Woodrush High School

An Academy for Students Aged 11-18

Positive Mental Health & Wellbeing Policy

Last Updated – September 2022

Contents

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 a contribution to her or his community. (World Health Organization)

1.1 At Woodrush High School, we aim to promote positive mental health and wellbeing 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, as well as having a supportive approach to the wellbeing of all staff.

1.2 In addition to promoting positive mental health and wellbeing, 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. Scope

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

2.2 This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need. It should also be read in conjunction with the schools safeguarding policy to ensure all students are safe in school and at home

3. The Policy Aims to:

- Promote positive mental health and wellbeing in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health for students
- 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
- Ensure the wellbeing of staff is at the heart of policy decisions across the school

4. Lead Members of Staff

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

- Mr D Monk - Designated Safeguarding Lead and Designated Senior Leader for Mental Health & Wellbeing
- Mrs J Peters, Mrs J Francis & Mrs D Cassidy – Deputy Designated Safeguarding Leads
- Mr S Crosthwaite – Governor – Safeguarding and Wellbeing
- Mrs J Peters - Mental Health Lead Advisor
- Mrs A Stafford - SENCo
- Mrs M Manning-Brown – Assistant Headteacher – Attitudes to Learning /DDSL
- Mr J Barber – Headteacher -
- Ms N Choudhury - Head of PSHE
- Mrs S Carr – Curriculum - Assistant Headteacher

5. Raising Concerns

5.1 Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead advisor 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 safeguarding lead, 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.

5.2 Where a referral to CAMHS is appropriate, this will be led and managed by Jade Peters, (mental health lead) or Amy Stafford, (SENCo).

6. Individual Care Plans and Risk Assessment

6.1 As a school we will use individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This may also include a Risk Assessment. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil'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

7. Curriculum - Teaching about Mental Health & Wellbeing

7.1 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 PSHE curriculum and Form Time Aspire Activities as well as other aspects of the school curriculum (e.g., IT – Online aspects).

7.2 The specific content of lessons will be determined by the specific needs of the cohort we're 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 as well as managing their own wellbeing.

7.3 We will follow the *PSHE Association Guidance – "Teacher guidance: teaching about mental health and emotional wellbeing"*, to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

7.4 Our PSHE Program and other aspects of the school curriculum that supports Wellbeing and Mental Health includes:

Wellbeing Area	Curriculum Content Covered
My Health	– Body Health and Fitness – Nutrition and Healthy Eating – Healthy Routines - Recharge, Rest and Recovery – Health Behaviours and Attitudes
My Life	– Lifestyle – Personal Growth – Relationships (Including Harmful Relationships) – Pride
My Mind	– Healthy Body, Healthy Mind – Mindset – Mental Toughness, Resilience and Determination – Mental Health – Feelings, Emotions, Stigma, Positivity, Self-Awareness – Self-Management
E-Safety	– Online Dangers and Footprint – Staying Safe Online – Social Media – Online Behaviour – Cyber Bullying – Sexting

8. Signposting

8.1 We will ensure that staff, students and parents are aware of sources of support within school and in the local community; who it is aimed at and how to access it as outlined in the schools 'Early Help Plan' which is found on the school's website.

8.2 We will display relevant sources of support in communal areas such as common rooms, staff 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 access it
- What is likely to happen next

9. Warning Signs

9.1 School staff may become aware of warning signs which indicate 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 communicate their concerns with Dave Monk or Jade Peters (Mental Health and Wellbeing lead).

9.2 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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

10. ALGEE Action Plan

Woodrush High School will adopt Mental Health First Aid England's action plan in supporting Mental Health, with Five Basic Steps:

A – Approach the person, assess and assist with crisis

L – Listen and Communicate non-judgmentally

G – Give Support and Information

E – Encourage the young person or adult to get appropriate professional help

E – Encourage other Supports

11. ALGEE Support Sheet

Approach	Listen	Give Support	Encourage Professional Help	Encourage other Support

Approach
– Open Conversation
– Consider your own judgements
– Right time? Right Place?
– Sensitivity
– Personal Space
– Respect privacy
 	
Assess the Crisis
– Warning Signs:
– Suicidal Crisis
– Self-Harm
– Panic Attack
– Traumatic Event
– Psychotic state
– Medical Emergency
 	
Assist
– Own safety
– Don't leave them alone
– Seek emergency help if in doubt
– Inform others
– Encourage them to talk
– Don't give advice, argue, deny
– Reassure help can be found
– Stay calm
– Give physical first aid or get help
	Listen without Judging
	– Set aside judgements you hold
	– Don't interrupt
	– Ask appropriate clarifying questions
	– Reflect back on what is said
	– Silence can be supportive
	– Body Language
	– Don't invade their space
	– Don't be critical, argue or get frustrated
	– Don't offer Glib advice
	– Avoid Confrontation unless necessary
	– Acknowledge emotional experiences without agreeing
		Give emotional and Practical Support
		– Treat with respect and dignity
		– Don't blame them for their difficulties
		– Have realistic expectations
		– Offer consistent support
		– Give hope for recovery
		– Give practical help but don't take over – support coping strategies
		– Give high quality info – don't make it up!
		– Where risk to self or others – don't keep to yourself, but explain you may need to share
			Encourage the person to get appropriate professional help
			– It can be a difficult step to encourage someone to take – early intervention aids recovery
			– Discuss options:
			  o GP
			  o Councillors
			  o Psychologists
			  o NHS
			  o Community Mental Health Teams
			  o CAMHS
			  o Voluntary – MIND, Samaritans
			
			What if the person doesn't want help?
			– Explore the reasons
			– Support them if they change their mind
			– Respect their right not to unless there is risk to you, others or themselves
			– Seek help on their behalf if they are unwell
			– Never threaten
				Encourage other supports
				– Family and friends can be key by providing practical and emotional support
				– Reduce isolation with support groups and services
				– Voluntary and Community sector support
				– Self Help Strategies
				  o Books / leaflets
				  o Apps
				  o Websites
				– Wellbeing strategies e.g. 5 Ways to Wellbeing/10 Keys to Happier Living
				– Self-Therapies
				  o Mindfulness
				  o Exercise
				  o Yoga/Relaxation
				  o Avoiding alcohol/drugs
				  o Massage therapy

12. Managing disclosures

12.1   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.

12.2   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, using ALGEE strategies

12.3   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?'.

12.4   All disclosures should be recorded on *'Safeguard'* – our online safeguarding recording facility. 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

12.5   This information will therefore be shared with the DSL/DDSL's and Mental Health Lead, who will support appropriately and offer advice about next steps.

13. Confidentiality

13.1   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

13.2   We should never share information about a student without first telling them, unless we feel the student is likely to be unsafe or come to significant 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.

13.3   It is always advisable to share disclosures with a colleague, usually the Mental Health Lead or a DSL. 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.

13.4   Parents must always be informed if the child talks about self- harm or suicide although students may choose to tell their parents themselves. We should always give students the option of us informing parents for them or with them.

13.5   If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL or Deputy DSL's must be informed immediately.

14. Working with Parents

14.1   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?

14.2   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.

14.3   We should always highlight further sources of information and give them information 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.

14.4   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.

14.5   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 parent consultation evenings
- Keep parents informed about the mental health topics their children are learning about in Aspire and share ideas for extending and exploring this learning at home

15. Supporting Peers of Students

15.1   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)

15.2   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

Staff Wellbeing

16. Training

16.1   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.

16.2   We will host relevant information on our website for staff who wish to learn more about mental health. The MHFA England Website provides free online training suitable for staff wishing to know more about a specific issue.

16.3   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 one or more students.

16.4   Where the need to do so becomes evident, we may host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

16.5   Suggestions for individual, group or whole school CPD should be discussed with our Mental Health Leads, who can also highlight sources of relevant training and support for individuals as needed.

17. Supporting Staff

17.1   The biggest asset our school has is its staff; the biggest asset they have is their health and wellbeing. This policy is also intended to outline the ways in which we can work together to make sure our school is a safe, caring and happy place to work, which, if we get it right, can help to enhance individual wellbeing, through personal fulfilment and professional identity. This in turn will benefit our pupils and our community.

17.2   We spend more daylight hours in school than at home, so it is important that we can have ownership of many of the decisions that affect us and that we have agency in our working lives. We can do this, even in areas where we have no choices about what we do, by taking responsibility for these actions and approaching the tasks in our own way.

17.3   All our work should be healthy, safe and supportive and governors have a responsibility to ensure our practices contribute to staff wellbeing. This includes monitoring staff absence and regularly requesting feedback from staff governors and the whole staff about wellbeing. Governors recognise the importance of the wellbeing of staff in our school.

17.4   We advocate a holistic, proactive approach to managing health and rehabilitation issues at work, with everyone working together, staff, leadership team, governors, HR, occupational health and health and safety professionals, to:
   o   tackle the causes of workplace injury and ill health, including stress and anxiety
   o   address the impact of health on employees' capacity to work, providing support for those with disabilities and health conditions and rehabilitation
   o   promote healthier lifestyles and wellbeing to help improve the general health of the workforce

17.5   Where requested, confidentiality can be important in establishing trusting relationships and rehabilitation, providing the safety of the person, or others is not compromised. However, where possible, staff are encouraged to share their mental and/or physical needs in an open way with colleagues, to maximise support networks available. This practice also helps to de-stigmatise issues related to health conditions in the workplace.

18. Mental Health Champions

18.1   All staff should be mental health champions, but it is important for the staff to have named people to maintain the importance of mental health issues and to champion their interest. The role will be to champion mental health for the school community, not to be directly responsible for it. The role will include promotion of well-being materials; being a 'listening ear'; acting as a signpost for other services or professionals, relaying ideas and information to senior staff that could further improve wellbeing in school; having an oversight of school improvement plans to ensure that mental health promotion has a key place; help to reduce barriers to mental health in school by promoting positive language in relation to mental health.

18.2　To support the well-being of our staff our priorities are:

- **Language** – to be mindful of the language we use to talk to each other and around issues regarding our mental health and wellbeing
- **Communication** – to encourage individuals to communicate their needs and concerns
- **Relationships** – to promote good relationships between staff
- **Kindness** – to promote the importance of treating people as we would want to be treated ourselves
- **Tolerance** – for different ways people think and act, providing our goal of ensuring good outcomes for pupils is not affected.
- **Respect** – for how a staff member may want to manage their own mental health or health, providing this doesn't impact on the safeguarding of our pupils.
- **Harmony** – to promote ways of being with each other, including times when opinions differ, or when a person becomes upset with another.
- **Equality** – to ensure all staff having an equal right to wellbeing in the workplace
- **Trust** – to develop a supportive process in which staff can trust, for the continued wellbeing of staff
- **Empowerment** – to ensure staff members feel a part of the decisions which affect them. This includes consultation on key decisions which affect individual staff, including policies and a genuine right to reply on decisions which may have an adverse effect.
- **Balance** – to recognise the demands of workload on staff and to find ways to ensure a good balance over a school year, between work that is necessary for good outcomes for pupils and time to enjoy when not at work.

19.Policy Review

19.1　This policy will be reviewed every year. It is next due for review in September 2023.

19.2　This policy will always be immediately updated to reflect personnel changes.