourages open communication between parents, students and staff on a sensitive and emotive subject. The purpose of the policy is to ensure that the school provides a coherent, recognised approach when responding to students with mental health needs.

What is mental health?
Mental health is defined as 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 Organisation, 2014).

A student with stable mental health generally has the ability to progress within society both emotionally and socially. They are able to form relationships, manage their mood, and make rational informed decisions.

Poor mental health can affect the way you think, feel and behave. Some mental health diagnoses are described using words that are in everyday use, for example 'depression' or 'anxiety'. This can make them seem easier to understand, but can also mean people underestimate how serious they can be (Mind, 2013). Three children in every classroom have a diagnosed mental health condition. This contributes to the 850,000 children in the UK who are emotionally unwell.

Todays increased pressures on the present generation of youth allows for mental health to be stigmatized and consequently has a profound effect on those experiencing mental health challenges. Schools are best placed in society to tackle this modern epidemic, and have a duty of care to provide support and positive guidance to the students with specific emotional needs.

Aims of the school:
The school aims to provide an inclusive environment to support those living with mental health requirements, allowing them to realise their potential academically, socially and emotionally. Alongside this, the school is committed to increasing awareness of mental health amongst the staff in regards to teaching and pastoral care.

The school is committed to developing its awareness and to train up staff in supporting students with mental health.

The school aims to facilitate and promote positive emotional well-being and mental health by:
- Recognising early signs of mental illness and applying appropriate intervention.
- Raising awareness of mental health difficulties within the staff and students through lessons, INSET, and training.
- Designating a position of responsibility to a named member of the senior leadership team for emotional wellbeing.
- Ensuring key staff are empowered to make CAMHS referrals.
- Challenging the stigma of mental health through the education of young people on the realities of mental illness.

- Having a professional and confidential approach to working with students with clear guidelines surrounding safeguarding [See Safeguarding Policy].
- Demonstrating a commitment to preventing the onset of mental health problems.
- Demonstrating a proactive attitude to intervention protocol.
- Ensuring all staff and Governors are aware of the school's mental health policy.

However, whilst the school is committed to providing a supportive environment it is important to recognise that it is not a mental health facility nor is it a therapeutic community. There are, of necessity, limits to the extent of support which can be provided and it is not the responsibility of the school to replicate services that already exist in the community and the NHS.

<u>Identification and intervention:</u>
Risk Factors are situations and events in a young person's life that increase the onset of poor mental health. However, not every student with the following triggers will go on to experience poor mental health and there is no easy way of predicting emotional resilience in an individual.

Common risk factors include:
- Having a long term physical illness or learning disability.
- Family factors, such as parental conflict and inconsistent discipline.
- Having parents who separate or divorce.
- Having been severely bullied.
- Having a parent who is suffering with poor mental health, alcohol misuse, or has been in trouble with the law.
- Physical abuse, sexual abuse, emotional abuse, or neglect.
- Experiencing the death of someone close to them.
- Experiencing discrimination (race, sexuality, religion, gender, disability).
- Having long standing educational difficulty.
- Post-Traumatic stress.
- Side effects of prescribed drugs.
- Environmental factors including living in poverty or homelessness.
- Low self-esteem.

Childhood and adolescent mental health disorders:
- Anxiety disorders (anxiety, phobias, panic, school phobia)
- Depression
- ADHD
- Eating disorders
- Post-traumatic stress disorder
- Substance abuse
- Autism
- Schizophrenia
- Bi-Polar disorder
- Obsessive Compulsive Disorder
- Deliberate self-harm

Common warning signs include:

- Changes in eating or sleeping habits (student may appear overly tired)
- Increased isolation from friends of family, becoming socially withdrawn
- Changes in activity or mood (more aggressive or introverted than normal)
- 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 appearance
- Neglect of personal hygiene

Prevention:

Ways in which our school takes a preventative approach towards mental health:

- Staff members are encouraged to know their students and where available, use Teaching and Learning Notes and liaise with Heads of Achievement or Pastoral Leads to adequately determine what their specific needs are.
- All staff members are aware of where they can access information about students (through SIS and teaching and learning notes or by contact with Heads of Achievement or Pastoral Leads), and all staff know how to register concerns on MyConcern.
- The school has a specific learning programme and lesson plans to educate students in emotional wellbeing, and to highlight specific actions and behaviours that will help to promote positive mental health.
- All students are informed about the school's emotional support services, how to access them, and who they can talk to about any emotional concerns they have.
- Line managers are responsible for the emotional wellbeing of their staff and a team approach is used to address adult mental health.
- Staff are informed about how to access mental health support

Intervention Protocol:

Ways in which our school supports a student with poor mental health

- All staff concerned about the mental health of a child should log their concern on MyConcern. If the concern is of a more urgent nature, the Pastoral Lead, Designated Safeguarding Lead or one of the Deputy Designated Safeguarding Leads should be contacted.
- All teachers are aware of which members of staff can refer students to external agencies including CAMHS.
- The school maintains close communication with external agencies to understand how they can support a student's care plan.
- If a student is distressed, staff should not deal with them alone.
- If you have concern for a student do not avoid the situation, be proactive not reactive; speak to colleagues and Pastoral Lead for more information.
- **Explain to students that it may not be possible to keep any information confidential and you will let them know if you need to share any information.**
- If any member of staff feels that the child is in immediate danger of harm, then the normal child protection procedures should be followed.

- If the child has severely self-harmed then staff should follow the normal procedures for medical emergencies and if necessary contact emergency services immediately. [refer to medical conditions policy]

Identification of a problem:

- **A student has told you**
- **You have noticed a change in the mood and behaviour of a student (withdrawn, miserable, hyperactive, emotional extremes, positive or negative attention seeking behaviour)**
- **A dramatic change in the student's academic performance**
- **Other students or staff have voiced their concerns**
- **Significant change in students appearance (weight loss/gain, decline in personal hygiene, visible evidence of self-harm)**

Highcliffe Referral to internal or external support

BE PROACTIVE NOT REACTIVE

DO NOT WAIT FOR THE SITUATION TO GET WORSE

CHOOSE THE CORRECT CHANNEL OF SUPPORT

Inform Pastoral Leads

Roles and responsibilities:

"All adults who come into contact with children and young people have a duty of care to safeguard and protect their welfare." [Guidance for Safer Working Practice for Adults working with Children and Young People – November 2007]. This includes an appropriate level of responsibility when working with students with mental health difficulties. No member of staff will be expected to undertake any roles or responsibilities without having had sufficient and relevant training in order to do so.

The school has an additional responsibility to support and advise all staff and students that may have been affected by any emotionally sensitive events and circumstances whilst in the working environment.

Roles and responsibilities of staff:
- All staff should respond to students with mental health difficulties in a non-discriminative, non- stigmatising, inclusive, and positive manner
- All staff involved in teaching and supporting must access and act upon the information provided in the Teaching and Learning Notes of individual students.

- All staff should be aware of their own personal and professional limitations, if they are concerned that a student has mental health problems and may require additional support they must speak to the relevant Head of Achievement or Pastoral Lead. They should also log this on My Concern.

Roles and responsibilities of students:
- Students should be aware that any behaviour which impacts negatively on other students or staff, or is in any way disruptive, discriminative or offensive, is not acceptable within the school community.
- Students should be aware of the support available to them and actively communicate their needs when they can.
- Students concerned about another student's mental health should feel encouraged to speak to their Tutor or Pastoral Lead.
- Students are encouraged to take care of their own mental health, for example ensuring that they get adequate rest, take prescribed medication and access appropriate support, including support available through the school.
- Students should actively participate in mental health education and awareness, through EPD or RSE lessons, tutor activities, and wider support schemes.
- Commitment to follow their safety plan previously agreed with SENDCo/ELSA/Mental Health Support worker or Pastoral Lead.

Staff roles in working with students who self-harm (for more detail on guidance, see Appendix A) :
- School staff may experience a range of feelings in response to self-harm in a student. However in order to offer the best possible help to student it is important to try and maintain a respectful and non-judgemental attitude. A student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.
- If a student has self-harmed in school or on a school trip the first aider should be called for immediate help.
- In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult must remain with the student at all times.
- Any member of staff who is aware of a student engaging or suspected to be at risk of engaging in self-harm should speak to the student's Head of Achievement or Pastoral Lead and also report this on My Concern.
- **Students need to be made aware that it may not be possible for staff to offer complete confidentiality, if you consider a student is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept, even if a student puts pressure on you to do so.**

Most commonly diagnosed mental health problems:
Anxiety
Anxiety can mean constant, excessive and unrealistic worry alongside fear, apprehension and nervousness about any aspect of everyday life. It may cause restlessness, sleeping problems, and is often accompanied by physical symptoms; for example, an increased heartbeat, nausea, muscle

tension, feeling shaky, sweating and a dry throat or mouth. Anxiety has a strong link with depression and can be found alongside a majority of other mental health problems.

Bipolar Disorder

Bipolar disorder causes unusual shifts in a person's mood, energy, and ability to function. The mood episodes associated with the disorder persist from days to weeks or longer and can be dramatic with periods of being overly high and or irritable to periods of persistent sadness and hopelessness. Often people with bipolar disorder experience periods of normal mood in between mood episodes (Anxiety and Depression Association of America, 2010-2015).

Depression

Depression is a condition in which the person feels discouraged, sad, hopeless, unmotivated or disinterested in life in general. These feelings must last for more than two weeks and interfere with usual daily activities. It can affect sleep, appetite, and self-esteem. Depression can be experienced at different levels e.g. mild or severe.

Eating Disorders

An eating disorder is an unhealthy relationship with food and weight that interferes with many parts of a person's life. A person who struggles with an eating disorder can have unrealistic self-critical thoughts about body image and his or her eating habits may begin to disrupt normal bodily functions and affect daily activity (National Association of Anorexia Nervosa and Associated Disorders, 2015).

Obsessive Compulsive Disorder

Obsessive compulsive disorder (OCD) has two main parts: obsessions and compulsions. Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in your mind; for example, thinking that you have been contaminated by dirt or germs, or worrying that you haven't turned the oven off. Compulsions are repetitive activities that you feel you have to do. This could be something like repeatedly checking a door to make sure it is locked or repeatedly washing hands. The compulsions are coping mechanisms to try and manage the obsessions (Mind, 2013).

Personality Disorders

Generally speaking, personality doesn't change very much. Yet it does develop as people go through different experiences in life, and as their circumstances change. If you have a personality disorder, you are likely to find it more difficult to change your patterns of thinking, feeling and behaving, and will have a more limited control of emotions, attitudes and behaviour with which to cope with everyday life (Mind, 2013).

Phobias

A phobia is an extreme form of fear or anxiety triggered by a particular situation or object, even when there is no danger. A fear becomes a phobia when you have an exaggerated or unrealistic sense of danger.

Schizophrenia

Schizophrenia is a long term mental health condition that causes a range of different psychological symptoms including: hallucinations, delusions, muddled thoughts, and changes in behaviour. Sometimes a person will not be able to distinguish their own thoughts and ideas from reality (NHS, 2014).

There are some common behaviour and feelings which are present in more than one mental health problem:

Panic Attacks

A panic attack is an exaggeration of your normal bodily responses to fear, stress or excitement. It is a rapid build-up of overwhelming physical sensations such as: a pounding heart rate, feeling faint, sweating, nausea, chest pains, feeling unable to breathe, shaky limbs, and feeling like you are not connected to your body.

Self-harm

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, old memories, or overwhelming situations or experiences. They ways you hurt yourself can be physical:

- Cutting yourself
- Burning or scalding your skin
- Hitting and punching
- Biting
- Scraping
- Inserting sharp objects under the skin or into the body orifices
- Picking or scratching your skin
- Pulling your hair or eyelashes out
- Scrubbing your body excessively to cause abrasion
- Banging or hitting your head or other parts of your body
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Over-eating or under-eating
- Putting yourself in risky situations
- Self-neglect through poor physical hygiene

They can also be less obvious means of harm such as putting yourself in risky situations or not looking after your own physical or emotional needs (Mind, 2013). Self-harm is not a suicide attempt, it is a coping mechanism.

Suicidal Thoughts and Feelings

It is common to have suicidal thoughts if you are experiencing mental health problems- especially if you have a diagnosis of depression, borderline personality disorder or schizophrenia. The more severe your depression, the more likely it is that you will consider ending your life. Many people have suicidal thoughts without attempting to take their own life.

In extreme cases where overdose or attempted suicide may have happened within the school day, there is a robust plan in place involving immediate communication with emergency services, and the Senior Leadership Team.

SELF-HARM STAFF GUIDANCE

Introduction:
The purpose of this document is to ensure that the School provides a coherent, recognised and consistent approach when responding to students who self-harm.

Aims of the School:
The School aims to provide an inclusive environment to support vulnerable students to allow them to realise their academic, social and emotional potential. The School is also committed to increasing the awareness amongst staff, governors and students of mental health.

The School aims to facilitate and promote a non-judgemental, proactive approach to self-harm by:
- Increasing understanding and awareness of self-harm
- Educating staff on the warning signs and risk factors
- Providing support to staff dealing with students who self-harm
- Providing support to students who self-harm, their peers and parents/carers
- Having designated members of staff to organise the CAMHS referrals (Pastoral Leaders and Learning Support department for SEND students only)
- Demonstrating a proactive attitude to intervention protocol
- Ensuring all staff and Governors are aware of the School's self-harm guidance

What is self-harm?
Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. (NHS, 2015)

Self-harm is a means of coping with intense and difficult feelings that build up inside. The intent is to deliberately cause harm or put you in a situation of risk. (Young Minds 2016, Mind, 2016).

Self-harm is any act which involves deliberately inflicting pain and/or injury to one's own body, but not necessarily with suicidal intent (Emotional First Aid, 2015). Self-harmers are commonly misconceived to be at a risk to others, however it is found that they are at a small risk to others, a medium risk from others and are at a significantly higher risk to themselves.

Severe self-harm is defined as self-harm that requires medical intervention, causes lasting damage, and presents a moderate to high risk of fatality, intentional or not.

Some examples of self-harm include:
- cutting yourself
- burning or scalding your skin
- hitting and punching
- biting
- scraping
- inserting sharp objects under the skin or into the body orifices
- picking or scratching your skin
- pulling your hair or eyelashes out

- scrubbing your body excessively to cause abrasion
- banging or hitting your head or other parts of your body
- taking an overdose of tablets
- swallowing hazardous materials or substances
- over-eating or under-eating
- putting yourself in risky situations
- self-neglect through poor physical hygiene

Identification and intervention:
Any difficult experience may cause a young person to self-harm. .

Common risk factors for self-harm include:
- Low self-esteem
- Poor problem-solving skills
- Poor parental relationship or a breakdown in this relationship
- Depression
- Anxiety
- Drug or alcohol abuse
- Bulling or rejection from peers
- Poor communication skills
- Hopelessness
- Impulsivity
- Unreasonable expectations from peers or family

Possible warning signs for self-harm can include:
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feeling of failure, uselessness or loss of hope

Prevention:
The ways in which our School takes a preventative approach towards mental health include:
- All staff members are aware of where they can access pastoral information about students and the importance of reporting concerns about student self-harm either by logging on My Concern platform, or informing the Pastoral Lead, Head of Achievement/ Designated Safeguarding Lead (Sarah Giller), Deputy Designated Safeguarding Leads (Mathew Downs, Lisa Swan, Edward Davies) in the case of immediate concern.
- All students are informed about the School's emotional support services, how to access them and who they can talk to about any emotional concerns they have.
- Line managers are responsible for the emotional wellbeing of their staff and a team approach is used to address adult mental health.

Roles and Responsibilities:
Students may choose to confide in a member of staff at school about their own welfare or that of another student. It is important in this instance that the member of staff remains non-judgemental and takes a proactive, calm approach when responding to the needs of the student. No member of staff will be expected to undertake any roles or responsibilities without having had sufficient and relevant training in order to do so. The School has an additional responsibility to support and advise all staff and students who may have been affected by any emotionally sensitive event whilst in school.

Roles and responsibilities of staff:
- All staff should respond to students who self-harm in a non-discriminatory, inclusive, and positive manner
- All staff involved in teaching and supporting students at identified or actual risk of self-harm, must access and act upon any information provided in the teaching and learning notes
- All staff should be aware of their own personal and professional limitations, if they are concerned that a student self-harms and may require additional support they must report their concerns through My Concern
- If a student has self-harmed in school, or on a school trip, a first aider should be called for immediately
- In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult must remain with the student at all times

Roles and responsibilities of students:
- Students should be aware that any behaviour which impacts on their own welfare or puts them at serious risk of harming themselves or others cannot be kept confidential
- Students should be aware of the support available to them and actively communicate their needs when they can
- Students concerned about another student's mental health should be encouraged to speak to their tutor or pastoral lead.
- If a student has a designated safety plan, they must commit to following the safety plan at all times, whilst at School

Roles and responsibilities of parents/carers:
- Make pastoral staff aware of incidents that may have occurred at home
- Be responsive to the child's needs, and make the school aware, in times of crisis and when the child may be particularly vulnerable
- Ensure they have been given resources and information on outside agencies that may help with their child's and their own mental health and well-being status
- Ensure any injuries are appropriately dressed and are not on display

Written by SGR – September 2022

Adopted by Governors – 29/9/2022