Normanhurst School
Positive Mental Health Policy
Main School and EYFS

Policy Statement

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)

We aim to promote positive mental health for every member of our community. We use universal, whole school approaches and specialised and targeted approaches aimed at vulnerable students. We recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

The Policy encourages the following

- Promotion of positive mental health in all staff and students
- Development of understanding and awareness of common mental health issues
- Alerts staff to early warning signs of mental ill health
- Provides support to staff working with young people with mental health issues
- Provides support to students suffering mental ill health and their peers and parents/carers

Lead Members of Staff

Staff with a specific remit include:

- Designated Safeguarding Lead: Jacqueline Job
- School Mental Health Lead for pupils: Julie Saint
- Staff Mental health First Aider: Sharon Hewitt

All staff have a responsibility to promote positive mental health and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs. All staff understand about possible risk factors that might make some children more likely to experience problems, such as physical long-term illness, having a parent who has a mental health problem, death and loss including loss of friendship, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Pupil Support staff 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 or DDSL and a mental health form completed. 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 SMHL and DSL/Head.

Child's Plan
When a child or young person is diagnosed as having a mental health condition, it is important that the safeguarding procedures are followed referring to the Safeguarding Policy.

Teaching about Mental Health
The teaching of mental health takes place in PSHE lessons but is not exclusive to this curriculum area. The skills, knowledge and understanding needed by our students to keep themselves and others physically, mentally healthy and safe are included as part of our developmental PSHE Curriculum. We follow the Jigsaw programme to support the teaching of mental health and emotional wellbeing issues in a safe and sensitive manner, which supports the pupils understanding.

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 is outlined in Appendix D. We will display relevant sources of support in communal areas such as the Hub in the hall, toilet doors and noticeboards and will regularly highlight sources of support to students within relevant parts of the curriculum.

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 and what is likely to happen next.

Warning Signs
School staff are encouraged to be aware of warning signs, which support 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 follow the safeguarding policy.

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 secretively
- An increase in lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- Spending more time at the bathroom
- Discontinued hobbies or interests
- Failure to take care of personal appearance
- Seemingly overly-cheerful after a bout of depression

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff. In this case, staff will support pupils by following the Safeguarding Policy. 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 will remain calm, supportive and non-judgemental. Staff will listen, rather than advise and then refer this to the DSL/DDSL.

Protocol

In the event of a pupil disclosing information to you, staff have been advised to follow the following protocol. The protocol poster will be displayed in all classrooms.

1. **Concerns Identified**

   Young person (YP) discloses a mental health concern about themselves or a peer (e.g anxiety, depression, eating disorder, self-harm, suicidal ideation, psychosis)

2. **Is there evidence of immediate danger?**

   Has the YP made a serious suicide attempt, serious laceration or self-injury (taken drugs/alcohol, ingested something/overdose)?

   → **Dial 999 Inform DSL/DDSL**

3. **Initial actions**

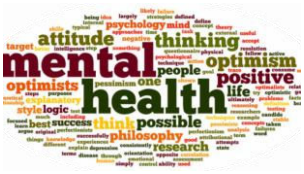
   - Be calm, supportive and non-judgemental
   - Speak to YP in a quiet setting
   - Explain confidentiality protocol
   - Listen rather than give advice
   - Check for clarification/make notes for accurate information

4. **Passing on Information**

   - If in doubt about YP safety – see DSL/DDSL Team.
   - Complete safeguarding cause for concern form
   - Give date, time and summary of conversation

5. **Mental Health First Aiders**

DSL will then decide on appropriate action guided by KCSIE & Safeguarding policy.



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 the mental health team & DSLS will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child
- Make our Mental Health Policy available for parents to view if requested
- Share ideas about how parents can support positive mental health in their children through parent's information evenings
- 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.

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 pupil, 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. Staff/DSL'S will acknowledge 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 are sharing. Sharing sources of further support aimed specifically at parents can 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.

Training
All staff receive regular training about recognising and responding to mental health issues and receive annual safeguarding in order to enable them to keep students safe.

Training opportunities for staff who require more in depth knowledge and support for develop the skills of the DSLs and Mental Health Team as part of our performance management process. Students are also trained as Mental Health Ambassadors and have completed a 10-week program with SWAP-student wellbeing ambassador program.

Appendix A

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years, this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

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), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

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
- National Self-Harm Network: www.nshn.co.uk

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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.

Online support

- Depression Alliance: www.depressionalliance.org/information/what-depression

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

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

Books

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

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 do not 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.

Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently unexpectedly.

Online support

- Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

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

- Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
- Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix B: Guidance and Advice Documents

- Mental health and behaviour in schools - departmental advice for school staff. Department for Education
- Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education
- Teacher Guidance: Preparing to teach about mental health and emotional wellbeing - PSHE Association. Funded by the Department for Education
- Keeping children safe in education - statutory guidance for schools and colleges. Department for Education
- Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education
- Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (
- Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health
- NICE guidance on social and emotional wellbeing in primary education
- NICE guidance on social and emotional wellbeing in secondary education
- What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness.

Appendix D: Sources of Support at School and in the Local Community

Support for pupils:

Organisation	Main contact details	Topic addressed
The Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service and are open 24 hours a day, 7 days a week.
ChildLine	0800 1111: www.childline.org.uk	Get help and advice about a wide range of issues, talk to a counsellor online
Beat	The Beat Youthline is open to anyone under 25. Youthline: 0345 634 7650 www.b-eat.co.uk/	UK's leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape.
7 Cups of Tea	www.7cupsoftea.com	An online emotional health and wellbeing service
LGBT	Call us: 0131 555 3940 Text us: 07786 202 370 https://www.lgbtyouth.org.uk/ Email us: info@lgbtyouth.org.uk	Here to help support lesbian, gay, bisexual and transgender young people
TESS – Text and Email Support Services	**Text: 0780 047 2908** www.selfinjurysupport.org.uk **follow links to email**	**For girls and young women affected by self-injury**

Support for parents/carers:

Organisation	Main contact details	Topic addressed
The Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service and are open 24 hours a day, 7 days a week.
Young Minds	Parent helpline: 0808 802 5544 www.youngminds.org.uk	Free, confidential online and telephone support providing information and support
GP	Contact your GP at your local Surgery	Speak to your GP if you are worried about your child's mental health
NHS Choices	http://www.nhs.uk/conditions/stress-anxiety-depression/pages/mental- health-helplines.aspx	Whether you're concerned about yourself or a loved one, the helplines listed can offer expert advice

Appendix E: 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 on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

"She listened, and I mean REALLY listened. She did not interrupt me or ask me to explain anything or myself, 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."
P Knightsmith

If a student has come to you, it is because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they are 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.

Do not 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."
P Knightsmith

The student should be talking at least three quarters of the time. If that is 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 have touched on more deeply, or to show that you understand and are supportive. Do not 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 supportive listener. So make sure you are 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."
P Knightsmith

The concept of a mental health difficulty such as an eating disorder or obsessive-compulsive disorder (OCD) can seem completely alien if you have never experienced these difficulties first hand. You may find yourself wondering why someone would do these things to themselves, but do not explore those feelings with the sufferer. Instead listen hard to what they are saying and encourage them to talk and you will 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 is important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it does not 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 or think they are a 'freak'.

On the other hand, if you do not make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you cannot 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 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."
P Knightsmith

Never leave this kind of conversation without agreeing 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 are 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."
P Knightsmith

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."
anonymous

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. Do not 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 cannot then you must be honest. Explain that, whilst you cannot 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 do not have all the answers or are not exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.