



WATERMILL SCHOOL

MENTAL HEALTH AND WELLBEING POLICY

Person responsible:	Matthew Coupe
Governor Consultation:	April 2017
Date adopted:	September 2017
Date due for review:	September 2019

Introduction and background:

It is well known that 1 in 10 children and young people between the ages of 5 and 16 will experience a clinical diagnosable mental health issue, increasing in likelihood as young people enter older adolescence and early adulthood. In addition, many more children and young people across the 0-18 age range will also experience mild to moderate emotional and behavioural issues.

Children and adolescent emotional wellbeing and mental health is not the exclusive domain of specialist health services. We all have a role to play in supporting young people to reach their potential and to equip them with the skills needed to cope with the challenges that life will bring.

Our vision is to: **“ensure that all children and young people are emotionally healthy and resilient”**

Children and young people with learning difficulties/disabilities and/or physical health issues are more at risk of developing an emotional wellbeing and mental health difficulty.

Definitions:

Emotional wellbeing: *“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”* (No Health without Mental Health 2011)

Mental health: *“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.”* (World Health Organisation)

Children who are mentally healthy will have the ability to:

- Develop psychologically, emotionally, creatively, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve (face) problems and setbacks and learn from them

Social and emotional wellbeing refers to a state of positive mental health. It involves a sense of optimism, confidence, happiness, clarity, self-worth, achievement, having a meaning and purpose, having supporting and satisfying relationships with others and responding effectively to one's own emotions (Weare, 2015).

Multi-component approaches that engage the whole school community (school staff, students, parents, carers and families) are more effective in promoting social and emotional wellbeing (Catalano et al, 2002). A climate and ethos which supports wellbeing, builds connectedness and belonging, and a feeling of being accepted, respected and bonded to the school environment

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.

Aims:

At our school, we aim to promote positive mental health for all of our students. 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. By developing and implementing the following 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.

- Promote positive mental health in all 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:

- Jonathon May/Brigitta Beckett - designated safeguarding officer
- Matthew Coupe/Brigitta Beckett - mental health lead
- Link Governor- Dr Simon Halstead, MB BS MRCPsych
- Julia Ford- Senior Clinical Therapist (CAMHS)
- Mary McGough - lead first aider
- Matthew Coupe - pastoral lead, CPD lead, Head of PSHE
- Tracey Bailey- school nurse
- Deb Egerton- mentor

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection staff or the head teacher. 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.

Our School works closely with CAMHS and benefits from one day per week of CAMHS in schools, delivered by Julia Ford. This allows staff to liaise with a mental health professional regularly and develop interventions to help pupils in a much more proactive and timely manner than would be allowed by referral to CAMHS only. Staff concerns should be raised, in the first instance, to the mental health lead who will manage the consultation process alongside our CAMHS therapist.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. Where appropriate, this should be drawn up with the involvement of 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 and staff can play on a day to day proactive basis.

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the [PSHE Association Guidance](#)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 on the school's website

We will display relevant sources of support in communal areas such as the Learning Support Unit, entrance lobby and Café area and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with any member of SLT, Safeguarding leads or CAMHS therapist.

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

Staff at Watermill know their students well and should trust their instincts. This list is not exhaustive and staff should feel that any concern they have will be treated seriously when it is raised.

Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Guides for parents and teachers about talking to young people about mental health is attached to this policy in [Appendices A and B](#).

Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' This is in line with expectations outlined in our yearly safeguarding training.

All disclosures should be recorded in writing using the normal Safeguarding reporting procedure.

Confidentiality

We should be honest with regards to the issue of confidentiality and make clear that we might have to share information if we feel that not doing so leaves a pupil at risk. If we feel it is necessary to pass our concerns about a student on then we should discuss with the student:

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

We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent. Typically, this would mean that staff would not promise confidentiality in situations where a pupils' health and wellbeing are at risk.

It is always advisable to share disclosures with a colleague, usually the mental health lead or Safeguarding leads. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

As in any other instance of safeguarding, the decision of whether or not to share information with parents will be made on a case by case basis. SLT and safeguarding leads, along with any other staff who might be involved will consider the wishes of the pupil, the safety and welfare of the pupil and what they reasonably believe the consequences of sharing the information with parents might be. In the overwhelming majority of cases, the preferred position of the school would be to keep parents informed.

If a child gives us reason to believe that there may be underlying child protection issues, the child protection leads must be informed immediately and normal safeguarding procedures followed.

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/should the meeting happen face to face?
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student 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 website and the school app.
- 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 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 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 students safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The [MindEd learning portal](#)² provides free 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 supported 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 Matt Coupe, our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

Appendix A.

This leaflet can be printed out or accessed electronically at:

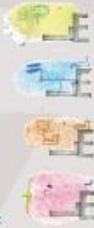
<http://www.annafreud.org/what-we-do/schools-in-mind/youre-never-too-young-to-talk-mental-health/>

Talking Mental Health Animation

TALKING MENTAL HEALTH

Talking Mental Health is an animation designed to help begin conversations about mental health in the classroom and beyond.

The animation and accompanying resources have been created by a team of animators, children, teachers and clinicians, and is being taught to year 5 and 6 children around the UK.



The animation and resources are freely downloadable from www.annafreud.org

Finding support

ChildLine: For 18s and under
0800 1111

YoungMinds Parent Helpline:
0808 802 5544

NSPCC:
0808 800 5000

Youth Wellbeing Directory:
youthwellbeing.org

About the Anna Freud National Centre for Children and Families

The Anna Freud National Centre for Children and Families has developed and delivered pioneering mental health care for over 60 years.

Our aim is to transform current mental health provision in the UK by improving the quality, accessibility and effectiveness of treatment.

We believe that every child and their family should be at the heart of the care they receive, working in partnership with professionals.



Anna Freud National Centre for Children and Families is a company limited by guarantee, company number 03819888, and a registered charity, number 1077109

Hampstead Site:
12 Marcelline Gardens,
London NW3 5SU
Tel: 020 7794 2313

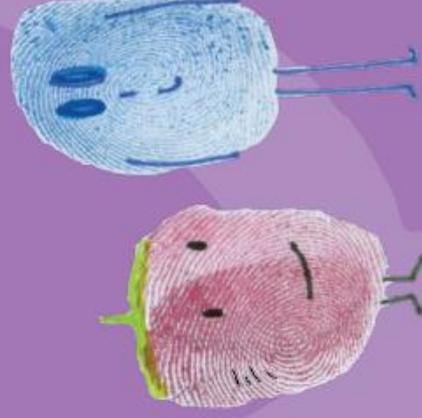
Old Street Site:
Jordan House, 47
Brunswick Place,
London N1 6EB

Greater Manchester Site:
Manchester Institute of
Education, University of
Manchester, Oxford Road,
M13 9PL

Supported by
J O M A L O N E
L E A P O O R



You're never too young to talk mental health



Tips for talking for
parents and carers

An introduction from our Patron, HRH The Duchess of Cambridge

As parents, we all want our children to have the best possible start in life. Encouraging children to understand and be open about their feelings can give them the skills to cope with the ups and downs that life will throw at them as they grow up.

It's important that our children understand that emotions are normal, and that they have the confidence to ask for help if they are struggling.

This is why I am proud to support the *You're never too young to talk mental health* campaign by the Anna Freud National Centre for Children and Families, which is being rolled out across primary schools this autumn.

The campaign's resources are excellent tools to support parents. They demonstrate how we can help children express their feelings, respond appropriately, and prevent small problems from snowballing into bigger ones.

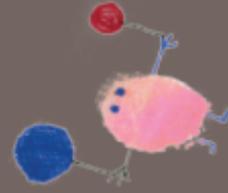


What is mental health?

★ **We all have mental health.** Mental health is about our feelings, our thinking, our emotions and our moods. Looking after our mental health is important.

★ **We all have small feelings every day:** These sometimes feel strong and overwhelming, whether happy or sad, but they go away before too long.

★ **Sometimes we experience big feelings:** These feel strong and overwhelming for a long time. They stop us doing what we want to in our lives.



1 **Make conversations about mental health a normal part of life:** Anywhere is a good place to talk; in the car, walking the dog or cooking together. Model everyday talk about feelings such as by talking about a TV character's feelings.

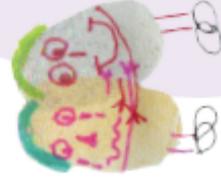


2 **Give your full attention:** We all know it's horrible to be half listened to. Keep eye contact, focus on the child and ignore distractions.

3 **Check your body language:** Try to keep it open and relaxed and make sure you come down to the child's level.

4 **Take it seriously:** Don't downplay what the child is saying or tell them they're "just being silly". Resist the urge to reassure them that everything is fine.

5 **Ask open questions:** Such as "How did your day go today?" This will help to extend the conversation.



6 **Calmly stay with the feelings that arise:** It can be our automatic reaction to steer away from difficult emotions.

7 **Offer empathy rather than solutions:** Show that you accept what they are telling you but don't try to solve the problem.

8 **Remember we are all different:** Respect and value the child's feelings, even though they may be different to yours.

9 **Look for clues about feelings:** Listen to the child's words, tone of voice and body language.

10 **Some ways to start a conversation about feelings might be:**

"How are you feeling at the moment?"

"You don't seem your usual self. Do you want to talk about it?"

"Do you fancy a chat?"

"I'm happy to listen if you need a chat."



Appendix B.

This advice comes from the PSHE Association and is available to view separately in the “Parents” section of the school website, under “Mental Health and Wellbeing.”

Talking to pupils when they make mental health disclosures

It is important that PSHE teachers are aware that when they lead whole-class sessions on issues like mental health, such discussions can trigger responses in individual pupils who may then choose to make a disclosure about a personal situation. The way in which that disclosure is first handled will be critically important, both in terms of the pupil’s immediate feelings and his or her likelihood of engaging in future support.

It is crucial, therefore, that clear ground rules are set for PSHE lessons, one of which will be that personal matters should not be discussed in a group setting, another that while PSHE teachers are always willing to talk to pupils about the pupil’s personal situation in a one-to-one setting, they can never promise confidentiality since disclosures may have safeguarding implications. What teachers can do, however, is to listen sensitively and supportively while at the same time gathering the information they need to consider what to do next.

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

1. Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a pupil has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

2. Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The pupil should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

3. Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

4. Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

5. Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

6. Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

7. Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a pupil has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the pupil.

8. Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.