

Fulwood St. Peter's Mental health and Wellbeing Policy.

"Unlocking Potential" With the keys of Respect, Compassion, Kindness, Courage,
Forgiveness and Love

Policy Statement

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(World Health Organization)

At our school, we aim to encourage each other by showing respect, we intend to promote positive mental health for every member of our staff and our pupils. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches for all our 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 therefore unlocking the God-given potential of everyone here in our school. *"I can do all things through him who strengthens me"* Philippians 4:13

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 pupil has an identified special educational need.

The Policy Aims to:

- ♣ Promote positive mental health in all staff and pupils
- ♣ 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 pupils 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 pupils. Staff with a specific, relevant remit include:

- ♣ David Merritt, back up DSL Janet Parkinson- designated child protection
- ♣ Janet Parkinson – DSL - mental health lead
- ♣ Janet Parkinson - lead first aider
- ♣ Louise Hoyle – Pupil pastoral support.
- ♣ Vinny Marr – CPD lead
- ♣ Janet Parkinson - PSHE Lead
- ♣ Sandra Pool/ – Emotional Literacy trained to support pupils with emotional needs.

- ♣ Sandra Pool - Lego Therapy trained.

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

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. 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 are 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 follow the PSHE Association Guidance medium term plans along with KAPOW to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Additional supporting resources will be supplied by PSHE Lead, where appropriate.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

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

Pupil Profiles are to be completed by parents and pupils and returned to school.

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 Janet Parkinson, 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

- ♣ Expressing feelings of failure, uselessness or loss of hope
- ♣ Changes in clothing – e.g. long sleeves in warm weather
- ♣ Secretive behaviour
- ♣ Lateness to or absence from school
- ♣ Repeated physical pain or nausea with no evident cause

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to respond appropriately to a disclosure. If a pupil 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 pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded in writing on the concerns form and should also be logged on CPOMS. file.

Confidentiality

We should be honest with regards to the issue of confidentiality. We need to explain to the pupil that this may have to go further in order to support them and that it may be necessary for us to pass our concerns on, in this case it is important to reassure the pupil about who we would discuss with:

- ♣ 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 pupil 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. Any disclosure should be reported to the mental health lead and where there maybe concerns regarding safeguarding, then the DSL will also need to be notified.

Working with Parents

When dealing with 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.
- ♣ Who should be present? Consider parents, the pupils, 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 CPOMS and initial concerns form.

Working with All Parents

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 pupil 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 pupil 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
- ♣ 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 portal² provides free online training suitable for staff wishing to know more about a specific issue. St. John Ambulance have links to wellbeing assessment and a toolkit to signpost where adults can gain support.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our appraisal process and additional CPD will be supported throughout the year where it becomes appropriate.

Resources

My profile sheet will be used at the start of the year to inform staff on the mental health and wellbeing needs of new cohort. (In light of the Covid 19 -this has been worded to address any concerns or issues children may have with their return to school.)

PSHE Association – planning materials are in place along with Coronavirus and other child related stories to address safety and any personal concerns.

ELSA- materials have been placed on Teacher Share for staff.

Mindfulness activity cards

5 ways to wellbeing are also available for staff.

Staff buddies to support each other.

Concerns Form

Name of Child	Form	Date of Concern	Concern	Additional Information	Concern Logged by

Signs and symptoms of common mental ill-health conditions

<p>Depression</p> <p>Feeling sad or having a depressed mood. Loss of interest or pleasure in activities once enjoyed. Changes in appetite -weight loss or gain unrelated to dieting. Trouble sleeping too much Loss of energy or increased fatigue Increasing in purposeless physical activity (e.g. hand-wringing or pacing) or slowed movements and speech (actions observed by others) Feeling worthless or guilty. Difficulty thinking, concentrating or making decisions Thoughts of death or suicide.</p>	<p>Anxiety</p> <p>Palpitations, pounding heart or rapid heart rate. Sweating Trembling or shaking Feeling of shortness of breath or smothering sensation Chest pain Feeling dizzy, light-headed or faint. Feeling of choking Numbness or tingling Chills or hot flashes Nausea or abdominal pains</p>
<p>Obsessive-Compulsive disorders</p> <p>Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions:</p> <p>Cleaning to reduce the fear that germs, dirt or chemicals will contaminate them some spend many hours washing themselves or cleaning their surroundings.</p> <p>Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury, but fear harm will occur if the repetitions aren't done.</p> <p>Checking to reduce the fear of harming oneself or others by, for example forgetting to lock the door or turn off the gas, some people develop checking rituals. Some people repeatedly retrace driving routines to be sure they haven't hit anyone.</p> <p>Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in certain order, or arrange household items "just so".</p> <p>Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future.</p>	<p>Eating Disorder: Anorexia Nervosa</p> <p>People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation.</p> <p>Menstrual periods cease Hair/nails become brittle Skin dries and can take on a yellowish cast Internal body temperature falls, causing person to feel cold all the time. Depression and lethargy Issues with self-image / body dysmorphia</p> <p>Bulimia Nervosa</p> <p>Patients binge eat frequently, and then purge by throwing up or using a laxative.</p> <p>Chronically inflamed and sore throat Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy. Tooth enamel wears off teeth begin to decay from exposure to stomach acids Constant vomiting causes gastroesophageal reflux disorder. Severe dehydration from purging of fluids.</p>