



Mental health policy

At St George's CVA, 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 and staff.

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 Staff and pupils affected both directly, and indirectly by mental ill health.

This Policy describes the school's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff and governors. It should be read in conjunction with our Supporting Pupils with a Medical Condition policy in cases where a pupil'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 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 children with mental ill health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers
- Provide support to staff suffering with mental ill health issues

Lead Members of Staff

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

- Mrs R Snowdon- Poole/Mrs J Young- designated safeguarding officers
- Miss S Davis - Mental Health Lead
- Miss Januszewski - Emotional Wellbeing Lead
- Mr W Coupland - Lead First Aider
- Miss B Webster - SENDco

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 student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection officer. 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 the Mental Health Team is appropriate, this will be led and managed by Miss Davis, Mental Health Lead in conjunction with SENDco and Safeguarding 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 ill 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 Core Learning Skills/Circle Time/1decision and are a focus for Assemblies and Emotional/Social Group work.

The specific content of lessons will be determined by the 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 will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental ill 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 Miss Davis, our Mental Health Lead and Mrs Snowdon-Poole/Mrs Young Safeguarding Leads.

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
- General anxiety
- 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
- Skipping PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Meltdowns

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-judgmental.

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 on Cpoms. This record should include:

- Main points from the conversation
- Any agreed next steps

This information should be shared on Cpoms with the mental health lead, Miss Davis and DSLs.

Confidentiality

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

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

It is important to share disclosures with a member of the Vulnerable Children's Team this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support.

Parents must always be informed if a pupil has:

- Disclosed suicidal thoughts or talked about wanting to die
- Disclosed self-harming
- Expressed feelings of failure, uselessness or loss of hope

We should give pupils the option of informing parents with them or for 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 Safeguarding Lead must be informed immediately.

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.
- When and where should the meeting happen?
- 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 as they will often find it hard to take much in whilst coming to terms with the news that you are 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 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 ill health. In order to support parents we will:

- Highlight sources of information and support about common mental ill health issues
- Ensure that all parents are aware of who to talk to if they have concerns about a child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through information shared with home e.g. through virtual meet and greets, workshops etc.
- Keep parents informed about the mental health topics their children are learning about in Core Learning Skills/1decision and share ideas for extending and exploring this learning at home

Supporting Peers

Anti-Stigma Ambassadors will be available to listen to pupils who wish to share their concerns. The 'Drop-in Den' will be accessible to pupils on a weekly basis. This will be run by Anti Stigma Ambassadors and overseen by Miss Davis – Mental Health Lead. Anti-Stigma Ambassadors will be aware it is not their responsibility to take on the concerns of others but to discuss them with Miss Davis so the correct support can be given. A log of children visiting 'The Drop-in Den' will be recorded on Cpoms to enable both monitoring and appropriate support.

Lego Therapy will be led by Mental Health Lead and Anti Stigma Ambassadors. Pupils attending 'Drop-in' will be encouraged to come to Lego Therapy where they will work alongside other pupils and Ambassadors to build relationships.

Transition Programme to secondary school led by TA. Year 6 pupils will work through programme TA. Extra visits to new school will be arranged for pupils with anxiety around transition.

Bereavement support group lead by Emotional support lead for pupils who have experienced bereavement.

Emotional support groups for pupils across all Key stages on a weekly basis led by Emotional Support Lead.

When a child 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. Support will be provided after conversations with the child 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

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Healthy ways of coping with the difficult emotions they may be feeling

Staff Support

We need to consider the impact of mental ill health on staff and ensure staff can access support when needed. We will do this through:

- 'Tea and Toast' on a monthly basis. Informal chat led by Mental Health Lead
- Staff mental health board in the staffroom to enable staff to highlight concerns, share strategies and enable support
- Phase leaders/TA lead will facilitate support for staff in their phase
- Back to work interviews – Offer support as needed
- Stress risk assessment conducted where appropriate
- Occupational Health
- Counselling - Through St Ralph Sherwin Catholic MAT
- Social events for all staff

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.

Updates during weekly staff briefing.

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 to developing situations with one or more pupil.

Suggestions for individual, group or whole school CPD should be discussed with the Designated Safeguarding lead who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in September 2023.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Miss Davis our Mental Health Lead via email s.davis@stgeorges.derby.sch.uk

This policy will always be immediately updated to reflect personnel changes.

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

1 in 4 people in the UK will experience a mental health issue at some point in their life.

That's 16 million people experiencing issues such as depression, addiction, anxiety and PTSD.

At any one time, 1/6th of the population will be experiencing a mental health problem.

This means that right now there are at least 10 million children and adults having issues with their mental health and well-being.

1 in 10 schoolchildren have a diagnosable mental health condition.

If children aged between 5 and 16 don't get the support they need, their problems will get worse. And it's vital that they get help with their issues now, because:

75% of all mental health problems are established by the time someone is 18.

By not giving children and young people the support they need at a young age, society is allowing their problems to manifest. With the right support at the right time, these problems can be managed and prevented. This is a serious issue because at the moment:

75% of young people who are experiencing mental health problems aren't receiving treatment.

This problem is largely caused by a lack of available services. Not only would providing more money for support services benefit young people who are experiencing mental health issues, it would also be a good investment, because currently:

The estimated costs of mental health problems in the UK are over £100 billion each year.

This figure includes both the cost of providing treatment for mental health issues, and the cost to the economy from people missing work due to mental health problems. The economic cost of mental health problems should not be underestimated, because:

Mental health is the single largest cause of disability in the UK.

In terms of causing disability, mental health is a bigger problem than both cancer and cardiovascular disease. Yet treatment for mental health problems is still woefully inadequate

Below, we have sign-posted 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 we think they are useful for school staff too.

Support on all of these issues can be accessed via [Young Minds www.youngminds.org.uk](http://www.youngminds.org.uk).

[Action for Children: actionforchildren.org.uk/support-for-parents/children-s-mental-health/how-can-you-help-with-children-and-young-peoples-mental-health/mental-health-resources-and-information](http://actionforchildren.org.uk/support-for-parents/children-s-mental-health/how-can-you-help-with-children-and-young-peoples-mental-health/mental-health-resources-and-information)

[Kooth: www.kooth.com/](http://www.kooth.com/)

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)

[NSPCC: www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/self-harm/](http://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/self-harm/)

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.

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

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

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. This can be very distressing for both the child and the others around them.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

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

[Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

Appendix B: Sources or support at school and in the local community

School Based Support

The Student and Family support team (SAFS) is made up of the Behaviour Lead (Mr Coupland), Safeguarding Lead (Mrs Young), Mental Health Lead (Miss Davis), Emotional Wellbeing Lead (Miss Januszewski) and SENDCO (Miss Webster). We are here to support both the children and their families. Mrs Young and Mr Coupland are available first thing every morning. You will find us on the Key stage 1 playground.

Miss Davis is our Mental Health Lead. You can share any concerns you may have with her.

Our anti-Stigma Ambassadors are in and around school, they can be identified by their 'Ambassador' badges. They hold weekly drop-in sessions in 'THE DEN' on a Tuesday lunchtime.

Local Support

CAMHS

Derbyshire Healthcare

<https://www.derbyshirehealthcareft.nhs.uk/services/childrens-mental-health-services-camhs-derby-and-southern-derbyshire>

01332 623700

Build Sound Minds Derby & Derbyshire - Action for children

www.actionforchildren.org.uk › [mental-health-support](#)

Bridge the Gap

www.jwbridgethegap.com › [services-for-parents](#)

Relate

Derby and South Derbyshire Relate Centre.

01332 349177

info@relatederby.org.uk

www.relatederby.org.uk

Rethink

Rethink Steps derby

01332 367622

Steps.inrecovery@rethink.org

Mind

Derby

www.mind.org.uk

01332 986656

The Children's Society

0300 303 7000

supportercare@childrenssociety.org.uk

Live Chat 10am-4pm Monday to Friday.

Addendum

During this time of partial school closure we will support families by;

- Offering a place in school to vulnerable pupils
- Providing daily, work on the class page(on line) for pupils to complete, this to include video of class teacher introduction to tasks
- Displaying class email address on pupil class pages to enable quick and easy access to support
- Displaying wellbeing packs on each class page
- Making weekly wellbeing calls to vulnerable children and fortnightly calls to all other pupils
- Highlighting Safeguarding email address on the school website
- Ensuring meal vouchers are sent to families who are entitled to them
- Pointing parents in the direction of support required e.g. food parcels, financial, bereavement etc
- Using our facebook page to highlight children's successes and to post assemblies, songs from school music band etc
- Sharing concerns for families at daily staff meetings
- Support packs for children going back to school

We will support staff by;

- Monitoring workload
- Having several teams to enable sharing of workload
- Key Stage Leads and TA lead making regular wellbeing calls to their team members
- Daily whole staff meetings on TEAMS where concerns for staff or their families can be shared
- Team leaders monitoring staff concerns
- Weekly social events via zoom
- Setting up WhatsApp groups for social interaction
- Support packs for staff going back to school