

**RAINHAM MARK GRAMMAR SCHOOL**

**MENTAL HEALTH AND WELLBEING POLICY**

<b>Review Body:</b>	Personal Development, Behaviour and Welfare
<b>Leadership Group Responsibility:</b>	Deputy Headteacher (Pastoral)
<b>Type of Policy:</b>	Non Statutory
<b>Reviewed:</b>	January 2020

**INTRODUCTION**

It is estimated that:

- 1 in 10 of all children and young people between the ages of 5 and 16 will experience some kind of mental health issue at some point.
- Mental health problems that begin in childhood or adolescence can have a range of negative impacts which can continue in adulthood, unless treated.
- The majority of adult mental problems start before the age of 15 and 75% start before the age of 18.
- Between 1 in 12 and 1 in 15 children and young people deliberately self-harm.
- Nearly 80,000 children and young people suffer from depression.
- Around 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems.

**Increased government awareness**

The 2010–15 government was committed to achieving parity of esteem between physical and mental health and to improving the lives of children and young people. In 2011, it published an overall mental health strategy entitled ‘*No health without mental health*’. Three years later in 2014 Nick Clegg published a document entitled ‘*Closing the gap: priorities for essential change in mental health*’, which included actions such as improving access to psychological therapies for children and young people. In June 2014, the DFE published guidance for schools on identifying and supporting pupils who may have mental health problems.

The 2015–17 government announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers. Following that, in March 2015 the DFE provided schools with practical evidence-based advice on how to deliver high quality school-based counselling and offering guidance on teaching about mental health problems. A joint report from the Health and Education Select Committee in 2016 pointed out that schools have a front line role in children and young people’s mental welfare. Further, the ‘*Five year forward view for mental health*’ published in 2016 included specific objectives to improve treatment for children and young people by 2020/21. In December 2016, Public Health England published a wide ranging document entitled ‘*The mental health of children in England*’.

The current government formed in June 2017 has continued the emphasis on mental health in schools and colleges. In December 2017, a green paper on children and young people’s mental health was published which proposed improving mental health support in schools and colleges. Following a three-month long consultation period, the government’s response was published in July 2018. It had three main strands:

- The identification and appointment of a (preferably senior) mental health lead in every school and college, to be in place by September 2019.
- The establishment of area mental health support teams and a trailblazer programme in place by the end of 2019.
- A target of a waiting time of no longer than four weeks for children referred with mental health issues.

A further government document was published in November 2018 entitled '*Mental health and behaviour in schools*'. This summarises the future steps that the government wishes to take to address the issues linking mental health and poor behaviour in schools and colleges.

In July 2019, details were announced about a national programme to improve mental health training in schools and strengthen partnerships with professional NHS services. The scheme, called the Link Programme, started in September 2019 and will be rolled out in phases over the next four years. Training will take the form of two-day workshops for selected staff members from 20 schools at a time. Training is being prioritised in the 25 areas already attached to mental health support teams. Another 124 teams will be created in 48 areas across the country.

## **POLICY**

*'Mental health is a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.'* (World Health Organization)

*'In order to help their children succeed, schools have a role to play in supporting them to be resilient and mentally healthy.'* (DFE)

At Rainham Mark Grammar School, 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. This policy links with our policies on behaviour, safeguarding, medical needs, anti-bullying, SEND and equalities.

## **Aims**

Our aims are to:

- Promote positive mental health in all staff and students.
- Alert staff to early warning signs of mental ill health.
- Provide support to staff working with young people with mental health issues.
- Make sure that as part of their curriculum entitlement, we help students to learn about how they can stay mentally healthy.
- Teach students to identify what are the main risk factors that can adversely affect mental health.
- Help students understand how they can play a positive role in reducing the stigma surrounding mental health issues.
- Ensure that children and young people are able to manage times of change and stress in their lives.
- Make sure they know that there is someone or somewhere they can contact if they need help or support.
- Support the parents and carers of students suffering mental ill health.

## **Lead staff**

While all staff have a responsibility to promote the mental health of students and have undergone mental health first aid training, the work is led by:

- The designated senior mental health lead.
- The designated child protection/safeguarding officer.
- The head of pastoral teams.
- The school counsellor.
- The SEND co-ordinator.
- The Inclusion Manager

A member of staff who has concerns about a student, whether the student has approached them or whether the concerns arise from observation of a student's demeanour or behaviour, should speak in the first instance to the mental health lead or if they are unavailable, to one of

the other staff listed above. It may be necessary, where there are serious concerns or a medical emergency, to make a referral to the Child and Adolescent Mental Health Services (CAMHS). The mental health lead has the knowledge of and expertise in the procedures involved to initiate a referral when deemed necessary.

### **Individual care plans**

If there is a student causing concern or who has received a diagnosis pertaining to their mental health, we will draw up an individual care plan (ICP) for them. This will include:

- Details of the behaviour causing concern or the diagnosed condition.
- Any special precautions or requirements.
- Any medications.
- What to do or whom to contact in an emergency.
- The role the school can play in prevention, treatment or support.

### **Teaching and learning about mental health**

Our PSHE/CCW curriculum and tutor time programme contains specific modules that give factual information about mental wellbeing, and the signs of illness. We also help enable students to develop the skills, knowledge, understanding, language and confidence to seek help as needed for themselves or others. We follow the PSHE Association's guidance in preparing our curriculum to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. For the full curriculum, see the PSHE study programme folder.

We also have developed a range of strategies and approaches which include:

- Student led activities, such as assemblies, peer mediation and mentoring.
- Transition programmes – e.g., EYFS to year 1, secondary transfer between years 6 and 7, post-16 pathways and post-school/college destinations.
- Class activities e.g., circle times, cognitive behavioural therapy sessions, development of coping skills such as problem solving, communication, or emotional intelligence.
- Whole school activities such as wellbeing week, displays and information around the school about positive mental health, staff mental health and wellbeing leaflets.

From September 2020, the health education modules in our PSHE/CCW programme will become a statutory requirement for all students.

### **Identification, referrals and support**

#### **Warning signs**

Staff should always be alert and react to warning signs that a student may be experiencing mental health or emotional wellbeing issues.

These could include:

- Signs of harm that are repeated or appear non-accidental.
- Changes in eating or sleeping habits.
- Increased isolation from family or friends, becoming socially withdrawn.
- Changes in activity and mood.
- Reduced level of academic performance.
- Talking or joking about self-harm.
- Mentions of suicide.
- Suspected drug or alcohol abuse.
- Expressions of feeling of failure, hopelessness, uselessness.
- Changes in clothing- long sleeves in hot weather or loose, bulky garments.
- Obsessive behaviour.
- Avoiding PE or secretive behaviour in changing room.
- Repeated or increased lateness or absence.
- Physical pain or nausea with no evident cause.

## **Disclosures**

If students choose to disclose concerns about their own or a fellow student's mental or emotional condition, staff should initially listen carefully, and then try to respond calmly, supportively and non-judgementally.

### **A basic guide for ANY staff when talking to a student with a mental health issue**

- Focus on listening.
- Don't talk too much.
- Don't pretend to understand.
- Don't be afraid to make eye contact.
- Offer support.
- Acknowledge how hard it is to discuss these issues.
- Don't assume that an apparently negative response from the student is actually what it seems to be.
- Never break your promises unless for safeguarding reasons.
- Use the Rainham Mark Student Profile as a starting point for discussion if appropriate (see Appendix 2).

Staff cannot and must not guarantee total confidentiality, but should discuss with the student how, and with whom information will be shared. Normally, it will be the mental health lead who should be alerted and if necessary give relevant information.

Parents must always be informed when disclosures about a student's emotional or mental health or wellbeing are being made. Students will be given 24 hours in which to tell their parents about the problem before the school contacts them. We should always give students the option of us informing parents for them or with them.

Parents can find such revelations upsetting or even shocking and staff should be prepared for initial anger, fear or upset during a first conversation. Staff should be accepting of this reaction (within reason) and give parents the time to reflect. A clear means of getting back in touch with the school will be provided and a follow up meeting should be arranged. Parents may also find literature or sources of support, like parents' helplines, useful and reassuring.

### **General parental/carer involvement**

In order to support our parent/carer body, we will:

- Publish sources of information and support about common mental health issues on the school website.
- Ensure parents know whom to contact 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.
- Keep parents in touch with what students are studying in PSHE/CCW about mental health.

### **Supporting peers**

Friends of students who have mental emotional problems often need guidance as to how support their friends in the best possible way. We will consider on a case-by-case basis how much guidance we need to give to friends of sufferers. Our first action will be to consult the affected student and possibly their parents to discuss what would be helpful, how best the friends can be of help and what friends should be careful to avoid in order not to cause upset unwittingly. We will always try to guide peers where and how to get support for themselves and discuss with them how best to cope with any difficult emotions they may be feeling.

### **Staff**

There are three ways in which we need to assist staff in this area.

- We give staff appropriate training to help them recognise and respond to student's mental health issues. As a minimum, staff will be given regular mental health first aid

courses. We will also host relevant information on our virtual learning platform for staff who wish to learn more about mental health. Additional CPD will be provided as and when specific situations require more detailed knowledge of a particular condition being experienced by a student or students.

- All staff who deliver PSHE/CCW are given training to deliver the mental health element. We also invite specialist outside speakers to talk to students and lead discussions. This is co-ordinated by the PSHE/CCW lead.
- We offer staff advice and strategies to promote their own wellbeing and deal with the stresses of the job. This will include specific sessions looking at subjects like mindfulness and similar techniques. We try very hard to give all staff as much non-teaching time as we can to allow time in school for inter-colleague discussion and reflection. Line managers have, as part of their role, monitoring the wellbeing of the staff in their teams – this includes non-teaching and support staff, all of whom have a designated line manager. Staff have free access to our in-school counsellor and to the Care First phone service for their own mental health needs. Benenden Healthcare is there for all medical issues including mental health ones.

## APPENDIX 1

### **Further information on common mental health issues**

The mental health lead has a range of literature and references as well as online support links e.g., Anna Freud which staff can access at any time when confronted with a suspicion that one or other of these issues seems to be affecting a student. The staff training on delivery of PSHE/CCW includes a familiarisation session on these disorders.

### **Self-harm**

This term describes any behaviour where a child or 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 or young people with SEN, are more likely to pick or scratch at wounds, pull out their hair or bang and bruise themselves.

### **Depression**

All people experience 'ups and downs' as a normal part of life experiences and we develop strategies better to cope with or allay these feelings as they mature. But for someone who is suffering from depression, these mood swings are more extreme. Feelings of failure, hopelessness, numbness or sadness may invade the whole of their daily lives over an extended period of weeks or months. These emotions have a significant effect on behaviour and the ability to and motivation to engage in day-to-day activities.

### **Anxiety, panic attacks and phobias**

Children and young people experience and feel anxiety in a wide variety of ways. Again, all of us will have experienced worry and anxiousness at relatively low levels as part of growing up and normal adult life. But when thoughts of anxiety, fear and 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 every day life, intervention is needed.

### **Obsessions and compulsions**

Obsessions can be described as intrusive thoughts or feelings that enter the mind and which are disturbing or upsetting. Compulsions are the behaviours we carry out in order to manage obsessive thoughts or feelings. Constant worry about taps left running, electrical apparatus not switched off, doors not locked or fear of house fires are common manifestations of this type of behaviour. Obsessive compulsive disorder can take many forms such as repeated hand washing, insistence on extreme tidiness, cleanliness and order.

### **Eating problems**

Food, weight and shape may be used as a way of coping with or communicating about difficult thoughts, feelings and behaviour that children and young people experience day-to-day. Media insistence on a particular form of physical perfection also generates fears of ugliness, fatness inadequacy etc. Some young people develop eating disorders such as anorexia, binge eating and bulimia. Others, particularly younger children, 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 that the child does not have the vocabulary to express or the words to convey.

### **Suicidal feelings**

Young people may experience complicated thoughts about wanting to end their own lives. Most never act on these feelings although they may openly discuss and explore them. Some, however, do attempt suicide after having talked about it: others die suddenly at their own hand apparently out of the blue.

## APPENDIX 2

### Student Profile

My name is:

<b>I have had some difficulties recently. They are</b>	<b>These are my strengths:</b>
<b>These are my worries:</b>	<b>Types of learning</b>
<b>People Friends and Social Situations</b>	<b>Learning Environments</b>
<b>How I feel (there can be several of these eg sad, angry, tired, depressed)</b>	<b>Helping Myself</b>
<b>My goals</b> <b>Soon</b>	<b>My goals</b> <b>In 2 years</b>