

Sheringham Woodfields School



Sheringham Woodfields School
Holt Road
Sheringham
Norfolk
NR26 8ND

ANNETTE MACONOCHIE
Head Teacher

Telephone: 01263 820 520
Fax: 01263 820 521

STEVE THURLOW
Chair of Governors

Email: office@sheringhamwoodfields.norfolk.sch.uk
Website: www.sheringhamwoodfields.norfolk.sch.uk

Registered Charity: Friends of Sheringham Woodfields School - 1127142

Mental Health Policy		
Approved by SLT: September 2023	Approved by Staff: October 2023	Approved by Governors: 7 th December 2023
Next Review Date: Autumn 2025	Person(s) responsible for review: Catherine Holyland	

1. 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 contribution to her or his community (World Health Organisation).

At our school, we aim to promote positive mental health for all our staff and pupils. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. We know we are 'first class' at supporting children with social emotional and mental health needs, but there is always more we can do. This policy helps aid consistency of approach and equality of provision for our pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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. Scope

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.

The policy aims to:

- Promote positive mental health in all staff and pupils
- 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 pupils suffering mental ill health and their peers and carers

Lead Members of Staff

Michael Smith: Lead DSL
Nic Stewart: SENCO and DSL
Catherine Holyland: Therapy and Mental Health Lead, Mental Health Champion
Matthew Smith: DSL and HR Lead
Annette Maconochie: DSL

Supporting Members of Staff

Well-being Team

Jake Millen, Natasha Patterson, Lizzy Henderson

Mental Health First Aiders

Sam Webster, Natasha Patterson

*training is planned for further Mental Health Champions (Sue Barrell, Vicki Horne)

Any member of staff who is concerned about the mental health or well-being of a pupil should speak to one of the mental health leads in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral using MyConcern.

If the pupil 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 (Child and Adolescent Mental Health Service) is appropriate, this can be led and managed by a lead member of staff.

Plans to Support Staff

Stress Management Plan, Well-being Team, Attendance Meets

3. Teaching about Mental Health

Our curriculum is built around individual pupils needs and aims to support pupils to be physically and mentally healthy by developing the following skills, knowledge, understanding as well as promoting certain characteristics, including:

- To understand their feeling
- To recognize their strengths
- To promote friendship
- To regulate themselves with decreasing support
- To achieve success
- To communicate effectively
- To express their needs and wants/to be listened to
- To build resilience
- To have enriching experiences
- To be involved in decisions that affect them (where appropriate)

4. Signposting

We will ensure that staff, students and parents/carers 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 on the school website. There is a staff well-being board in the staff room which includes sources of support. Staff well-being is advertised throughout the school and details are included in new staff induction packs.

5. Warning Signs

School staff may become aware of warning signs which indicate a pupil, or a parent/carers 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 communicate their concerns with a lead member of staff.

Possible warning signs include:

- 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
- Lowering engagement in learning
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- Falling attendance
- New behaviours or increased numbers of incidents which may be more prolonged
- Difficulty in self-regulation
- Change of mood
- Communicating more/ less
- Low mood

6. Managing Disclosures

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.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'. All disclosures should be recorded using MyConcern.

7. Confidentiality

We should be honest with regards to the issue of confidentiality. If we feel 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

We should avoid sharing information about a pupil without first telling them but there may be situations where this is not possible or practical, for example a safeguarding concern or where there is an immediate risk of harm.

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. These will be if a pupil is in danger of immediate harm.

It is always advisable to share disclosures with a colleague, usually a DSL, as this helps to safeguard our own emotional wellbeing 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.

Parents must always be informed and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents, if appropriate and safe. We should always give students the option of us informing parents for them or with them. This is dependent of the upon the individual pupil's levels of understanding.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSLs must be informed immediately

8. Working with Parents

We need to be sensitive in our approach when informing parents. 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.
- Who should be present? Consider parents (planning for and taking into consideration any communication barriers), family network if parent needs/wants support, the pupil, other members of staff, social worker.

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.

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.

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.

9. Working with All 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 we will:

- Highlight sources of up to date 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 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
- 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

10. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of the regular child protection training in order to enable them to keep pupils safe.

There are two online courses in the schools iHasco training suite:

- Mental Health in Education
- Stress Awareness

Training opportunities for staff who require more in depth knowledge will be considered as part of our appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with pupils.

11. Prevalence of Mental Health and Emotional Well-being Issues

- 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.
- 2% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

12. Sources of Support

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).

i) Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feeling 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

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies

London, Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) By Their Own Hand: Deliberate Self-harm and Suicidal Ideals in Adolescents

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

ii) 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 motivations to engage in day-to-day activities.

Online Support

Depression Alliance: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/useful-contacts/>

Books

Christopher Dowrick and Susan Martin (2015) Can I tell you About Depression? A guide for friends, family and professionals

London, Jessica Kingsley Publishers

iii) 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 Wiate (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

iv) 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 don't 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.

Online support

OCD UK <https://ocdaction.org.uk/>

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 Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers

San Francisco, Josey Boss

v) 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 out of the blue.

Online Support

Prevention of Young Suicide UK - PAPYRUS: www.papyrus-uk.org

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Hand: Deliberate Self-harm and Suicidal Ideals 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

vi) 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 disorder charity: <https://www.beateatingdisorders.org.uk/get-information-and-support/>

Books

Bryan Lask and Lucy Watson (2014) *Can I Tell you About Easting 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