Student Mental Health and Well-being Policy

2018 – 2019

Policy Statement

Good mental health is fundamental to students' well-being and academic success. It is more than just the absence of mental disorders. 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 Organisation, 2014[1]).

Mental health can vary across time and individuals. In an average classroom, three children will be suffering from a diagnosable mental health issue which can affect quality of life, learning and relationships.

The policy is informed by the Department of Education's guidance documents: *Mental Health and Behaviour in Schools* and *Keeping Children Safe in Education.* This policy utilises the evidence base in order to promote positive mental health (or 'well-being') across school and to support students who experience poor mental health or mental illness. We will pursue these aims using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

Scope
This document describes our approach to promoting mental health. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy recognises that signs causing concern may reflect poor emotional well-being, a mental health disorder, a special educational need and/or a safeguarding issue. As such, this policy should be read in conjunction with:

- the SEN Policy & Code of Practice and the Special Educational Needs & Disability Inclusion Policy
- the Safeguarding Policy

The Policy Aims to:
- Promote positive mental health in all students
- Alert staff to early warning signs of and risk factors for poor mental health
- Offer guidance on how to support vulnerable students

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

- Pastoral Staff
- Year Directors
- Mental Health Lead
- SENCO
- Safeguarding Officer

Universal Promotion of Mental Health

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http://www.who.int/features/factfiles/mentalhealth/en/

Mental health is improved through a variety of factors such as healthy diet, exercise, rest; positive activities and relationships; and a sense of purpose (or meaning) and accomplishment (see Appendix D).

General staff role in mental health promotion

In order to provide a safe and caring setting in which to progress and achieve, staff will

- Maintain good relationships with students through reflective practice and planning, as part of professional teaching standards.
- Provide enrichment activities and high quality teaching and support.
- Be trained to spot pupils who show signs of mental health problems (see Targeted Support below)

Well-being curriculum

- We will follow the PHSE Association Guidance document *Preparing to Teach about Mental Health and Emotional Well-being* to ensure that we teach about mental health and wellbeing in a safe and sensitive manner.
- We will teach the skills and knowledge needed by our students to keep themselves mentally healthy. We will deliver 3 core areas:

Self-care skills
- knowledge of self-care strategies which are known to improve well-being and support services

Learning and development skills
- the skills to face the inevitable challenges involved in working towards goals
- An understanding of the value of school and an exploration of individual purpose in school and life

Relationship skills
- The ability to connect with peers and adults in healthy ways, as relationships are a protective factor in mental health. This includes self-awareness, empathy, and the ability to manage day to day differences and conflicts within relationships.

- Sourcing or development of plans and resources for mental health teaching will occur through partnership working and with reference to e.g. Anti-bullying Policy; Sex Relationships Education policy and Safeguarding Policy.
- Mental health teaching will be evaluated in order to improve its usefulness and relevance.

Working with Parents

In order to support parents to support their children's mental and emotional health, we will highlight sources of information through our website and keep parents informed about the mental health topics their children are learning about.

Targeted Support

Identification of students needing targeted support

Some signs of poor or deteriorating well-being are listed below, and these are distinguished from safeguarding needs.

Warning signs of safeguarding needs
The following would require a referral to the safeguarding team:
- Physical signs of harm that are repeated or appear non-accidental
- Changes in clothing – e.g. long sleeves in warm weather
- Skipping PE or getting changed secretively
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol

For safeguarding concerns - make a referral on CPOMS. See Safeguarding Policy for further details.

Warning signs of problems with well-being
There may be recent changes or persistence in behaviour, mood or physical symptoms. Examples are:
- increased or repeated upset or aggression
- frequent difficulties in relationships with peers or staff
- increased isolation from friends or family, becoming socially withdrawn
- repeatedly seeking help from staff on multiple occasions with what may seem like insignificant issues
- expressing feelings of failure, uselessness or loss of hope
- lateness to or absence from school or avoiding lessons
- secretive behaviour
- repeated presentation of physical pain or nausea with no evident cause.

With increasing severity and duration, these signs may move beyond 'poor well-being' to indicate a diagnosable mental health condition (see Appendix A), and/or a special educational need (SEN). Persistent and serious mental health difficulties may lead pupils to having significantly greater difficulty in learning than the majority of those of the same age.

Risk Factors for poo r mental health
There are certain risk factors[2] which may make some children more likely (though not necessarily bound) to experience problems than other children.

- Being a looked after child - 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.
- Having a long-term physical illness
- Having a parent who has mental health or substance abuse problems or involvement with the criminal justice system
- Acting as a carer or taking on adult responsibilities

List of risk factors adapted from the Mental Health Foundation website www.mentalhealth.org.uk

- Experiencing the separation or divorce of parents or the death of someone significant to them
- Having been bullied or physically or sexually assaulted
- Living in poverty or being homeless

Peers of students suffering with mental health issues

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. It is possible that friends may learn unhealthy coping mechanisms from each other e.g. in the cases of self-harm and eating disorders.

Staff will consider on a case by case basis which friends may need additional support which may be provided either in one to one or group settings to highlight:

- 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

The provision of targeted support

All staff play a role in the well-being of students. Where students present a concern staff will:

Ask:

Be proactive

Staff will seek to understand in a non-judgemental and supportive manner, as supportive relationships can act as protective factors for mental health.

Listen:

Be clear on limits of their role

Staff will think carefully about what they personally can and cannot do to help the pupil. Staff may need to be explicit with the pupil to help them understand the limits of their role. Staff should consider themselves as the student's ally rather than their saviour. It is ok to be honest about the fact that one doesn't have all the answers or is not sure exactly what to do next.

Respect confidentiality

As in the safeguarding policy, confidentiality cannot be upheld when

- there is a risk of the client harming themselves or being harmed
- there is a risk of another person being harmed
- Wherever possible staff will build a network of support and continuity of care around the student and so will explain the importance of sharing information ('I feel very worried about you and I may not always be in school').
- Students may not want information to be shared, but staff need to be vigilant as refusals may occur in the case of a potential eating disorder (see Appendix A) where a student may be secretive and oblivious to there being a problem, or in the case of sexual exploitation where abusers may be viewed as friends.
- Staff may discuss concerns (initially without identifying the student) with lead members of staff to inform their decision to break confidentiality.

Connect students to resources:

Refer

- Referrals are to be made to pastoral leads and year directors in the first instance.
- If the concern for well-being is underpinned by SEN needs, referrals are to be made to the SENCO and Year director.
- Following referral:

Students may access provision such as

- Counselling
- Art therapy
- Psychoeducation workshops
- School nurse
- The ASD base (for those with Education, Health and Care Plans, but also for students with a diagnosis of Autistic Spectrum Disorder or suspected to be on the spectrum can access the base at social times and may have interventions in the base.
- External services such as GP's, CAMHS, 42nd Street, Manchester Mind, and youth projects.

- Some students may experience very complex or enduring problems, and will require a strategic inclusion meeting to develop a Student Support Plan through discussions with carers, staff and other professionals.

Signpost, particularly where there is lower need or urgency

- Some students may want to self-refer to counselling (through leaving a message in the post-box outside the counselling room on C floor/emailing using the student portal/drop in sessions before the start or at the end of the school day).

- Staff may signpost to online support and local services (see Appendix B)

- Staff may encourage the student to connect with their Pastoral Lead and Year Director and access enrichment activities.

Tailor responses and teaching

- Students with mental health problems or poor well-being may find following school rules challenging. Staff will identify needs, feelings and perceptions that underpin the students' behaviour, and develop a plan to bring out the best in the student.
- A behaviour standard may have to be broken down into step-wise goals with the aim of ultimately reaching expected standards.
- Pace of recovery from mental health difficulties varies from person to person and may not be linear, hence staff will need to show a degree of flexibility.

Work with parents

- Where it is deemed appropriate to inform parents, staff will invite parents to a face to face meeting, and will ensure parents are given time to reflect after receiving challenging information about their child's issues (parents may be shocked or upset).
- Where relevant, staff will endeavour to signpost to further sources of help (see Appendix A) and/or will consider booking in a follow-up meeting or phone call as parents often have many questions as they process the information.
- Staff will keep a brief record of the meeting on Sims (as a linked document).

Access staff support

There is a wealth of expertise and support in school.

- Facilitated group supervision is available to support staff with the reflective and planning process to improve staff-student relationships and wellbeing.
- Stride and pastoral staff can offer teachers help with developing plans for teaching vulnerable students
- Mental Health First Aiders can offer a source of information about mental health disorders (see Appendix C)

Staff Training

- In addition to regular child protection training, staff will be offered training on mental health issues and on relevant psychological theories and methods.
- The MindEd learning portal[3] provides free online training suitable for staff wishing to know more about a specific issue.
- Training opportunities for staff who require more in depth knowledge will be considered as part of our performance and development process.
- Staff will have access to supervision groups which will be facilitated by qualified clinical supervisors.

Policy Review

This policy will be reviewed every 3 years. It is next due for review in January 2020.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Shanaz Essafi, Mental Health Lead by email Shanaz.essafi@manchester-academy.org or telephone the school office.

This policy will be updated to reflect personnel changes.

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing 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.

Information and guidance is provided below 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 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

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[3] www.minded.org.uk

young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

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%.

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 Young Hand: Deliberate Self-harm and Suicidal Ideas 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

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.

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.

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. 3.3% or about 290,000 children and young people have an anxiety disorder.

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 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: www.ocduk.org/ocd

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 out of the blue.

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 Post-intervention*. 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

Post-traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) can follow physical or sexual abuse, witnessing something extremely frightening or traumatising, or surviving a disaster. Some young people may be jumpy, or appear to be easily irritated. Nightmares may disrupt sleep and leas to tiredness and flashbacks may occur where the young person feels that they are re-living the trauma. They may seem excessively anxious avoiding anything that reminds them of the trauma.

Books
Rothschild, B ( ) 8 Keys to Safe Trauma Recovery: Take-Charge Strategies to Empower Your Healing

Appendix B: Local Services for Young People

For activities outside of school:
Search online for 'Youth Centres Manchester City Council' or go to http://www.manchester.gov.uk/info/266/childrens_services/7310/youth_centres/2

For mental health support and activities:
- Students and parents can be advised to visit their GP if they have concerns.

- 42nd Street is based in the city centre, offers counselling and art-based activities for 11-25 year olds. Telephone: 0161 228 7321 Website: http://42ndstreet.org.uk/

- Manchester Mind offers a children's and young persons' service based in Levenshulme and works with students aged 15 and older. It has an internet café (where students can volunteer), welfare advisors, and counsellors. Telephone: 0161 221 3054

- ChatHealth (from the School Health Service) is a safe and secure messaging service run by a team of trained school nurses. Young people aged between 11 and 16 can text for advice on all kinds of health issues, such as sexual health, emotional health and wellbeing, bullying,

healthy eating and any general health concerns. Text: 07507330205 Monday to Friday 9am-4pm including school holidays.

- Childline offers information, online counselling and chatrooms. Telephone: 0800 1111 Website: https://www.childline.org.uk/

- Kooth offers information and online counselling https://kooth.com/

- SelfharmUK offers information on self-harm www.selfharm.co.uk

- Eclypse is a free and confidential drug and alcohol service for young people under 19 and families in Manchester. Telephone: 0161 8392054

Appendix C: Staff Self-care

- CiC is an Employee Assistance Programme – it provides confidential helpline offering support for any work or personal problems. It is open 24 hours a day, 7 days a week. Telephone: 0800 085 1376.
- Education Support offers a 24 hour free and confidential helpline for staff working in schools. T: 08000 562 561
- Facilitated group supervision is available within school for reflective practice, contact Shanaz Essafi at Manchester Academy for further details.
- Talk to a Mental Health First Aider in school for information about common mental health problems:
  Collette Walker
  Sinead Nelson
  Darren Morley
  Emmanuel Nnadede
  Stacey Rowe
  Cherise Morgan
  Victoria Hyde
  Garth Harkness
  Shanaz Essafi

Appendix D: Factors that improve mental health

There are many models of mental health. One is the 5 ways to well-being model which was developed and researched by the New Economics Foundation.

1. Connect - Talk to someone, spend some quality time with family and friends
2. Be active – go running, jog on the spot, do star jumps – exercise improves mood
3. Take notice – use your eyes and ears – notice your surroundings, trees and plants – take a break from being in your head thinking and thinking about problems!
4. Learn - keep your mind focused on something useful or something that you enjoy, join a new club.

5. Give – when you smile at someone, or help them, it'll make you happy too

PERMA is another model proposed by Prof. Martin Seligman. PERMA makes up five important building blocks of well-being and happiness**:**

- **P**ositive emotions – doing things that we enjoy; which generate positive emotions such as peace, pleasure, inspiration, etc.
- **E**ngagement – being completely absorbed in activities
- **R**elationships – being authentically connected to others
- **M**eaning – purposeful existence
- **A**chievement – a sense of accomplishment and success