



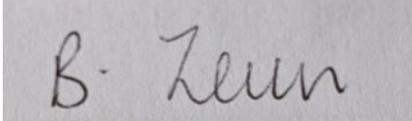
The  
Beaconsfield  
School

A Specialist Arts College



## MENTAL HEALTH POLICY

*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)*

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Approved by Leadership Team on:	05.05.2020
Approved by Learning, Outcomes and Development Committee	06.05.2020
Approved by Full Governing Body:  Chair: Mrs B Zeun  Date: 24.06.2020	Signature: 
Next Review Date:	May 2021

ALL POLICIES CAN BE VIEWED ON ONE DRIVE OR A COPY CAN BE REQUESTED BY EMAILING [office@beaconsfield.school](mailto:office@beaconsfield.school).

Executive Summary (changes to policy):

1. Page 2 – change in PSHE Lead to Mr Modebe.
2. Page 3 – Health education will be compulsory in PSHE from September 2020.
3. Page 4 – include recording of information on CPOMs if appropriate.

## **1.0 Introduction**

**1.1** At our 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.

**1.2** In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

## **2.0 Scope**

**2.1** This document describes the school's approach to promoting positive mental health and well-being. This policy is intended as guidance for all staff including non-teaching staff and governors.

## **3.0 The Policy aims to:**

- Promote positive mental health in all staff and students.
- 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 young people with mental health issues.
- Provide support to students suffering mental ill health and their peers and parents or carers.

## **4.0 Lead Members of Staff**

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

- Asha Harding - designated child protection / safeguarding officer
- Asha Harding - mental health lead
- Annie Rees / Rachel Harman - Matron - lead first aider
- Asha Harding - pastoral lead
- Mrs Palmer-Garrett - CPD lead
- Mr Modebe - Head of PSHE
- Rachel Harmen / Kim Borgia – Mental Health First Aider

**4.2** Any member of staff who is concerned about the mental health or well-being of a student 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, the head teacher or the designated governor. 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.

**4.3** Where a referral to CAMHS is appropriate, this will be led and managed by Asha Harding, Mental Health Lead.

## **5.0 Training**

**5.1** 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 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 learning portal](http://www.minded.org.uk)<sup>1</sup> provides free online training suitable for staff wishing to know more about a specific issue.

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<sup>1</sup> [www.minded.org.uk](http://www.minded.org.uk)

5.2 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 students. 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.

## **6.0 Teaching about Mental Health**

6.1 The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. All children in England will be taught how to look after their mental wellbeing and recognise when classmates may be struggling from September 2020.

6.2 The specific content of lessons will be determined by the specific 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.

6.3 We will follow the PSHE Association Guidance (See [www.psheassociation.org.uk](http://www.psheassociation.org.uk) to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner, which helps rather than harms.

6.4 Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Non-professional diagnoses, however well meant, can exacerbate or promote mental health problems. Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

## **7.0 Working with All Parents**

7.1 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 to talk to, and how to go about this, 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 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.

## **8.0 Warning Signs**

8.1 School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional well-being issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the student's Year Leader.

- 8.2 Possible warning signs include:
- Physical signs of harm that are repeated or appear non-accidental.
  - Changes in eating or sleeping habits.
  - Increased isolation from friends or family, becoming socially withdrawn.
  - Changes in activity and mood.
  - Lowering of academic achievement.
  - Talking or joking 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 secretly.
  - Lateness to or absence from school.
  - Repeated physical pain or nausea with no evident cause.
  - An increase in lateness or absenteeism.

## **9.0 Managing disclosures**

- 9.1 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-judgemental.
- 9.2 Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively staff should contact the mental health lead.
- 9.3 All disclosures should be recorded in writing and held on the student's confidential file/CPOMS if this forms a safeguarding issue. This written record should include:
- Date.
  - The name of the member of staff to whom the disclosure was made.
  - Main points from the conversation.
  - Agreed next steps.
- 9.4 This information should be shared with the mental health lead, Asha Harding who will store the record appropriately and offer support and advice about next steps.

## **10.0 Confidentiality**

- 10.1 We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:
- Who we are going to talk to.
  - What we are going to tell them.
  - Why we need to tell them.
- 10.2 We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. For example if a student is in danger of self-harm or harming others.
- 10.3 It is always advisable to share disclosures with a colleague, usually a member of the Safeguarding Team. This helps to safeguard our own emotional well-being as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it

provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

**10.4 If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safe Guarding Lead, Asha Harding, must be informed immediately.**

## **11.0 Signposting**

11.1 We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What we will display relevant sources of support in communal areas such as common rooms and toilets 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.
- What is likely to happen next

11.2 The school will support individuals and sign post services to families to help individuals.

11.2.1 In school support:

- Form mentor support.
- Student Support Team support.
- Peer Listeners.
- Social and Emotional aspects to learning through PSHE.
- Student well being board, sign posting agencies and support.
- In school counsellors.

11.2.2 External Agencies:

- GP.
- Child and Adolescent Mental Health Services (CAHMS).
- External counselling services for specific or general need.
- Safeguarding team (ESAS), Local Authority.

## **12.0 Individual Care Plans**

12.1 It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

- Details of a student'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

### **13.0 Working with Parents**

13.1 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? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

13.2 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.

13.3 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're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

13.4 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 steps and always keep a brief record of the meeting on the child's confidential record.

### **14.0 Supporting Peers**

14.1 When a student 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. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student 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 or saying which may inadvertently cause upset.
- Warning signs that their friend may need help (e.g. signs of relapse).

14.2 Additionally, we will want to highlight with peers:

- Where and how to access support for themselves.
- Safe sources of further information about their friend's condition.
- Healthy ways of coping with the difficult emotions they may be feeling.

### **15.0 Mental Health Issues and Behaviour**

15.1 Reasonable adjustments will be made to support students who are or may be are suffering from mental health disorders. At all times the safety of the individual and other members of school community will be taken into consideration when making such decisions regarding breaches of the schools behaviour policy.

- 15.2 When considering excluding a student, mental health issues will be taken into consideration. Identification and measurements tools as per the DfE Guidance Nov 2018 will be used. These are found in paragraphs 3.13 & 3.15 of the guidance . When making an assessment the [Strengths and Difficulties Questionnaire \(SDQ\)](#) or the [Boxall Profile](#) where appropriate, the Headteacher will consider if action can be taken to address underlying causes of disruptive behaviour before issuing an exclusion. In doing so, if a child has SEN or a disability and/or is a Looked After Child, there are additional requirements and expectations of them as set out in the relevant legislation and statutory guidance. Permanent exclusion, for example, needs to be very much a last resort.
- 15.3 However, in all cases, schools must balance the interests of the student against that of the mental and physical health of the whole school community.

## **16 Monitor and Review**

This policy will be monitored on a regular basis and reviewed on a yearly basis.