



Mental Health & Wellbeing Policy

Approved by: School Committee

Date: 15th March 2021

Signed:

Chair

Last reviewed on: February 2021

Next review due: Spring 2022

Policy Statement

It is our vision that all children are entitled to develop academically, socially and emotionally, enabling each child to grow in confidence and be able to fully participate in everything that goes on in the wider community with confidence. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. The Department for Education recognises that, in order to help pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy.

“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 2014)

In our school, we aim to promote positive mental health for every child, parent/carer and staff. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at identified vulnerable pupils and families.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We work closely with CAMHS and LD CAMHS. We offer a Listening Matters Program and Mindfulness programme which supports pupils emotional wellbeing. We also have a member of staff whose main responsibility is to support the mental health of our pupils. We recognise that by developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable environment for children 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 including non-teaching staff and governors. It should be read in conjunction with our medical management policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need, the Behaviour policy and guidance when mental health has an effect on pupils' ability to communicate their feelings and manage their behaviour and the safeguarding policy in relation to prompt action and wider concerns of vulnerability.

Ethos

The Oaks Secondary School and Croft Community School aim to support and teach skills to pupils and staff to increase their awareness of emotional health and wellbeing.

Two key elements to support good mental health are: -

- Feeling Good – experiencing positive emotions like happiness, contentment and enjoyment. Including feelings like curiosity, engagement and safety.
- Functioning Well – how a person is able to function in the world, this includes positive relationships and social connections, as well as feeling in control of your life and having a sense of purpose.

To promote first aid for mental health and wellbeing we aim to:

- develop a whole school approach for both pupils and staff.
- create an approach on the principles taken from the national minimum standards (2015) (section 3 pp8,9) and the 8 key principles identified in ‘Promoting Children and Young Peoples Emotional Health and Wellbeing’ (2015).
- work together with families
- provide sign posting of further sources of help via the school website.
- provide a holistic and multi- agency approach that is identified in the children’s Education Health and Care Plans

The following diagram presents eight principles to promote emotional health and wellbeing in schools and colleges.

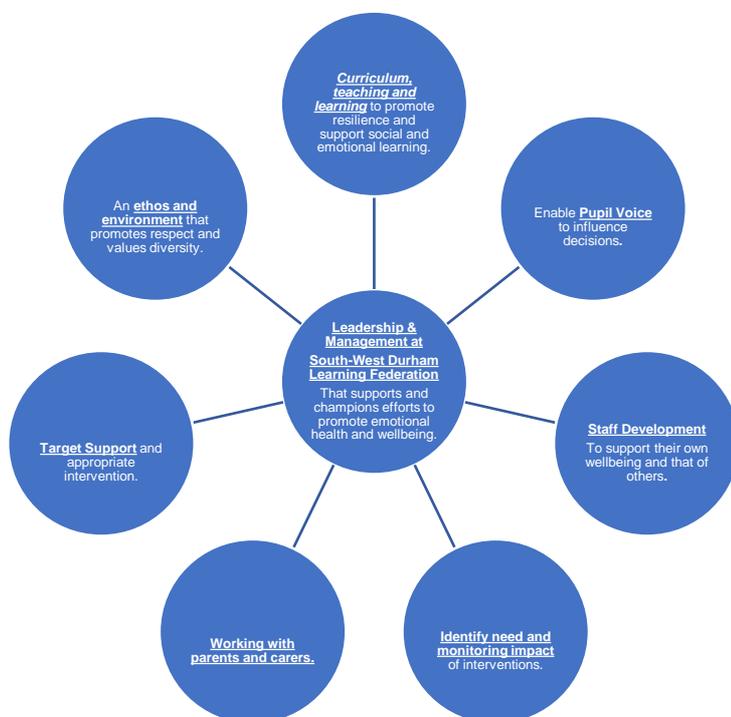


Figure 1. Eight principles to promoting a whole school and college approach to emotional health and wellbeing.

The eight identified principles will underpin the approaches used to support the development and integration of wellbeing strategies.

The policy and curriculum delivery will be tailored to promote the key aspects of improving mental health and wellbeing. It will focus on creating a socially, emotionally and physically rich environment where key relationships can thrive and children can feel secure in their learning.

School based programmes which are linked to the curriculum will promote pupil voice through developing independence and choice making decisions. Staff will have access to training and be signposted to approaches and resources that will support their own emotional health and wellbeing with an aim to foster team work and create solidarity. Clear identification, impact and outcome measures will feed into school based programmes and the targeted interventions that will be offered to pupils.

All staff have a responsibility to promote the mental health and emotional wellbeing of pupils. Staff with a specific, relevant responsibility includes:

The Oaks Secondary School

- Mr. Tweddle and Mrs Crawford - Designated Safeguarding Officers
- Mrs Crawford - SENCo
- Mrs De Muschamp Head of PSHE and Mental Health Lead
- Mrs Turnbull Behaviour Support and Listening Matters Co-ordinator

Croft Community School

- Ms. Elcock - Designated Safeguarding Lead
- Ms. Elcock - SENCo
- Miss Herkes - Head of PSHE and Mental Health Lead (mental health champion-pupils)
- Mr Harrison - Behaviour Lead
- Mrs McGladdery – Mental Health Champion (staff)

Pupil Identification

Wellbeing measures include staff observations focusing on any changes in behaviour, attention and presentation and will feed into the identification process as well as any communication from the pupils and their parents/carers regarding emotions and feelings. Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the SENCo or mental health lead in the first instance. If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the safeguarding lead staff, the Executive Headteacher or Head of School. If the child 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.

The Senior Leadership Team will lead and manage a referral to CAMHS if appropriate. Guidance about referring to CAMHS is provided in **Appendix 2**

Individual SEN support plans (which include EHC's, My Plans, Individual Behaviour Plans and Risk Assessments) will identify pupils causing concern. This should be drawn up involving discussions with the pupil, the parents/carers and relevant health professionals and recorded in the section (Individual Health Care Plan)

The plan will 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 in relation to staff development and implementing support linked to policy and practice.

Pupil Wellbeing Interventions

| | <u>Approaches</u> | <u>Intervention</u> |
|-------------------------------------|--|--|
| <u>Whole School approach</u> | Curriculum policy re-write focus on wider curriculum | <ul style="list-style-type: none"> • EHCP reviews and My Plans Outcomes • Emotional literacy skills • Engagement in individual SEN one page profiles and home school contact such as (TAF involvement- PSA support, CAMHS, Emotional Wellbeing LA service, Educational Psychologist). • Self-regulation strategies linked to behaviour management, CPD training and staff meeting updates. • Virtual School Heads are aware of the information and MHEW policy of the school for Looked After Children. |
| | Teaching and Learning approaches | |
| | Holistic/Multi-agency approach (Individual SEN Support Plans and Parental Support Advisor) | |
| | Staff training | |
| <u>Targeted support</u> | | |
| | Wellbeing Interventions | <ul style="list-style-type: none"> • 1:1 sessions provided for specific pupils focusing on individual wellbeing outcomes. Listening matters, Interventions groups with emphasis on social skills and communication groups, mindfulness, Relax Kids, Resilience and Anger management, Lego Therapy music therapy and |

| | | |
|--|--|--|
| | | <p>interventions based on the “Zones of Regulation”)</p> <ul style="list-style-type: none"> • Identified support linked to pupil premium – (Intervention/Social Skills Group Work) • Personalised differentiated learning opportunities. |
|--|--|--|

Identified pupils will receive bespoke intervention packages. These will be delivered by trained staff who have undertaken relevant training in relation to the development of emotional wellbeing.

Virtual School Heads in the LA will be made aware of information about all looked after children’s physical, emotional or mental health that may have an impact on his or her learning and educational progress, this will be indicated in their Personal Education Plan (PEP). The school policy will be shared with the Virtual School Head, linked to the statutory guidance articulated in the DfE (2015) document.

Staff Identification

It is recognised at both schools that promoting staff health and emotional well-being should be an integral part of the whole school approach to mental health and wellbeing. Therefore, training and signposting to materials about mental health and emotional wellbeing will be made available for staff. The senior leadership team have an open door policy for any staff who need to speak to someone about any issues of concern this is further supported by a fully committed governing body. There are also staff buddies and a staff mental health champion who is approachable to staff at all times.

Staff Wellbeing Support and Interventions

| | | |
|-------------------------------------|---|--|
| <u>Whole School Approach</u> | A senior leadership team and governing body committed to provide all staff with listening support in relation to emotional wellbeing and recognition of this within performance management / appraisal discussions. | <ul style="list-style-type: none"> • Open door policy, contactable governing body and flexible EW appointment planning. • Information sharing from lead practitioners • Posters/ leaflets • Signposting to additional CPD courses • Participation in the Durham Resilience Programme and creation of an action plan(Appendix 1) • Continued participation in Time to change award • Annual staff audit (appendix 4) |
| | Library of resources and Online training with Mind Ed and ongoing CPD opportunities | |
| <u>Whole School offer</u> | Emotional Wellbeing Staff meetings and Inset Days | <ul style="list-style-type: none"> • Planned staff meeting with guest speakers from trained professionals. |
| | DCC - LA Corporate discounts for Health and Fitness facilities. | |

| | | |
|------------------|--|--|
| | <p>LA Confidential Counselling Service</p> <p>Emotional Wellbeing information support file for every class group containing appropriate information in relation to emotional wellbeing as a tool for personal review, reflection and private advice.</p> | <ul style="list-style-type: none"> • L.A Employment based incentive for Health and Fitness. • SENCO to provide each class group with a EW advice file. |
| Targeted support | Debriefing/support sessions for all staff working in classes for pupils with challenging behaviour from the Executive Head Teacher, Head of School, Deputy Head teacher and Mental Health Lead and Behaviour Co-ordinator, | |

Procedure for Concern in Relation to Mental Health Issues.

If a pupil or member of staff 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 person’s emotional and physical safety rather than of exploring ‘Why?’

All disclosures should be recorded through CPOMS or Behaviourwatch relevant to each school and held on the pupil’s confidential file. This should 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 Executive Headteacher, Head of School, Deputy Head or the SENCO mental health lead.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we think it is necessary for us to pass on our concerns about a pupil, then we should discuss with the child. The pupil should be told:-

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

Working with All Parents and Carers

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 they can talk to, and how to get the support they need 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 review meetings and through the half-termly mental health newsletter.
- 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. This will be available on the school website.

Staff Training and CPD

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** (www.minded.org.uk) learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Continuing 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 pupils. 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 the Executive Head Teacher, Head of School and Deputy Headteacher who can also highlight sources of relevant training and support for individuals as needed.

This policy will always be updated to reflect personnel changes and legislation.

Reviewed by C DeMuschamp & LDavis

February 2021

Appendix 2

COUNTY DURHAM & DARLINGTON

CAMHS REFERRAL PROCESS

To deliver community based direct and indirect services including advice, assessments, diagnostic service and intervention for children and young people experiencing mental health and emotional problems, or learning disabilities and their carers/families

Every child and young person in contact with the Service receives the care they need to enable them to fulfil their potential in life.

Care is:

- Designed to be effective in order to attain specified outcomes
- Child or young person at the centre of the care
- Provided through a multi-disciplinary, multi-agency framework
- High quality

High quality encompasses:

- Clinical excellence
- Safety of patient
- As positive a patient experience as possible

Access to service is via:

CAMHS Single Point of Access:

Referral Email Address – tewv.camhscountydurhamdarlington@nhs.net

Telephone Number – 0300 123 9296

ADDRESSES FOR REFERRALS:

The Mulberry Centre

The Rowan Building

Darlington Memorial Hospital

Hollyhurst Road

Darlington

DL3 6HX

CONFIDENTIALITY AND CONSENT

Before discussing a child or young person with a CAMHS practitioner, we would ask that you always gain permission from their parent or guardian. If a young person is aged 16 or over you can get permission from them directly, however it is usually advisable that the parent or guardian is made aware.

You can discuss a child or young person with us without giving their name. However, before making a formal referral, the referrer should gain the consent of the young person and/or responsible parent/guardian.

REFERRAL CRITERIA

Children, young people up to their 18th birthday, (and their families) with Mental Health needs or distress which is impacting upon their day-to-day functioning and *cannot be* resolved with appropriate intervention by Universal and Targeted Services within Health, Local Authority Prevention Service; the Common Assessment Framework process; Social Care; Education Services and the Voluntary Sector.

Our Community teams also provide high quality, specialist multi-disciplinary assessment, diagnosis and intervention for children and young people with learning disabilities and their families.

Presenting problems may include:

- Severe deliberate self-harm and/or risk of suicide
- Depression/mood disorders
- Psychosis
- Anxiety Disorders
- PTSD
- OCD
- Eating Disorders
- Significant/complex emotional/behavioural difficulties that have not improved following Universal or Targeted Interventions i.e. conduct disorder
- Neurodevelopmental / hyperkinetic disorders i.e. ADHD & Autism - assessment (depending on local commissioning arrangements)

PLEASE NOTE REFERRALS FOR THE FOLLOWING WHERE THERE IS NO EVIDENCE IN THE REFERRAL OF MENTAL HEALTH ISSUES WE WOULD NOT ACCEPT THESE REFERRALS INTO SERVICE.

- Attachment
- Behaviour
- Sleep
- Nocturnal enuresis
- Post Diagnostic interventions for Autism
- Parenting
- Pre School without already been seen by universal services
- Generalised learning problems, without seeing an educational psychologist
- Counselling
- Bereavement Counselling
- Anger Management

PLEASE HAVE A DISCUSSION WITH THE SINGLE POINT OF ACCESS TEAM, IF OTHER INTERVENTIONS HAVE BEEN TRIED.

Factors to consider when deciding to refer:

- duration of problem
- level of distress to child/young person and family
- number of areas of child/young person's life which is affected i.e. home, school, friendships, interests and hobbies.
- other agencies that are involved and how their work is progressing.

Other factors to consider prior to considering CAMHS are:

- If there is a **Safeguarding issue** then Social Care should be consulted.
- If the child has a learning disability is there LD Nursing team involvement or Disabled Children Team?
- If the issue is related to family separation, has the family been offered information regarding Relate or some other mediation service for parents in conflict?
- **Does the family want referral to a mental health service?**
- **Has the referral been discussed with the family, child or young person?**

WHO CAN REFER?

All CAMHS teams operate an open referral system, i.e. anyone concerned about a child or young person's emotional / mental health can access the services. This includes self-referrals from the child/young person themselves or their parent/carer.

We encourage all referrals to be made using the service's referral form, with these being emailed from a secure email address to the email address on the top of the form; or through a consultation/phone conversation with a member of the CAMHS Single Point of Access Service.