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Key Person:	HJJ/KAT

Mental Health and Wellbeing Policy for Supporting Students

Rationale

In an average classroom, three children will be suffering from a diagnosable mental health condition. (AcSeed.org) By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly by mental ill health.

Introduction

This policy outlines the school's commitment to physical and mental wellbeing for all students. Student wellbeing is paramount for a safe and effective school. All students and staff can play a part in improving wellbeing within the school. Addressing mental health issues can improve the overall well being and happiness of students alongside improving attendance, achievement and safeguarding our students.

At Wildern, 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 students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health.

'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 Organisation)

Aims

- To create a culture that promotes and supports the health and wellbeing of all students.
- To ensure all staff are able to support students in their mental health and wellbeing by alerting key members of staff and directing students to them with the support of outside agencies.
- To increase understanding and awareness of common mental health issues.
- To safeguard our students.
- To alert staff to early warning signs of mental ill health.
- To provide support to staff working with young people with mental health issues.
- To provide support to students suffering mental ill health and their peers and parents/carers.
- To support students in regular physical exercise.
- To encourage students to make positive lifestyle choices.
- To offer a programme of extra curricular enrichment activities to support students' wellbeing.

Lead Members of Staff

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

Miss Litton, Executive Headteacher	Deputy Designated Safeguarding Lead
Mrs Oakley, Headteacher	Deputy Designated Safeguarding Lead
Mr Chance, Deputy Headteacher	Designated Safeguarding Lead
Mrs Cowan, Deputy Headteacher	Deputy Designated Safeguarding Lead
Miss Jones, Assistant Headteacher	Deputy Designated Safeguarding Lead, Senior Mental Health Lead
Mrs Thomas, Assistant Headteacher	Deputy Designated Safeguarding Lead, Senior Mental Health Lead, Mental Health First Aider
Mr Bateman, SLPP	Deputy Designated Safeguarding Lead
Mrs Cooper, SLPP	Deputy Designated Safeguarding Lead
Miss Cooper, Student Services	Deputy Designated Safeguarding Lead
Ms Duck, Student Services	Mental Health First Aider
Mrs Hands, Student Services	Mental Health First Aider
Mrs Buckley, First Aid	Mental Health First Aider
Mrs Exall, ELSA	Mental Health First Aider

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the DOPA or DSL'S in the first instance. If there is a fear that the student is in danger of immediate harm, child protection procedures should be followed with an immediate referral to the DSL's, or Head Teacher and by an email to **safeguarding@wildern.org**

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 the DOPA.

Child's Plan

When a child or young person is diagnosed as having a mental health condition, it is important that a Child's Plan meeting is created to support their individual needs. This should be drawn up by the DoPA, SLL, SLPP or DHT and will involve the student, the parents and relevant health professionals.

This can include:

- Who is involved in the plan
- Reason for the plan - including details of a student's condition, special requirements & precautions, medication and any side effects
- Summary of the child's needs against the well-being indicators
- Desired outcomes
- Resources

- Timescales for action and change
- What needs to be done and by whom - who to contact in an emergency
- Any contingency arrangements, if necessary
- Arrangements for reviewing the plan

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental MSS and Health and Wellbeing 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 students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We aim to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps and supports mental health and wellbeing of all our stakeholders.

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. We will display relevant sources of support in areas such as the the online Wildern Wellbeing Hub, toilet doors and notice boards and will regularly highlight sources of support to students within relevant parts of the curriculum. Students can also use the #needsupport form available on the hub. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- 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 to Student Services / DOPA / DSLs.

Possible warning signs include:

- Evident changes in behaviour
- 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
- Reduced concentration
- Lowering of academic achievement
- Talking, joking or researching 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
- An increase in lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- Spending more time in the toilet

- Discontinued hobbies or interests
- Failure to take care of personal appearance
- Seemingly overly-cheerful after a bout of depression

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. (See mental health protocol).

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

For more information about how to handle mental health disclosures sensitively see [appendix A](#).

All disclosures should be recorded in writing and held on the student's confidential CPOMS file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Recorded facts from the conversation
- Agreed next steps

This information should be shared with the DSL's who will store the record appropriately and offer support and advice about next steps.

See [appendix B](#) 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:

- 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, e.g. where a young person up to the age of 16 is at risk. It is always advisable to share disclosures with a colleague from the Safeguarding Team, as 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 should be informed and students may choose to tell their parents themselves.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead, Mark Chance, Deputy Head must be informed immediately.

Working with 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 - Wildern Wellbeing Hub
- 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 MSS and share ideas for extending and exploring this learning at home

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?
- 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 an agreed next step and always keep a brief record of the meeting on the child's confidential record.

Appendix A:

Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone.

Let them talk.

Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of a supportive listener. So make sure you’re listening!

Don’t pretend to understand.

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don’t be afraid to make eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my Mum just listened and then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing on the next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you.

Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student. Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix B:

What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps
Before making the referral, have a clear outcome in mind, what do you want CAMHS to do?

You might be looking for advice, strategies, support or a diagnosis for instance. You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the student by the school and the impact of this.

CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred student?
- Has the student given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer student's attitudes to the referral?
- Is there a child protection plan/CIN plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children address and telephone number who has parental responsibility?
- Surnames if different to the child's
- GP details
- What is the ethnicity of the student / family
- Will an interpreter be needed?
- Are there other agencies involved?
- Reason for referral
- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

Who else is living at home and details of separated parents if appropriate?

Name of school

Who else has been or is professionally involved and in what capacity?

Has there been any previous contact with our department?