

Barwic Parade Community Primary School Positive Mental Health Policy 2018



Welcome to Barwic Parade
Community Primary School



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Headteacher	Miss Sarah Dixon
Deputy Headteacher	Mrs Vikki Vaughan
Assistant Headteacher Teacher in Charge EMS	Mrs Kerry Chapman

July 2018	Policy Created	Mrs Kerry Chapman
September 2018	Ratified	FGB
September 2021	Review date	FGB

Signed:	
Position:	Chair of Governors
Date:	September 2018
Next Review Date:	September 2021

Your designated child protection Leads – DSP's: Mrs Sarah Dixon – Headteacher
 Mrs Vikki Vaughan – Deputy Headteacher
 Mrs Becky Kirkland – Inclusion Leader
 Mrs Kerry Chapman – Teacher in Charge EMS

Safeguarding Lead – Mrs Kerry Chapman – Teacher in Charge of the EMS

Mental Health Lead – Kerry Chapman – Teacher in Charge of the EMS

Youth Mental Health first aiders - Kerry Chapman – Teacher in Charge of the EMS/ Miss Ruth Preston – Specialist Teacher of the EMS

Pastoral lead – Ms Vicky Brewins - GTA

Barwic Parade Community Primary School

Positive Mental Health Policy 2018

This policy was developed in consultation with Staff, Governors, Pupils and Parents.

Introduction

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 Barwic Parade School, we aim to promote positive mental health for every pupil in our school and each member of our staff. 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.

Barwic Parade Community Primary School is a school which respects each person as a unique individual. We create a happy, safe, caring, stimulating and inclusive environment for all. We believe that good behaviour is the key foundation of good education and we aim to encourage self-discipline through our school rules which underpin how we expect our pupils to behave. We are a Thrive School and therefore use the Thrive approach to underpin all our work with children to promote and enhance their social and emotional development and their overall wellbeing.

As members of the community, we aim to build positive relationships with each other, with the pupils and with their families. We have high expectations of behaviour and we expect each individual to respect others, their families, culture and beliefs.

We support pupils in developing the skills to maintain positive relationships with others through Thrive programmes, and the SMSC (spiritual, moral, social and cultural) curriculum, and to resolve disagreements and problems themselves using restorative approaches.

Aims

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 student's mental health overlaps with or is linked to a medical issue and 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 or carers

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 or a DSP or a youth mental health first aider. 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 Senior Person for child protection, the head teacher or the designated governor. 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 Becky Kirkland the, inclusion lead.

Teaching about Mental Health

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 refer to 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. The school also has a bespoke PSHE curriculum which looks at the local community's needs in terms of content. All pupils also have Thrive sessions delivered in school as a whole class, a small group, or individually depending on the pupils level of need.

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 the Appendices.

We will ensure relevant sources of support are available to our Parents on request, through our school website or in the main reception. By highlighting sources of support, we will increase the chance of pupils seeking help by ensuring students understand:

- What help is available
- Who it is aimed at

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

- 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 the mental health lead DSP or Inclusion Lead.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Demonstrating risk taking, or risky behaviours – using substances such as alcohol, cigarettes etc.
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- Choosing to miss 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 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. Staff will be provided with an action plan to support vulnerable pupils and will be encouraged to take the following steps when they are supporting pupils;

- Approach the pupil, assess and assist with the crisis or incident
- Listen and communicate non-judgementally
- Give support and information
- Encourage the pupil to get appropriate help
- Encourage other supports – i.e. outside help, agencies, parental input etc...

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? Staff will be trained by the Lead for Mental Health about strategies and responses to any disclosures that pupils make.

All disclosures should be recorded on the schools electronic system - CPOMS and held on the student's confidential 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
- Alerts to DSP and the lead for mental health or a qualified mental health first aider.

This information should be shared with the mental health lead, Kerry Chapman or the Headteacher who will offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student as we would with any issue we consider the pupil to be at risk of harm. We need to tell them:

- 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. If we suspect a pupil in our care is at risk or harm from others or themselves all staff will follow the statutory schools safeguarding and child protections procedures. In the statutory guidance published by Department for Education it advises:

“If somebody believes or suspects that a child may be suffering or is likely to suffer significant harm then s/he should always refer his or her concerns to the local authority children’s services. In addition to social care, the police and the NSPCC have power to intervene in these circumstances.”

It is always advisable to share disclosures with an appropriate colleague, either the mental health lead, the Inclusion lead, the pastoral lead or any DSP in school. 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.

Parents must always be informed if any disclosures are made and pupils may choose to tell their parents themselves. If this is the case, the student should be given support and the opportunity to share this information with their parents if it is appropriate to do so. 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 DSP must be informed immediately so that the correct agencies can be referred to and processes and 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 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 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 steps 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 go about this. Details of the DSP's are displayed around school and the reception will support Parents to set up appointments of meetings with staff if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents by making it available on our website
- Share ideas about how parents can support positive mental health in their children through information on the website, events in school and information sent home.
- 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 everyone that knows that person including 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 with the pupil who is suffering, and their parents with whom.

Conversations may cover:

- 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 or saying which may inadvertently cause upset
- Warning signs that their friend may 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 or symptoms
- 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 to enable them to keep students safe.

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

Training opportunities for staff that require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils.

Where the need to do so becomes evident, we will consider additional training such as 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 Headteacher the Mental Health Lead and the Inclusion Lead, 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 2021.

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 Kerry Chapman, the mental health lead via e-mail emskc@barwic-parade.n-yorks.sch.uk. or by letting the Headteacher know directly.

This policy will always be updated to reflect personnel changes as this is appropriate to do so.

Appendices

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

Prevalence of Mental Health and Emotional Wellbeing Issues

- 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 these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (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, 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](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): www.nshn.co.uk

[NICE Guidance](#) self-harm clinical guidelines

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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

MindEd <https://www.minded.or.uk>

NHS Choices – www.nhs.uk

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

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

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

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

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

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/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

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

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks