**Kirkburton Middle School**



**Mental Health**

**and Well-being Policy**

**2019**

 At Kirkburton Middle School we aim to promote positive mental health for pupils and staff. We

 pursue this aim using both universal, whole school and specialized targeted approaches.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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 well-being. This policy is intended as guidance for all staff including non-teaching staff and governors.

## The Policy Aims to:

* Promote positive mental health in all pupils and staff.
* 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 pupils who have mental health issues.
* Provide support to pupils suffering mental ill health and their peers and

parents/carers.

## Lead Member of Staff

Whilst all staff have a responsibility to promote the mental health of pupils the lead member of staff for mental health is Cath Jackson ( Assistant Headteacher)

 Any member of staff who is concerned about the mental health or well-being 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 will be followed with an immediate referral to the

 designated Safeguarding lead or the head teacher. If the pupil presents a medical emergency then

 usual procedures for medical emergencies will be followed, including alerting the first aid staff and

 contact with the emergency services.

## 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 in assemblies, during community time and as part of the curriculum (Personal Social Health Education, Physical Education, Food Technology)

## 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 the pupil reception area and include useful websites on the Parent and Pupil pages on our school website.  **Appendix A** gives further information and sources of support about common mental health issues.

##  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 Cath Jackson 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
* Secretive behaviour
* Skipping PE or getting changed secretively
* Lateness to or absence from school
* Repeated physical pain or nausea with no evident cause
* An increase in lateness or absenteeism

## Managing disclosures

A pupil 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 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?’ For more information about how to handle mental health disclosures sensitively see **Appendix B.**

 All disclosures will be recorded on CPOMS and will include:

* Date
* The name of the member of staff to whom the disclosure was made
* Main points from the conversation
* Agreed next steps

This information should be shared with the mental health lead who will provide support, store the record appropriately and offer support and advice about next steps.

## Confidentiality

We will be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on then we will discuss with the pupil:

* Who we are going to talk to.
* What we are going to tell them.
* Why we need to tell them.

We will never share information about a pupil without first telling them. Ideally we will receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

Parents must always be informed if a young person voices suicidal thoughts and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. 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 designated child protection lead must be informed immediately.

## 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 pupil, 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 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 on our school website.
* Share ideas about how parents can support positive mental health in their children through our regular parents evenings.

##  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.
* 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

 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 pupils safe.

 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

## Policy Review

This policy will be reviewed every 3 years as a minimum.

# Appendix A: Further information and sources of support about common mental health 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 is 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 they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (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: [www.selfharm.co.uk](http://www.selfharm.co.uk/) National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk/)

### Books

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

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self- harm and Suicidal Ideas in Adolescents*. 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](http://www.depressionalliance.org/information/what-depression)

### 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](http://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](http://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](http://www.papyrus-uk.org/)

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-](http://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](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/](http://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

# Appendix B: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework

document written by Professor Katherine Weare. National Chil/dren’s Bureau (2015)