The Cardinal Wiseman Catholic School

Positive Mental Health Policy

Approved by Governors on: July 2017
Next review: To be determined by either the Headteacher or Governing Body
Person (position, not name) to perform review: Senior Assistant Headteacher i/c Pupil Care and Learning Support

This policy should be read in conjunction with all other policies (as highlighted) and not as a standalone policy.

This policy takes into consideration and reflects all key aspects of the following documents:

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve

mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to

mental health problems in schools? Advice for schools and framework (document written by Professor Katherine Weare, National Children's Bureau - 2015)

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 non-teaching staff and governors.

This policy should be read in conjunction with:

- The Child Protection & Safeguarding Policy in cases where students welfare and safety is at immediate risk

- The medical policy in cases where a student's mental health overlaps with or is linked to a medical issue

- 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/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:

Paul Walton - Designated Child Protection Lead

Ann-Marie McLoughlin – Deputy Child protection Person

Cathy Barry - Inclusion Assistant

Sandeep Kang - lead first aider

Nichola Gray - SENCO

Annie Benton - Head of PSHE

Any member of staff who is concerned about the mental health or wellbeing of a student should follow the normal child protection procedures by making an immediate referral to the designated child protection person. 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 Designated Child Protection Lead or SENCO if a child is on the SEN profile. Guidance about referring to CAMHS is provided in Appendix F.

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 Wellbeing Programme.

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[1] 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

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[1] Teacher Guidance: Preparing to teach about mental health and emotional wellbeing

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 through the normal Child Protection procedures.

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 secretively

Lateness to or absence from school

Repeated physical pain or nausea with no evident cause

An increase in lateness or absenteeism

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 in school about their concerns, regardless of whether 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 by the student 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's 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

Training

As a minimum, all staff will receive training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe.

We will send e-mails and update bulletins to staff so that they can learn more about mental health. The MindEd learning portal[2] provides free

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[2] www.minded.org.uk

online training suitable for staff wishing to know more about a specific issue.

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 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 CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

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

Prevalence of Mental Health and Emotional Wellbeing Issues[3]

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 of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents,

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[3] Source: Young Minds

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: www.selfharm.co.uk

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

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a

way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Appendix B: Sources or support at school and in the local community

School Based Support

List the full range of support available to students. For each include:

Family Therapist

Counselling

Inclusion Assistant – guidance & support for addressing self-harm

SEN Dept – 1 to 1 support for specific students

Education Psychologist – agreed & accessed through the school's Student Support Panel

Secondary Behaviour Service – agreed & accessed through the school's Student Support Panel

Local Support

Common Assessment Framework – Assessment Tool to identify appropriate support services

Adolescent SAFE Team (tier 2) – Clinical Psychologist

SAFE – Family Intervention

CAMHS (tier 3) – one to one support

General Practitioners

Ealing Alcohol & Substance Use Project (Easy project)

Eating Disorder Service

Ealing Youth Counselling & Information Service (EYCIS)

Your Zone – Youth project for Lesbian, Gary & Bisexual people

Gender Intelligence - Supporting gender diversity and trans-inclusion in learning and education

Appendix C: What makes a good CAMHS referral?[4]

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?

- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?

- Has the pupil given consent for the referral?

- Has a parent / carer given consent for the referral?

- What are the parent/carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?

- Is the child looked after?

- name and date of birth of referred child/children

- address and telephone number

- who has parental responsibility?

- surnames if different to child's

- GP details

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[4] Adapted from Surrey and Border NHS Trust

- What is the ethnicity of the pupil / family.

- Will an interpreter be needed?

- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?

- How long has this been a problem and why is the family seeking help now?

- Is the problem situation-specific or more generalised?

- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?

- Name of school

- Who else has been or is professionally involved and in what capacity?

- Has there been any previous contact with our department?

- Has there been any previous contact with social services?

- Details of any known protective factors

- Any relevant history i.e. family, life events and/or developmental factors

- Are there any recent changes in the pupil's or family's life?

- Are there any known risks, to self, to others or to professionals?

- Is there a history of developmental delay e.g. speech and language delay

- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate.

Appendix D

Safeguarding & Child Protection referral form

Please tick to indicate whether this is a:

Child Protection concern that requires immediate intervention ☐

A **safeguarding concern** which requires a follow up conversation ☐

Name of teacher:

Date: Time:

Student(s) name:

Nature of concerns raised by staff member (please provide a summary of the concerns):

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[                                                                    ]
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Allegations made and whom by:

Disclosures made by the pupil:

Actions taken by member of staff:

Signed.......................................

This section is to be completed by the Designated Child Protection Person only

Referral made to external agency: Y/N

Name of external agency involved:

Information shared with:

Response from parents/carers:

Record contact names/details of any agencies involved:

Please indicate (circle) if this incident represents an increase, decrease or no change to the risk of harm to the child

↑☹	↓☺	⇔☺