

Mental Health and Emotional Wellbeing Policy



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 Delph Side, 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 pupils. 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 pupils 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 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/carers

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Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- ♣ Liz Ormerod- DSL (Designated Safeguarding Lead)
- ♣ Liz Burton - Mental Health Lead
- ♣ Liz Burton, Carolyn Lock, Heather Hains, Laura James – Back up DSLs
- ♣ Liz Burton and Carolyn Lock – Mental Health First Aiders
- ♣ Kitty Dickson - Lead First Aider
- ♣ Carolyn Lock – Family Wellbeing Coordinator
- ♣ Liz Ormerod - CPD Lead
- ♣ Laura James – PSHE Lead

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 a DSL. 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 Liz Burton, mental health lead. Guidance about referring to CAMHS is provided in Appendix 1.

Individual Care Plans

It may be helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving 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 can play

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 students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the JIGSAW PSHE curriculum (compliant with the PSHE Association Guidance) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. In addition to following, we use Heart Smart, to promote resilience and healthy relationships, equipping children to develop skills in resolution.

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Signposting

We will ensure that staff, pupils 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 2

We will display relevant sources of support in communal areas such as classrooms and toilets and will regularly highlight sources of support to parents and students within relevant parts of the curriculum.

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 Liz Burton, our mental health and emotional wellbeing lead.

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

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 should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded on CPOMs.

This record should include:

- ♣ Date
- ♣ The name of the member of staff to whom the disclosure was made

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- ♣ Main points from the conversation
- ♣ Agreed next steps

This information should be shared with the mental health lead, Liz Burton, who will offer support and advice about next steps.

See appendix 1 for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we feel it is necessary for us to pass our concerns about a student on then we should discuss with the student and parent:

- ♣ 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. It is always advisable to share disclosures with a colleague, usually the mental health lead, Liz Burton 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 and students may choose to tell their parents themselves with a member of staff. We should always give students 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, in line with our school safeguarding policy.

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, 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

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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 CPOMS

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 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 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. www.minded.org.uk 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 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 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 Liz

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

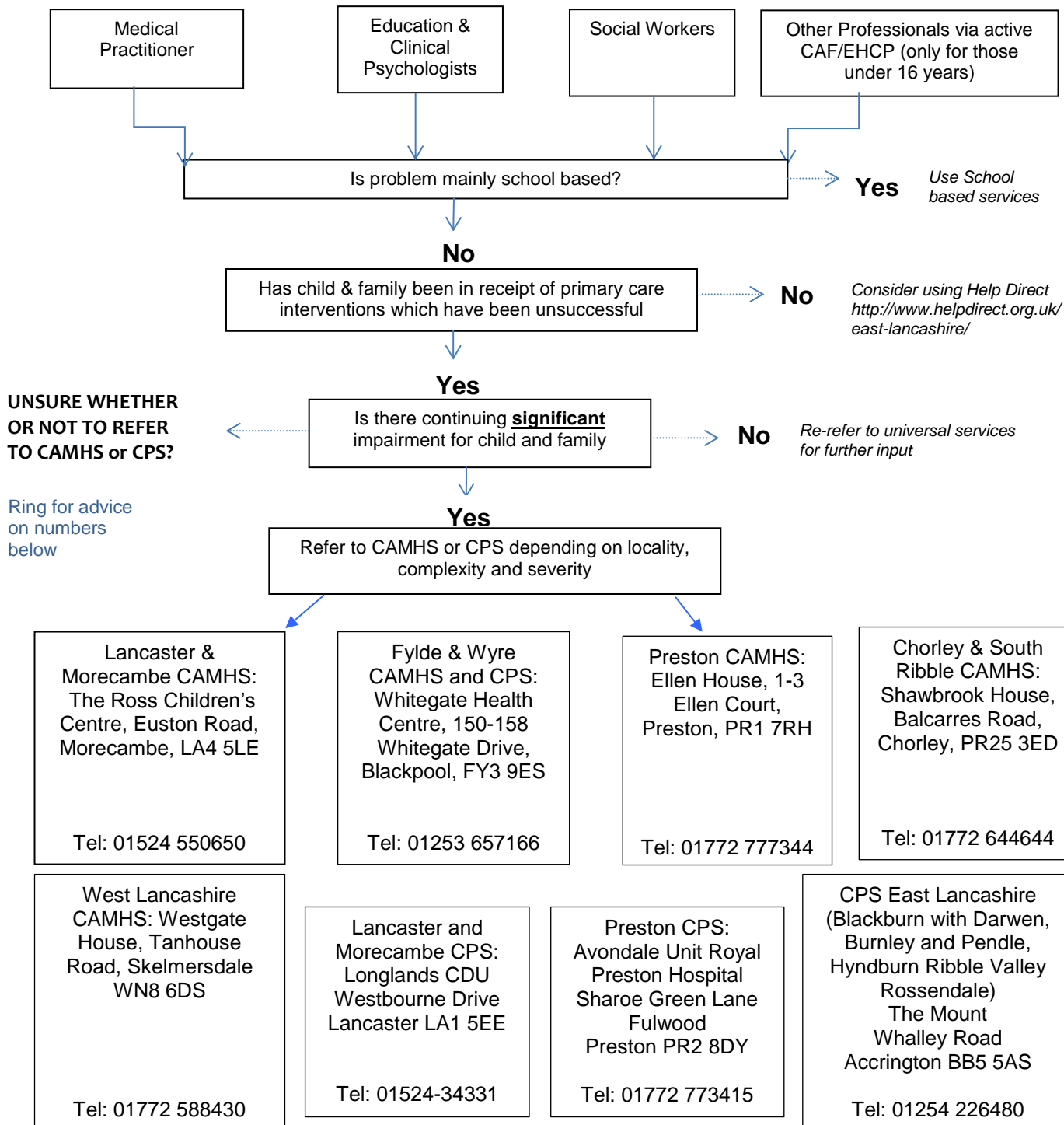
Staff Support and Well Being

We understand that for staff to be able to support children's' mental health and emotional wellbeing, their own wellbeing is paramount.

As a school, we therefore offer:

- ♣ A Warm, supportive and fun working environment
- ♣ A workplace where there is a clear behaviour framework, which is values led
- ♣ Access to additional support services through schools insurance policy – counselling, physiotherapy etc
- ♣ An open door policy
- ♣ Opportunities for regular 1 to 1 meetings
- ♣ Wellbeing days
- ♣ Option of PPA time to be taken at home
- ♣ An understanding of commitments outside of school that we, where possible, will support staff to attend, e.g. Children's sports days, Awards assemblies etc
- ♣ EYFS supervision (teachers and support staff)
- ♣ Half termly safeguarding meetings – sharing caseload updates
- ♣ Time off in lieu when attending weekend/residential visits (as appropriate)

ACCESS TO CAMHS & CHILDREN'S PSYCHOLOGICAL SERVICES FOR CHILDREN AND YOUNG PEOPLE UNDER 16 YEARS



CPS and CAMHS are not emergency or crisis services.
In situations of urgency we will be happy to advise but where there is a high level of risk that cannot be managed or an out of hours response is required, please consider using existing emergency pathways.
In these circumstances, you should also consider making a referral to Children's Social Care.

Child and Adolescent Mental Health Service (CAMHS) and Children's Psychological Services (CPS)

Service Information

Working together as CAMHS and Children's Psychological Services provide timely and appropriate access to specialist provision for children and young people with a broad range of emotional health, psychological distress and mental health disorders. We aim to provide a single route of access to our specialist services for children, young people and their families. We take referrals for children and young people under the age of 16.

Children's Psychological Service (CPS) is a specialist service which accepts referrals for cases which require uni-disciplinary input. It is expected that there will have been a primary intervention (unsuccessful) before CPS become involved. This primary intervention may, for example, come from the services of Health Visiting, School Nursing, School Counselling, Children's Continence Service, Learning Mentors and/or Family Support.

Child and Adolescent Mental Health Services is a specialist mental health child psychiatry service. It accepts referrals for cases which require complex multi-disciplinary interventions or psychiatric input. It is expected that there will have been a range of primary and Tier 2 interventions before ELCAS become involved in a young person's care. This intervention may, for example, come from the services of Health Visiting, School Nursing, School Counselling, Schools, Children's Social Care, Looked After Children Services and/or Child Psychology Services.

Referral Routes

A single referral process has been developed between CPS and CAMHS so that requests for involvement/referrals can be directed and allocated to the most appropriate service, whilst taking account of clinical need. A general rule of thumb is to consider whether a young person can be supported by a single psychologist or psychological practitioner co-working with other agencies (if so, then refer to CPS) or whether the young person requires intensive psychiatric intervention and/or interventions from a multi-disciplinary team (if so, then refer to CAMHS).

Who Can Refer?

We accept requests for involvement/referrals from Doctors (including GP's and Paediatricians), Psychologists (Educational and Clinical), Social Workers and other professionals only via an open and active CAF/EHCP (only for children under 16 years).

Referral Criteria and Exclusion

These are shown below – both services have similar exclusion criteria, which are difficulties not suitable for either service, and which are not commissioned to be provided. These vary slightly between services but the principles remain the same. Please call the appropriate locality team to discuss further if you are unsure whether to refer or not. We are happy to discuss possible requests for involvement/referrals and offer advice and guidance on cases with you so that you can make the most appropriate decision for the child, young person and their family.

Appendix 1

CHILDREN'S PSYCHOLOGICAL SERVICES (CPS)	
Presenting concerns accepted	Examples
Emotional difficulties	<i>Anxiety, panic, phobias, low mood, obsessive-compulsive difficulties</i>
Complex relationship difficulties	<i>Attachment and separation issues</i>
Stress and life-event circumstances	<i>Unresolved grief, trauma, PTSD, abuse</i>
Psychological adjustment to physical health difficulties, illness or disability	<i>Medical conditions (with or without established organic cause), Acquired Brain Injury.</i>
Behavioural difficulties associated with emotional distress	<i>Poor emotional regulation, non-compliance, oppositional behaviour, verbal and physical abuse and/or aggression</i>
Psychological adjustment to/management of developmental and neurodevelopmental issues	<i>Complex issues re sleep, toileting, eating habits. Social & Communication difficulties, Autistic Spectrum Condition (ASC), ADHD.</i>
Complex psychological difficulties which have been resistant to previous alternative intervention	
CHILD AND ADOLESCENT MENTAL HEALTH SERVICE	
Presenting concerns accepted	Examples
Complex emotional difficulties Psychiatric disorders	<i>Depression/Low mood, Anxiety Disorders, Obsessive Compulsive Disorder, Eating Disorders – anorexia nervosa/bulimia, Coping with the mental health consequences of abuse/neglect, Psychosis (under the age of 14, Looked after children where there is evidence of a mental health disorder)</i>
Complex relationship difficulties	<i>Complex family issues where there is a mental health component for the young person Enmeshed challenging/damaging family relationships High Risk of Family Breakdown where there is evidence of a mental health disorder</i>
Stress and life-event circumstances	<i>Significant unresolved grief affecting mental health trauma Post-traumatic stress disorder</i>
Self-Harm	<i>Acts of self-harm/self-injury, Suicidal Ideation</i>
Behavioural difficulties associated with emotional distress	<i>Where combined with other disorders Severe attachment difficulties</i>
Mental health management of developmental and neurodevelopmental issues	<i>Autistic Spectrum Conditions (Where combined with other disorders) ADHD –behaviour and pharmacological intervention Tourette's Syndrome</i>
Complex psychiatric difficulties which have been resistant to previous alternative intervention	
Eating disorders	<i>Anorexia, bulimia, eating disorder not otherwise specified ENDOS</i>
Moderate/Severe Learning Disability	<i>Children with an EHCP that states they have a moderate/severe learning disability (services can be accessed for CAMHS LD via Central CAMHS [Preston/Chorley] in agreement with the local CCG).</i>
EXCLUSION CRITERIA – SERVICES NOT COMMISSIONED FROM CPS OR CAMHS	
Exclusion criteria	Examples
Criminal Persistent & severe conduct difficulties i.e. behaviour (in the absence of other mental health disorders)	<i>Fire setting, absconding, stealing, other criminal activity (consider Youth Offending Team - YOT)</i>
Sexually exploitative behaviour or extreme sexualised behaviour	<i>Sexual abuse or grooming of others. Preoccupation with sexual interests or behaviour inappropriate to developmental stage (other services such as GMAP are available)</i>
Substance misuse	<i>Alcohol, illegal drug use and use of legal highs (other services such as Early Break are commissioned)</i>

Delph Side Primary School

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What help is available?

In School support:

Your Mental Health First Aiders are:



Mrs Liz Burton



Ms Carolyn Lock

You can find them in the Family Wellbeing Office at the front of school.

In a Mental Health emergency or crisis:

1. During working hours (9:00am – 4:30pm, Monday to Friday) you should contact:

- a person's GP
- or the Mindsmatter team (**01695 684177**)

2. Out of working hours (after 4:30pm weekdays, bank holidays and weekends) you should contact:

- the Crisis Team (**01772 773525**)
- or your GP for details of the out of hours service

3. Samaritans also provide telephone support 24 hours a day for people who are experiencing feelings of distress or despair, including those which could lead to suicide. You can call them or you can ask them to phone someone you are concerned about (if you have their consent) **08457 90 90 90**. Their new free 24 hour helpline number is **116 123**.

4. Wellbeing and Mental Health Helpline (previously the Mental Health Helpline) 0800 915 4640 (Monday to Friday 7-11pm, weekends from noon until midnight)

If you think there is immediate danger you should dial 999