

At Ashfield Valley we care for and value every child in a nurturing, inclusive environment.

All members of our school community will work hard to ensure that every pupil achieves their full potential and has the opportunity to shine.

# Mental Health Policy

Reviewed: September 2022

Date of next review: September 2023

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#### **Policy Statement**

At our school, we are committed to supporting the mental health and wellbeing needs of all our students and staff. Our staff are aware that promoting and incorporating positive mental health into our curriculum is everybody's responsibility.

Our culture is supportive, caring and respectful. We always encourage our students and staff to be open and honest about their mental health and ensure that each student's voice is heard.

At our school, we know that everyone experiences different life challenges, and that each of us may need help to cope with them sometimes. We understand that anyone and everyone may need additional emotional support. We recognise that our role as educators is to provide an outstanding level of provision for our students.

#### Policy Scope

This policy is a guide to all staff, including teachers, teaching assistants, governors and non-teaching staff. It outlines our approach to promoting student and staff mental health and wellbeing. It should be read and understood alongside our other relevant school policies.

#### **Policy Aims**

The aim of our policy is to demonstrate our commitment to the mental health of our students and staff.

At our school, we will always:

- Help children to understand their emotions and experiences better.
- Ensure that our students feel comfortable sharing any concerns or worries.
- Help children to form and maintain healthy relationships.
- Encourage children to be confident and help to promote their self-esteem.
- Help children to develop resilience and ways of coping with setbacks.

#### We will always promote a healthy environment by:

- Promoting positive mental health and emotional wellbeing in all students.
- Celebrating both academic and non-academic achievements.
- Promoting our school values and encouraging a sense of belonging and community.
- Providing opportunities to develop a sense of worth and to reflect.
- Promoting our students' voices and giving them the opportunity to participate in decision making.
- Celebrating each student for who they are and ensuring that every student feels valued and respected.
- Adopting a whole school approach to mental health and providing support to any student that needs it.
- Raising awareness amongst staff and students about mental health issues and their signs and symptoms.

• Enabling staff to respond to early warning signs of mental-ill health in students.

#### **Key staff members**

All of our members of staff have a responsibility to identify the mental health and wellbeing needs of our students and each other. However, certain staff members have a specific role in the process. These are:

- Our Designated Safeguarding Lead (DSL): Ms Heather Edge
- Deputy Designated Safeguarding Leads: Asia Begum, Amna Nisar
- Mental Health Lead: Mrs Lindsay Lenton
- SENDCO: Ms Jenny Griffin

If a member of staff is concerned about the mental health and wellbeing of a student, then in the first instance, they should speak to the DSL and Welfare Team.

If a staff member is concerned about their own mental health and wellbeing, then in the first instance, they should discuss this with a member of the Senior Leadership Team.

If a child presents as having a medical emergency due to their mental health and wellbeing, relevant medical procedures will the followed. (*Note-see page 16*)

# How are we incorporating the teaching of mental health into our curriculum?

Our RHE curriculum has been developed to give students the skills, knowledge and understanding that they need to keep themselves mentally healthy. We will regularly review our RHE curriculum and lesson content to ensure that it is meeting the aims outlined in this policy.

Interventions can be places into class timetables if required. These include friendship groups, wellbeing dominoes and one to one sessions with the mental health lead. In addition, our pupils complete a feelings chart every day that alerts members of staff to how they are feeling and if they need any extra support.

### Support provided at school and through agencies

We have a range of support available in school for any students struggling, as listed below:

- Several interventions can be incorporated into each class's timetables. These include wellbeing dominoes, friendship groups and daily emotional wellbeing trackers.
- All staff promote an open and inclusive environment that encourages children to approach school staff to discuss any worries that they might have.
- Leaflets and posters that include information about mental health agencies in the community are visible around school for parents and children to access.
- Access to a counsellor or mental health practitioner in school, following referral and parental consent.

<sup>\*</sup>All of the above staff form the Welfare Team.

There are support networks available for children in the local community. Such as:

- #Thrive
- Healthy young minds (previously CAHMS)
- Rochdale mental health hub

We will ensure that all staff, students and parents are aware of the support available in our school for their child's mental health. This includes how to access further support, both inside and outside of school hours.

#### Identifying needs and warning signs

All of our staff will be trained to recognise the warning signs of common mental health problems. This means that they will be able to offer help and support to students who need it, when they need it.

These warning signs will always be taken seriously and staff who notice any of these signs will communicate their concerns with the DSL as appropriate.

Staff will be able to identify a range of behaviour and physical changes, including:

- Physical signs of harm.
- Changes in eating and sleeping habits.
- Increased isolation from friends and family and becoming socially withdrawn.
- Changes in mood.
- Talking and/or joking about self-harm and/or suicide.
- Feelings of failure, uselessness, and loss of hope.
- Secretive behaviour.
- Clothing unsuitable for the time of year, e.g. a large winter coat in summer.
- Negative behaviour patterns, e.g. disruption.

Staff will also be able to identify a range of issues, including:

- Attendance and absenteeism.
- Punctuality and lateness.
- Changes in educational attainment and attitude towards education.
- Family and relationship problems.
- Metal health needs that arise from bereavement, health issue or anything that has had a substantial change or impact on the pupil's life.

# **Managing disclosures**

If a student discloses concerns about themselves or a friend, to any member of staff, then all staff will respond in a calm, supportive, and non-judgemental manner.

All disclosures will be recorded confidentially and will only be shared with the appropriate authorities if it is necessary to keep the child safe. This is in line with our Safeguarding Policy.

The disclosure must be record on CPOMS on the day of the disclosure. It should contain:

- The date and time of the disclosure.
- The name of the staff member to whom the disclosure was made.
- The nature of the disclosure and the main points from the conversation.
- Agreed next steps

A member of the welfare team will action the disclosure if needed.

# **Confidentiality**

It should be made clear to the child that any disclosure will not be kept a secret, but will only be discussed with relevant members of staff. These include the DSL and Welfare Team. The child should be made aware that their disclosure will be discussed with the relevant staff member to ensure that they are provided with the best help and advice. (See Safeguarding policy.)

If a member of the Welfare Team makes a referral to outside agencies, the child will be told and parental consent will be needed.

#### Whole school approach (Working with parents, carers, peers and agencies)

We take a whole school approach towards the mental health of our students. This means working with parents and carers and with other agencies and partners, where necessary.

### Working with parents and carers:

We aim to support parents as much as possible. This means regularly informing them about their child and offering our support at all times. To support parents we will:

- Highlight sources of information and support about mental health and emotional wellbeing that we have in our school.
- Share and allow parents to access further support.
- Ensure that parents are aware of who to talk to if they have any concerns about their child.
- Give parents guidance about how they can support their child's/children's positive mental health.
- Ensure that this policy is easily accessible to parents.
- Keep parents informed about the mental health training that our school staff receive and how mental health is covered in our school curriculum.

# Working with other agencies and partners:

As part of our whole school approach, we will also work with other agencies to support our students' emotional health and wellbeing. This might include liaising with:

- The school nurse.
- Paediatricians.
- Healthy Young Minds
- Counselling services such as #Thirve
- Family support workers.
- Behavioural support workers.
- The Mental Health Team

#### **Supporting peers:**

We understand that when a student is suffering from mental health issues, it can be a difficult time for their peers. In response to this, we will consider, on a case by case basis, any peers that may need additional support. We will provide support in a one-on-one or group setting if needed. These sessions will be guided by the student, but they will discuss how peers can help, how peers can access support themselves, and healthy ways of coping with any emotions they might be feeling.

#### **Training**

All staff will receive regular training in child mental health so that they can recognise and respond to mental health issues. This will form part of their regular safeguarding training and is a requirement to keep children safe.

We will consider additional training opportunities for staff and we will support additional CPD throughout the year where it becomes appropriate due to developing situations with pupils.

The MindEd learning portal<sup>1</sup> provides free online training suitable for staff wishing to know more about a specific issue.

# Staff mental health and wellbeing

We recognise that anyone can experience mental health issues for various reasons which may be out of their control. There may also be work related factors that could contribute to poor mental health such as work life imbalance, work load pressure, poor working conditions. To every extent possible, we aim to recognize and address cases of workplace pressures that contribute to mental health issues. We aim to:

- Treat staff mental illness seriously.
- Proactively support resolution of issues causing concern.
- Support staff members who face mental health problems.
- Create pleasant workplaces.
- Encourage communication.

- To identify all probable workplace stressors and conduct risk assessments.
- To take all reasonable actions to eliminate stress or control the risks from stress.
- To ensure that workload is balanced and reasonable so that it does not contribute to stress.

As part of the school's mental health and wellbeing offer we provide:

- Referrals to the local authority occupational health
- Staff wellbeing training
- Signposting to useful websites such as the metal health at work toolkit: <a href="https://www.mentalhealthatwork.org.uk/toolkit/supporting-staff-wellbeing-in-primary-schools/">https://www.mentalhealthatwork.org.uk/toolkit/supporting-staff-wellbeing-in-primary-schools/</a>

And Rochdale's mental health and wellbeing services: http://www.rochdale.gov.uk/health-and-wellbeing/mental-health

#### **Policy review**

This policy will be reviewed every year. This is so that it remains up to date, useful, and relevant. We will also regularly review it in accordance with local and national policy changes.

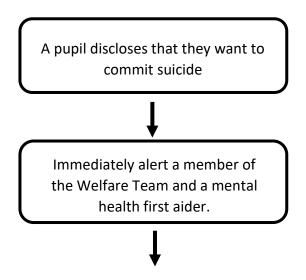
#### Mental health procedures

#### **Crisis**

If a child is experiencing a mental health crisis, the DSL and welfare team must be alerted immediately and contact to the emergency services must be made if needed. Ms Jenny Griffin has a mental health first aid qualification and should be present if a child is experiencing a mental health crisis. If needed, the school's first aider should also be present.

#### Suicide

If a child discloses that they want to commit suicide or implies in any way that they want to die or kill themself, then this procedure must be followed:



A meeting will be conducted with the child and discussion around their disclosure. Parents will be informed and asked to come in for a meeting that day. The Welfare Team will make a decision about the level of risk.

Low/ medium risk

High risk

A school mental health action plan will be created and relevant agencies will be contacted. The disclosure must be put onto CPOMS that day.

If the child is experiencing a mental health crisis then follow the procedure on page 16

\*Please be mindful that children might not actually say the word, 'suicide,' but it is extremely important to discuss with them what they mean by what they have said. The member of staff talking to the child should be explicit in their approach to discussing suicide and make sure that the child knows the meaning of the word. The conversation should clarify the child's understanding of what they have said and a discussion should be had to determine whether they mean to act upon what they have said. Staff members should refrain from using confusing phrases and should openly discuss the word, 'suicide' with the child.

# Self-harm

Self-harm is defined by the National Institute of Clinical Excellence Guidelines (2004) as an "expression of personal distress, usually made in private, by an individual who hurts him or herself". Essentially, self-harm is any behaviour where the intent is to cause harm to oneself. For example:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Taking non-prescription drugs
- Burning or scalding body

- Hitting head on walls
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road
- Eating disorders- Anorexia, binge eating, Bulimia

# <u>Self-harm school procedures</u>

# Managing self-harm when a child is experiencing a mental health crisis

Staff member witnesses or is informed of pupil self-harm by the pupil themselves or a friend

Staff member suspects a pupil has self-harmed and is in need of immediate medical attention.

- Locate the pupil
- The staff member should ask a colleague to inform the DSL and decide whether to ring the emergency services.
- Administer first aid (Lead first aider)
- Keep calm and give reassurance to the pupil

#### High risk

Contact the emergency services if the injury is life threatening or if the pupil is suicidal. The hospital will do a Healthy Young Minds referral.

When the pupil returns to school, an action plan must be in place.

#### Low/ medium risk

- Assess the risk (can the self-harm be repeated at that time)
- Explain confidentiality to the child and discuss the incident.
- Inform the parents/ carers, unless there is a clear reason not to.
- Follow safeguarding procedures
- Make a referral to Healthy Young minds immediately.
- Record incident on CPOMS
- Ensure that before the child comes back to school, there is a mental health action plan in place.

\*After the incident, check whether the peers and staff who have witnessed and dealt with the incident need any support.

### Managing self- harm (Not in need of urgent medical treatment or on return to school)

A pupil shows signs and symptoms of self- harm

Pupil returns to school following self-harm crisis.

- A staff member suspects recent or previous self- harm. (No need for medical treatment)
- Self/ peer disclose recent or previous self-harm to a staff member. (No need for medical treatment)
- Self/ peer disclose thoughts of self-harm to a staff member.
- Inform the DSL and Welfare Team.
- The staff member must log the disclosure on CPOMS that day.
- The mental health first aider must talk to the child and assess the situation before they go home.
- The DSL and welfare team make a decision about the relevant course of action.

### (Low/medium risk)

- Inform the parents/ carers, unless there is a clear reason not to.
- Discuss the incident with the child.
- Follow the safeguarding procedure.

# (High risk)

- Refer to the crisis process.
- Refer to Healthy Young Minds

Refer to relevant agencies.

- The Mental Health Lead, with the pupil's teacher, will create a mental health action plan.
- The child's parents will be informed of the school's next steps.
- The Mental Health Lead and staff working with the pupil will regularly check in with them.

### Other mental health conditions procedures

Examples: Anxiety, psychosis, depression, Bi-polar disorder

When a child presents or discloses that, they have or are showing symptoms of ill mental health then use the following procedure:

A pupil shows signs and symptoms of ill mental health

Pupil returns to school following mental health crisis.

- A staff member suspects a child is suffering with a mental health problem. (No need for medical treatment)
- Self/ peer disclose recent or previous mental health problems to a staff member. (No need for medical treatment)
- Self-disclosure that the child thinks they are suffering from poor mental health to a staff member.
- Inform the DSL and Welfare Team.
- The staff member must log the disclosure on CPOMS that day.
- The mental health first aider must talk to the child and assess the situation before they go home.
- The DSL and welfare team make a decision about the relevant course of action.

# (Low/medium risk)

(High risk)

- Inform the parents/ carers, unless there is a clear reason not to.
- Discuss the incident with the child.
- Follow the safeguarding procedure.

- Refer to the crisis process.
- Refer to Healthy Young Minds

- Refer to relevant agencies.
- The Mental Health lead, with the pupil's teacher, will create a mental health action plan.
- The child's parents will be informed of the school's next steps.
- The Mental Health Lead and staff working with the pupil will regularly check in with them.

# Dealing with a child who is experiencing a mental health crisis

When dealing with a child at crisis point follow this procedure:

Staff member witnesses or is informed of pupil experiencing a mental health problem by the pupil themselves or a friend

Staff member suspects a pupil is experiencing mental health problems and is in need of immediate medical attention.



- The staff member should ask a colleague to inform the DSL and decide whether to ring the emergency services.
- Administer first aid if needed (Lead first aider)
- Keep calm and give reassurance to the pupil

# High risk



Contact the emergency services if the child's life is threatening or if the pupil is suicidal. The hospital will do a Healthy Young Minds referral.

When the pupil returns to school, an action plan must be in place.

# Low/medium risk

- Assess the risk
- Explain confidentiality to the child and discuss the incident.
- Inform the parents/ carers, unless there is a clear reason not to.
- Follow safeguarding procedures
- If the pupil has not been taken to the hospital, make a referral to Healthy Young Minds immediately.
- Ensure that before the child comes back to school, that there is a mental health action plan in place.

After the incident, check whether the peers and staff who have witnessed and dealt with the incident need any support.

\*When dealing with a child at crisis point it is important not to restrain the child unless they are going to seriously harm themselves, or someone else. See Safeguarding policy.

# **Glossary**

| Mental health    | A person's condition with regard to their psychological and emotional well-being.   |
|------------------|---|
| Suicide          | Suicide is referred to as either successful or attempted. The intention or action of taking one's own life.   |
| Self-harm        | A deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder.  |
| Psychosis        | A severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality. Someone suffering from psychosis may refer to changes/impairment of any of the five senses. For example, Schizophrenia   |
| Bipolar disorder | A mental condition marked by alternating periods of elation and depression.   |
| Depression       | Feelings of severe despondency and dejection.   |
| Anxiety          | A feeling of worry, nervousness, or unease about something with an uncertain outcome.   |
| Crisis           | A mental health crisis is an emergency that poses a direct and immediate threat to your physical or emotional wellbeing.  |
| DSL              | Designated Safeguarding Lead  |
| Eating disorders | Eating Disorders describe illnesses that are characterised by irregular eating habits and severe distress or concern about body weight or shape.  |
|                  | Examples:  Anorexia- An emotional disorder characterised by an obsessive desire to lose weight by refusing to eat.  Binge eating-Eating an amount of food that is larger than most people would eat (comfort eating)  Bulimia-An eating disorder in which a person has regular episodes of eating a very large amount of food (bingeing) during which the person feels a loss of control over eating. The person then uses different ways, such as vomiting or laxatives (purging), to prevent weight gain. |

# List of agencies

| #Thrive             | #Thrive 48- 50 Drake Street Rochdale OL16 1NT   |
|---------------------|---|
| Healthy Young Minds | O1706 676 000  Child and adolescent unit Birch Hill Hospital Birch Road Rochdale OL12 9QB |
| E HaSH              | 0161 856 4324  Number One Riverside Smith Street Rochdale OL16 1XU                        |