



Mental Health Policy

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 his or her community. (World Health Organisation)

At Mayville we aim to promote positive mental health for every member of our staff and every pupil of the school. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

All staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff are well placed to observe children day-to-day and identify those whose behaviour suggests they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. Where staff have a concern about the mental health of a child they will follow the child protection policy and speak to the DSL or one of the deputies.

Staff can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies. Information can be found in the **Mental Health and Behaviour in schools guidance** as well as in **Preventing and tackling Bullying, Promoting children and young people's emotional health and wellbeing**.

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 Trustees.

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 parents/carers



Lead Members of Staff

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

- Rebecca Parkyn – Headteacher / trained in mental health support
- Lily Watkinson – school counsellor
- Gill Rickards – designated safeguarding lead/pastoral team/lead first aider
- Jayne Williams – deputy headteacher/pastoral team
- Caroline Ross / Will Schmit – assistant heads of junior school

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a member of the pastoral team in their department in the first instance. If appropriate they will refer the pupil to the school counsellor. We have a counsellor in school for 2 days a week further details of which are available in Appendix A.

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 to the designated safeguarding lead or the Headteacher. If the pupil presents with a medical emergency then normal first aid procedures 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 by the pastoral team or the deputy head of the junior school.

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PHSE curriculum. 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 pupils to develop the skills, understanding, language and confidence to seek help, as needed, for themselves or others. We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 member of the pastoral team.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating/sleeping patterns
- 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
- Repeated physical pain or nausea with no evident cause
- Repeatedly running away
- An increase in lateness or absenteeism

Managing Disclosures

A pupil 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 pupil 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 in writing. 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

This information should be passed on to a member of the pastoral team who will add it to the pupil's record and offer support and advice about the next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we feel it is necessary for us to pass on our concerns about a pupil then we should make sure they are aware of this. It is always advisable to share disclosures with a colleague, usually a member of the pastoral team or the deputy head of the junior school, as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.



Parents should usually be informed and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a pupil gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the designated safeguarding lead or Headteacher must be informed immediately

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Wherever possible we should have a face to face meeting and we should consider the following questions (on a case by case basis):

- Who should be present? Consider parents, the pupil, 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. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight other sources of information and help and provide them with a clear means of contacting us for further information and support. Always consider booking a follow up meeting or phone call. Finish each meeting with agreed next steps and always keep a brief record on the pupil's pastoral record.

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to offer support but do not how to. 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 consider:

- What is helpful for friends to know and what should they not know
- How friends can best support
- Things friends should avoid doing/saying which may inadvertently can upset
- Warning signs that their friend may need help

Additionally we will highlight with peers:

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



Training

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

Roughly a third of the staff have the mental health first aid certificate.

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 pupils.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in September 2023.



Appendix A: Further information on the role of the school counsellor

Counselling Service – Information for Staff

What is counselling?

Counselling is a skilled way of helping young people with personal and developmental issues and difficulties. Counselling gives individuals an opportunity to explore, discover and clarify ways to live in a more satisfying and resourceful way. It offers the young person the opportunity to increase their self-awareness, develop their personal resources and understanding of their own problems as well as developing strategies to cope with change.

Counsellors are trained to listen without judging and to help people sort out their thoughts and feelings about whatever is concerning them.

Why have a counsellor in school?

Schools have a crucial role to play in creating emotionally intelligent children and young people. A school based service brings counselling to children and young people in a place that is familiar, safe and secure. It is widely accepted that schools which promote the health and well-being of pupils are more likely to create an effective learning environment.

Who is the counsellor?

Nicola is professionally qualified and experienced in working with children and young people. The service is delivered according to the 'Ethical Framework for Good Practice' of the British Association for Counselling and Psychotherapy (BACP). All information about counselling work undertaken is kept securely in line with current data protection regulations.

How long will counselling last?

Counselling may be for a few sessions, or longer term. It is reviewed regularly between the counsellor and child or young person.



Where and when does it take place?

Sessions currently take place in a private room on Tuesdays and Thursdays and last between 30-50 minutes (depending on circumstances).

Why refer a child for counselling?

There are some issues which may be relevant when considering referring a pupil for counselling:

- Their standard of work has dropped dramatically
- They have become subdued or over excited; marked mood swings, behaviour that is 'out of character'
- Those who bully others and those who are victims of bullying behaviour
- They have difficulties due to family breakdown
- They have peer group difficulties / relationships
- They have been bereaved or suffered loss or separation
- They have low self-esteem
- They are self-harming

If you are unsure whether to refer a child for counselling, it may be helpful to discuss concerns with the counsellor in order to decide on the most appropriate way forward.

How are referrals made to the counselling service?

If you decide a referral is appropriate, please complete the brief referral form attached and follow the school referral process as follows:

Please send referrals to Gill Rickards

g.rickards@mayvillehighschool.net

You may find it helpful to use the '*Information for Children and Young People about Counselling*' leaflet, when you are talking to children about the idea of counselling. It may help them to understand what is involved and that this is a normal and ordinary approach to supporting children and young people with difficulties.

There is also an '*Information for Parents and Carers about Counselling in School*' leaflet, which can be sent home or taken by the child.

Both leaflets are available from the school office.

Requests for counselling can also come from a parent or child, who can self-refer.



Can any child access the service?

Whilst most children will be referred to the service, there is also the opportunity for children to 'drop-in' on Thursdays between 1-1.45pm.

Is it confidential?

Confidentiality is offered within the usual ethical and safeguarding limits.

Counselling is a time when it's ok to talk about concerns without fear of them being discussed elsewhere. This includes not discussing the work with parents or teachers, unless the child or young person requests or gives consent for this. Ensuring the confidentiality of the work is crucial for establishing trust, so that the children and young people feel confident to speak openly and freely about what is concerning them.

Clearly absolute confidentiality cannot be guaranteed. The welfare of the young person will, at all times, take precedence over confidentiality. If a pupil appears to be at risk of significant harm it would be appropriate to seek help from other agencies to keep them safe. The counsellor would aim to discuss this first with the pupil concerned.

Can I ask for feedback on a child?

The counsellor will not pass on any detailed accounts of sessions, but may communicate periodically with school staff about general progress, with the young person's agreement. School staff should understand the young person's right to confidentiality in counselling, and should respect this in their dealings with the counsellor and the child.

Whilst the pastoral team may have a general overview of the presenting reason for referral, the content of sessions will remain confidential unless the welfare and safety of the young person and/or another is considered to be at risk of significant harm.

What if a child refuses to have counselling?

The decision about whether or not to take up the offer of counselling is entirely voluntary for children and young people, just as it would be for an adult.

If you want any further information, please contact Lily, the school counsellor, via the school office number – 023 9273 4847



REFERRAL FORM

For the purpose of confidentiality, please inform the child / young person that this referral is being made and what information is being given.

Child's name:		Class / Year:	
Name of referrer?		Date:	
Useful information on child:	Health / social issues? Special educational needs? Safeguarding? Looked after?		
Are you aware of other professional involvement with this child?	Is there anyone else in the school or from an external service providing support for this child? Eg Social Care, primary mental health, dyslexia unit. If so, please give details.		
Reasons for referral / cause for concern:			
Level of concern / urgency:	(Low) 1 2 3 4 5 6 7 8 9 10 (High)		
Any relevant information about the child's background or significant life events?			
How is the child functioning in school?	Academically / socially / behaviourally?		
Parental involvement:	Are they aware of this referral? Does a parent / carer come to the parent / teacher meetings? How well do they engage? Do they work in the school?		
How do you hope counselling might help this student?			



Counselling Service – Information for Parents

What is counselling?

Counselling is a skilled way of helping young people with personal and developmental issues and difficulties. Counselling gives individuals an opportunity to explore, discover and clarify ways to live in a more satisfying and resourceful way. It offers the young person the opportunity to increase their self-awareness, develop their personal resources and understanding of their own problems as well as developing strategies to cope with change.

What does a counsellor do?

Counsellors are trained to listen without judging and to help people sort out their thoughts and feelings about whatever is concerning them.

The counsellor is professionally qualified and experienced in working with children and young people.

Why have a counsellor in school?

Schools have a crucial role to play in creating emotionally intelligent children and young people. A school based service brings counselling to children and young people in a place that is familiar, safe and secure. It is widely accepted that schools which promote the health and well-being of pupils are more likely to create an effective learning environment.

How long will counselling last?

Counselling may be for a few sessions, or longer term. It is reviewed regularly between the counsellor and child or young person.

Where and when does it take place?

Sessions take place in a private room in the school during Tuesdays and Thursdays and they last between 30-50 minutes (depending on circumstances).



Is it confidential?

Confidentiality is offered within the usual ethical and safeguarding limits.

Counselling is a time when it's ok to talk about concerns without fear of them being discussed elsewhere. This includes not discussing the work with parents, unless the child or young person requests or gives consent for this. This can be hard for parents to accept at times, but ensuring the confidentiality of the work is crucial for establishing trust, so that the children and young people feel confident to speak openly and freely about what is concerning them.

Clearly absolute confidentiality cannot be guaranteed. The welfare of the young person will, at all times, take precedence over confidentiality. If a pupil appears to be at risk of significant harm it would be appropriate to seek help from other agencies to keep them safe. The counsellor would aim to discuss this first with the pupil concerned.

What if I don't want my child to receive counselling?

If a child or young person requests counselling and is able to understand what is involved in the process, then they have the right to access counselling. Parent and carers may not deny them this right. We would, however, prefer that we have your support for the work, and we are always happy to talk with you about any concerns that you may have about the idea of counselling.

What if s/he refuses to have counselling?

The decision about whether or not to take up the offer of counselling is entirely voluntary for children and young people, just as it would be for an adult.

Can I support the counselling work?

Yes, and we welcome this. Our experience shows that the most helpful thing a parent can do is to show an acceptance of counselling as a normal and useful activity, and to show an interest if their son/daughter wishes to talk about it, but not to press them if they don't. We acknowledge that this isn't an easy task, and it is quite natural for parents to feel anxious about what may be being said in the sessions.

It is always our hope that talking with a counsellor will lead to greater openness with parents and families. You may need to allow a little time for this to happen.



Why might my child want to see a counsellor?

We all experience occasions when it feels hard to speak to those closest to us about things which are bothering us. Often this can be because we don't want to worry those we love the most, or because we want help thinking things through with someone else outside of the family. The counsellor will not be judging a parent or a child, but looking to help them find their way through whatever is troubling them.

How are referrals made to the counselling service?

Referrals are made to Mrs Gill Rickards

(g.rickards@mayvillehighschool.net)

If you are talking to your child about the idea of counselling, you may find it helpful to use the '*Information for Children and Young People about Counselling*' leaflet, which is available from the school office. It may help them to understand what is involved and that this is a normal and ordinary approach to supporting children and young people with difficulties.

The request for counselling may come from you, a teacher or your child, who can self-refer.

If you want any further information, please contact the counsellor via the school office number – 023 9273 4847.

Here are some comments made by pupils who have been to counselling, which show how young people can benefit.

"Having counselling has helped me a lot. I have been able to discuss my problems instead of locking them away, which is what I used to do. It has been a very big help to me."

"It helped me to understand my problems and to overcome them."

"It really helped me to talk more to my family and people around me."

"The counselling has helped me to feel confident in myself."

"I don't feel ashamed to admit that I need help because now I know that I am not the only one that needs help."



Appendix B: 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
- Between 1 in 12 and 1 in 15 children and young people deliberately self-harm
- There has been a big increase in the number of young people admitted to hospital because of self-harm. Over the last 10 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
- 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

Below is information and guidance about the issues most commonly seen in school-aged children. Some of the links are aimed at parents but are listed here as they are useful for school staff as well.

Self-harm

Self-harm describes any behaviour where a 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

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Books

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

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-Harm and Suicidal Ideas in Adolescents*.

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*.

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

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 they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

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*

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*



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*

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

Suicidal Feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some people never act on these feelings though they may openly discuss them 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 Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*



Eating Problems

Food, weight and shape may be used as a way of coping with, or communicating about difficult thoughts, feeling 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.*

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

Pooky Knightsmith (2012) *Eating Disorders Pocketbook.*



Appendix C: Guidelines for Dealing with incidents of Self-harm within Portsmouth schools produced by Portsmouth City Council and Solent NHS Trust

Guiding Principals

- Any learner self-harming will be treated with dignity and respect.
- Staff will use the 'The Portsmouth Schools and Colleges Self-harm Care Pathway' document as guidance.
- Staff shall explain confidentiality and safeguarding to the young person
- Staff will make sure the young person receives the appropriate medical attention. Any young person who has taken any tablets needs to be taken immediately to the nearest hospital A and E Department.
- Treatment following an incident of Self-harm will be administered privately so that the young person does not feel ashamed or embarrassed or receive attention that could be positively reinforcing.
- Staff should not demand to see wounds but should check with the young person if they feel they need medical attention.
- Staff will focus on listening to the young person's story and their feelings rather than on the actual injury.
- Staff will inform others who need to know such as the designated self-harm coordinator. This will usually include the parents and many occasionally involve medical or CAMHS staff for example.
- Incidents will be managed in such a way to minimise disruption to the learner's education.
- Frequent self-harmers may be on a plan to treat themselves. The first aider/member of staff may make the judgement about whether they are capable of doing this or whether he/she needs to administer first aid on their behalf.
- Materials used to treat wounds will be disposed of appropriately.
- The member of staff/first aider should follow school policy for recording incidents of self-harm i.e. name, date, time, nature and extent of harm, whether pupil dealt with it themselves or whether treatment was administered by the first aider.

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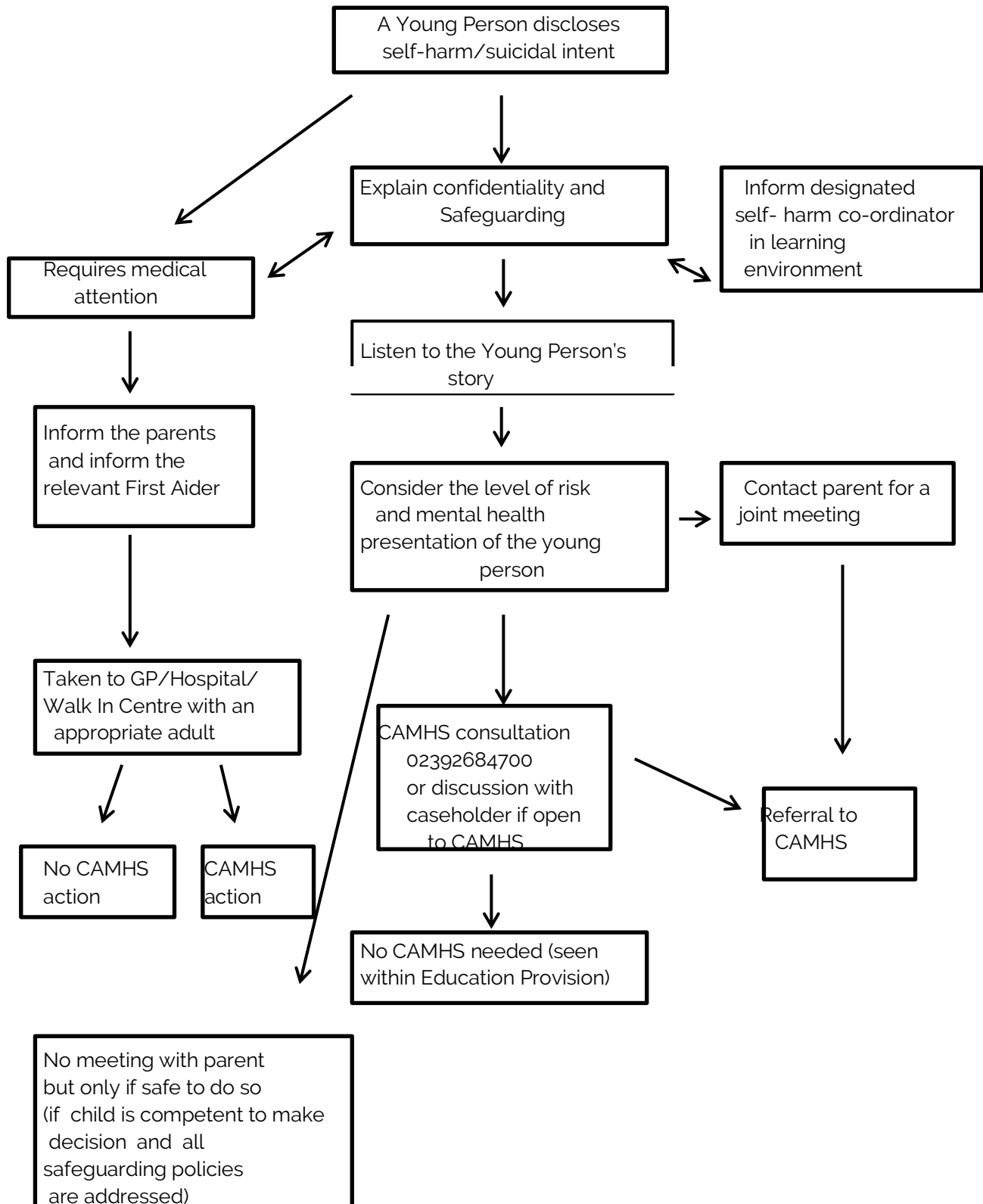


- If school staff contact parents they should speak to them directly, not send messages or texts.
- Staff should not insist that young people who have previously self- harmed should cover old scars.



Flowchart

Portsmouth School/College Self-Harm Care Pathway





Appendix D: Guidance and advice documents

Mental and Health and Behaviour in School – departmental advice for school staff. Department for Education (2014)

Counselling in Schools: a blueprint for the future – departmental advice for school staff and counsellors. Department for Education (2016)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PHSE Association funded by the Department for Education

Keeping Children Safe in Education – statutory guidance for schools. Department for Education (2016)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education