APPLEGARTH PRIMARY SCHOOL- MENTAL HEALTH & WELLBEING POLICY

Policy completed: **October 2016**

Policy reviewed: **February 2019**

Policy review date: **February 2022**

Person with overall responsibility for Mental Health and Well Being: **Mr J Peoples**

Governor responsible: **Mrs Parkinson**

The School Ethos

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. The Department for Education recognises that, "in order to help their pupils succeed: schools have a role to play in supporting them to be resilient and mentally healthy." However, school contribution should be considered as one element of a wider multi–agency approach and in partnership with home.

Definition of 'mental health' & 'mental health difficulties'

Mental health can be defined as "*the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness"*.

For the purposes of this policy, the term "mental health difficulties "refers to:

- Long term mental illnesses or psychiatric conditions - which may be classified as a disability under the Equality Act.
- Emerging mental health problems which may develop into conditions which require ongoing support or intervention.
- Temporary debilitating mental health conditions or reactions which impact on a student's ability to fulfil their academic potential.

There are a range of conditions which come under the umbrella term "mental health difficulties," including anxiety, depression, eating disorders, bipolar mood disorder, schizophrenia (psychotic episodes), self-harm, obsessive compulsive disorder, and many more, as diagnosed by a relevant medical practitioner. As a school we understand that some mental health difficulties are temporary due to exceptional circumstances, while others reflect emerging longer-term mental health illness.

Aims of the policy

Poor mental health undermines educational attainment. School aims to offer important opportunities to prevent mental health problems by promoting resilience; providing pupils with inner resources that they can draw on as a buffer when negative or stressful things happen, helps them to thrive even in the face of significant challenges. Having a sense of belonging to a school is a recognised protective factor for mental health. School aims to be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. Therefore, in conjunction with our ethos we will aim to actively promote mental well-being through specific scheduled activities and the school's cultural norms.

Identification
Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special educational need. Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and where there are concerns about behaviour there should be an assessment to determine whether there are causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues. Only a medical professional should make a formal diagnosis of a mental health condition. Schools, however, are well placed to observe children day–to–day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. There are two other key elements that enable a school to reliably identify children at risk of mental health problems:

• effective use of data so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon: and
• an effective pastoral system so that at least one member of staff knows every pupil well and can spot where bad or unusual behaviour may have a root cause that needs addressing.

The main types of mental needs are:

• conduct disorders eg stealing, defiance, fire – setting, aggression and anti - social behaviour
• emotional disorders eg phobias, anxiety states and depression
• hyperkinetic eg disturbance of activity and attention
• developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders
• attachment disorders e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
• other mental health problems including eating disorders, habit disorders post – traumatic stress syndromes, somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorders

Appendix 2 gives a detailed outline of the main needs affecting pupils with more detailed guidance

The Process of Referral

School responsibilities

Class teachers
Class teachers see pupils daily. They know them well and are well placed to spot changes in behaviour that might indicate a problem. Class teachers will:
• Speak to the pupil to see if they will open up to them.
• Actively listen to the pupil and be non–judgemental.
• Report to the Senior Leadership Team any concerns.
• Use the "note of concern" strategy to flag up concern with Designated Safeguarding Lead if appropriate.
• Monitor the pupil.

Senior Leadership Team will:
• Speak to the pupil about concerns.

• Actively listen to the pupil and be non–judgmental.
• Contact parents regarding concerns and discuss relevant support, if appropriate. With particular regard to confidentiality, the school will aim to share information effectively with all stakeholders. However, the overriding considerations shall be to act in the best interest of the young person and, on occasions, in consultation with wider agencies, an assumption of parental contact may be placed under review.
In school support may include:
• Referral to school learning mentor for 1:1 support with coping strategies
• Referral to SEND

Appendix 3 gives a flow chart for staff guidance

Supporting pupils with mental health issues

It is important when responding to students that you remain calm and non-judgemental. You should not:

- **dismiss** concerns or disclosures as insignificant, they may provide a vital link to other information
- **keep** such concerns to yourself
- **promise** secrecy to children or adults making disclosures but reassure them that information will be shared appropriately and confidentially.

Senior Leadership Team will:

• DSL / SENCO Work with parents and carers as well as the pupils themselves. This might lead to the involvement of external agencies e.g. CAMHS and /or clinical psychologist/Local Authority re Education Health Care Plan.

• SENCO ensures all adults working in school understand their responsibilities to children with special educational needs and disabilities, including pupils whose persistent mental health difficulties mean they need special educational provision. Specifically the SENCO will ensure colleagues understand how the school identifies and meets pupils' needs, provide advice and support to colleagues, especially through the use of pupil profiles detailing a pupil's difficulties and strategies to support, and liaise with external SEND professionals as necessary e.g. CAMHS, Clinical Psychologists, GPs etc. These are set out clearly in the schools published inclusion policy and SEN information report.

• Ensure actions are integrated, sustained and monitored for impact that a commitment to addressing social and emotional wellbeing is referenced within improvement plans and school policies.

• Ensure continuous professional development for staff that makes it clear that promoting good mental health is the responsibility of all members of school staff and community, informs them about the early signs of mental health problems and what to do if they have spotted a developing problem.

• Foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. Create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed. Particularly, in regard to the limitation of stress, mechanism of ensuring consultation and just working practices all of which promote good mental health

• Provide a safe environment which nurtures and encourages young people's sense of self -worth and self – efficacy, reduces the threat of bullying and violence and promotes positive behaviours. School does this through e.g. assemblies, PSHE, pupil voice, parents' evenings and the fact that parents are encouraged to contact school regarding any concerns.

Monitoring of the Policy

The effectiveness of this policy will be monitored through:-

- Speaking to pupil as to their wellbeing over a period of time
- SENCO to attend SLT meetings to inform and review practice
- Discussion at school council/ pupil voice meetings

Supporting staff who are working with students with mental health issues

School acknowledges that staff who are working closely with distressed students can themselves be placed under emotional strain and aims to increase the level of awareness and understanding amongst staff of issues involving the mental health of young people, in particular concerns with self-harm, eating disorders, depression and anxiety.
The school will provide a range of opportunities for staff to access training in dealing with students with mental health problems, including opportunities to talk with other specialist professionals working with students with recognised mental health issues.

Monitoring, Evaluation and Accountability

The monitoring and evaluation of this policy will be carried out by the Headteacher, SLT and scheduled reporting to Governors.

Linked Policies

Safeguarding and Child Protection Policy
Anti-Bullying Policy
Inclusion Policy
Medical Needs Policy
Health and Safety

Appendix 1: Suggested Resources

Compass BUZZ - Telephone: 01609 777662 / Freephone: 0800 008 7452 / www.compassBUZZ.org

Compass REACH - Telephone: 01609 777662 / Freephone: 0800 008 7452 / www.compass-uk.org

CAMHS – Brompton Road, Northallerton Telephone: 718810

MindEd, a free online training tool to enable school staff to learn more about specific health problems

Counselling MindEd

Kooth

Childline (confidential counselling) Helpline 0800 1111

Young Minds Parents' Helpline 0808 802 5544

Youth2youth
For people under 19 years, confidential and anonymous telephone support run by young volunteers.
Website: www.youth2youth.co.uk
Email and online chat via website Mon & Thurs, 6.30-9.30pm
Telephone: 020 8896 3675

Youthnet (www.thesite.org)
Guides and supports youngsters to make informed choices, participate in society and achieve ambitions.
Website: www.youthnet.org
Telephone: 020 7250 570

National Institute for Health and Care Excellence (NICE)
Relate

BEAT (help with eating disorders) Helpline 0345 634 1414 Youthline 0345 634 7650

Appendix 2: Most common mental health concerns in school

- Anxiety and depression
- Self-harm
- Eating disorders

Signs and symptoms of mental or emotional concerns

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.
All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others and are quicker to get stressed or worried.
Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)

- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England if affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys. Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the

developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship
- Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self harm, misuse of alcohol and other substances, risk-taking sexual behaviour.
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Senior Designated Person (Mr Peoples) or Deputy Senior Designated Person (Mrs Hopkin) for safeguarding aware of any child causing concern.

Following the report, an appropriate course of action will be followed. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. 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 causing themselves harm 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.

Depression may develop over days and weeks. The duration can also vary in length of time, and it should be noted that most cases will self-resolve. About 20% will have a residual low-level depressive state continuing for months or years. About 5% will have full symptoms lasting 2 years or more. Treatment considerably shortens the duration of the depressive phase, meaning that diagnosis is essential. The school's role is to foster a balanced, supportive, non-judgmental and confidential environment for the

pupil. This involves acceptance of the situation and possibly some adjustments being made to the academic and curricular involvement of the pupil. Professional help will be needed externally consisting of therapy, plus or minus medication. The school will expect to work closely with these professionals to ensure that the school can play a positive role in the pupil's treatment.

Eating Disorders

Definition of Eating Disorders
Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.
Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors
The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors
- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors
- A home environment where food, eating, weight or appearance have a disproportionate
- significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors
- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs
School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay
- Behavioural Signs
- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she is fat when she is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

Self-Harm

We endeavour to keep all pupils out of harm's way and protect them from danger. Unfortunately, there are times when the pupil actually inflicts the damage to themselves. In these cases, most of the time, it is a coping mechanism, learnt by the individual, when life is difficult. It involves an individual who harms their 'physical self' to deal with emotional pain, or to break feelings of numbness by arousing a painful sensation.

Self-harm is considered to be any deliberate, non-suicidal behaviour that inflicts physical harm on any part of one's body and is usually aimed at relieving emotional distress.

Context
Physical pain can be thought to be easier to cope with than emotional pain, because it causes 'real' feelings. Self-harm injuries can prove to an individual that their emotional pain is valid. Self-harm can include but is not limited to, cutting, burning, banging and bruising, non-suicidal medication over-dose, eating disorders, alcohol misuse, or even intentional bone breaking. It can be very addictive and habitual. Chronic and repetitive self-harm may affect people for months and years.

Who
There is no 'typical' person who self-harms. It can be anyone. An individual who self-harms cannot and should not be stereotyped; they can be of all ages, any sex, sexuality or ethnicity and of different family backgrounds. Each individual's relationship with self-harm is complex and will differ. There can be many reasons behind self-harm such as childhood abuse, sexual assault, bullying, stress, low self-esteem, family breakdown, dysfunctional relationships, mental ill health and financial worries, as well as pressure at home/in school to succeed or a desire for some particular attention in relation to others.

Risk Factors associated with self-harm

- Low self esteem
- Pupil high expectations/ perfectionism
- Mental health issues – such as depression & anxiety.
- Problems at home or school.
- Physical, emotional or sexual abuse.

It is important to recognise that none of these risk factors may appear to be present. Sometimes the individual is outwardly happy, high achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

Warning signs associated with self-harm.

- Drug and or alcohol misuse or risk taking behaviour.
- Negativity and lack of self-esteem.
- Out of character behaviour.
- Bullying other pupils.
- A sudden change of friendship or withdrawal from group.
- Frequently absenting him/herself from lessons, withdrawing physically to be alone
- Physical signs of self-harm
- Obvious cuts scratches or burns that do not appear to be accidental.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms and /or wrists.
- Reluctance to take part in exercise or other activities that require a change of clothes.
- Wearing of long sleeves and trousers even in hot weather.

However, it should be noted that in the majority of cases self-harm is a very private act and individuals can go to great lengths to hide scars and bruises and will often try to address physical injuries themselves rather than seek medical treatment.

Appendix 3: Flow Chart for Staff guidance

Identifying a problem

- Direct approach from the pupil
- Other pupils or staff have voiced their concerns
- Significant changes in pupil's appearance noted – weight loss/gain, cutting, decline in personal hygiene, etc
- Mood changes noted – withdrawn, miserable, hyperactive
- Recent changes in the pupil's behaviour
- Pupil's academic performance has changed dramatically +/-, poor attendance

Yes to any of the above?

- Don't avoid the situation
- Be proactive
- Don't wait for the situation to get worse

Approach the pupil and try to talk to them

If after listening you feel unsure and think action may be required – options are to speak to the SLT or DSL.

The situation may only require listening. Remember time constraints – be honest with the pupil and yourself about how much time you have. Don't feel you have to deal with the situation on your own.

Staff consultation
Are there child protection issues?
Discuss who information needs to be fed to

After discussion with pupil and relevant staff if appropriate, discuss openly with pupil and ask for consent to speak with parents.

If a pupil DOES want to talk about their problems

- Encourage them to tell their parents and offer an open invitation to come back and talk to you.
- FOLLOW UP.
- If the pupil is unable to tell parents, offer help to do this or explain that if they do not tell their parents you may have to call to inform them. Explain the justification for this to the pupil.
- Nominate staff member to tell parents unless inappropriate (CP issues or pupil confidentiality).

If a pupil DOES NOT want to talk about their problems

- Try to encourage them to tell their parents, or to speak with a counsellor/trusted member of staff in confidence
- If unsuccessful, keep open communication with the pupil and keep using gentle encouragement. They may need time to get used to the idea.
- Keep good records.
- Discuss with DSL/senior leadership team member if concerned about lack of progress or pupil safety.