

Pupil Mental Health and Wellbeing policy

Introduction

At Ash Lea School, we are committed to promoting positive mental health and emotional wellbeing to all pupils, their families and members of staff and governors. Our open culture allows pupils' voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

Guidelines for Implementation

The Senior Leadership Team and Governing Bodies will:-

- Promote positive mental health and emotional wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in pupils.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to pupils with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst pupils and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and pupil welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

This policy aims to ensure all staff take responsibility to promote the mental health of pupils, however key members of staff have specific roles to play:

- Mental Health and Wellbeing Lead
- Designated Safeguarding Lead
- ELSA workers

Referral

If a member of staff is concerned about the mental health or wellbeing of pupil, in the first instance they should speak to the Mental Health and Wellbeing Lead or make a referral to the school ELSA and record their concerns on CPOMs.

If there is a concern that the pupil is high risk or in danger of immediate harm, the school's child protection procedures should be followed. If the child presents with a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

The skills, knowledge and understanding our pupils need to keep themselves, and others, physically and mentally healthy and safe are included as part of our RSHE curriculum and throughout the three strands of the Ash Lea Curriculum via our thematic approach. Additional group sessions, wellbeing days and themed assemblies provide focused work on highlighting the need for good mental health and what can affect this, tailored to the individual class needs.

We will follow the guidance issued by the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively.

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and-emotional-wellbeing>

Incorporating this into our curriculum at all stages is a good opportunity to promote pupils' wellbeing through the development of healthy coping strategies and an understanding of pupils' own emotions as well as those of other people.

Additionally, we will celebrate and mark key calendar events relating to mental health and wellbeing, such as World Mental Health Day, Children's Mental Health Week and Anti-bullying week

We will ensure that staff, pupils and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school, we will share and display relevant information about in-house, local and national support services and events on the school website page.

The aim of this is to ensure pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why should they access it
- What is likely to happen next

Warning Signs

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 alert Mental Health and Wellbeing Lead, or if not available, a member of SLT. These sign and symptoms may be harder to recognise in young people with SEND, but it is better to express concerns rather than attribute it to another factor. This can be recorded on CPOMs.

Possible warning signs, which all staff should be aware of 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
- Changes in activity and mood - especially extreme lows or highs
- 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 physical exercise or getting changed secretly
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We work closely with families and a range of other professionals in supporting the emotional and mental health needs of pupils. We ensure timely and effective identification of pupils who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- Working closely with the local Mental Health Support Team (MHST) and CAMHS through the single point of access and other agencies services to follow various protocols including assessment and referral;
- Identifying and assessing in line with the Early Help Assessment Tool (EHAT), children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach;
- Providing a range of interventions that have been proven to be effective.

According to the child's needs;

- Ensure young people have access to pastoral care and support, as well as specialist services, including ELSA, MHST and CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and

- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

Pupils with profound and multiple learning difficulties

At Ash Lea, we feel that it is important to carefully consider the mental health and wellbeing needs of pupils with 'PMLD'. It is likely that people with PMLD have lived experiences of being socially isolated, having significant and invasive medical interventions and medication regimes, pain and discomfort due to their physical difficulties, a high likelihood to have epilepsy, associated medical difficulties, and sensory regulation difficulties due to birth experiences and physical disabilities. They will also have communication difficulties and may not be able to share their feelings about these experiences, or be able to understand what is happening to them. Because of their physical disabilities, their abilities to control and exert autonomy in their interactions and what they experience is limited. It is thought, and has been seen through research, that people with PMLD are more likely to develop 'learnt helplessness' (where they may give up trying) due to this inability to control their environment and the opportunity and ability to communicate with others independently.

It is sometimes thought (historically and currently in some quarters) that, due to low cognitive abilities, such children and young people could not possibly experience mental health difficulties. At Ash Lea we presume that, due to these lived experiences, it is highly likely that pupils with PMLD experience mental health difficulties and we need to ensure that we are proactive in supporting them to be interested and active learners, comfortable in their bodies, in control of their world where possible and able to develop and sustain positive relationships.

Staff working with pupils with PMLD speak to pupils respectfully; talking to them and not over them or about them wherever possible (an assumption that they may

understand everything said). Inherent in our teaching, learning and assessment policy is the expectation that all pupils are enabled and encouraged to be as autonomous in their learning as possible. As processing can take longer, pupils with PMLD must be given longer to do something and adults should not step in to take away their potential to discover independently away from them. Their actions should be respected as their own and, to support this, learning should focus on process over product. As with other pupils we treat changes in mood, sleep patterns and behaviour as signs that the person may be experiencing mental health problems and we would seek to work with parents or carers and other professionals to address potential triggers and resolutions. It is unlikely that CAMHs would be able to support our pupils with therapeutic support and it is likely that a more bespoke approach is needed for our pupils who have PMLD that will require us to revisit and refresh our approach to working with them based on the principles of how we support their learning.

Disclosures

If a pupil chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded on CPOMs, including:

- Date
- Name of member of staff to whom the disclosure was made
- Nature of the disclosure & main points from the conversation
- Agreed next steps

This information will be shared with Luke Skillington (Mental Health Lead) and Kate Davies (Safeguarding Lead) in the first instance, to ensure that the correct level of support and intervention is offered.

Confidentiality

If a member of staff feels it is necessary to pass on concerns about a pupil to either someone within or outside of the school, then this will be first discussed with the pupil. We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we're going to tell them

Ideally, consent should be gained from the pupil first, however, there may be instances when information must be shared, such as pupils up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the pupil. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but pupils may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers.

If a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

Working with parents / carers

If it is deemed appropriate to inform parents there are questions to consider first:

- Can we meet with the parents/carers face-to-face?

- Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- Who should be present – pupils, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to CPOMs for that individual pupil, and an Individual Support Plan created if appropriate.

Supporting parents / carers

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing. We will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems.
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.).
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based

programmes run by community nurses or other appropriately trained health or education practitioners.

- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

Supporting peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the pupil 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 / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

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

Generalised work around looking after our mental health is covered in our RSHE curriculum, which became statutory in September 2020.

Training

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 pupils safe. The Mental Health Lead will receive professional Mental Health First Aid training and all official DfE Mental Health Lead training.

We will put relevant information on our website for staff and parents who wish to learn more about mental health. We have access to specialised training and information through Nottinghamshire Education Psychology Service who run courses and provide information packs online. We are members of the National College <https://thenationalcollege.co.uk/> and they run a range of online courses to support staff and pupils' mental health. Anna Freud National Centre <https://www.annafreud.org/schools-and-colleges/> and Mind Ed <https://www.minded.org.uk/> also provide free resources and online training suitable for staff wishing to know more about a specific issue.

Training opportunities for individual staff who require more in-depth knowledge will be considered as part of our CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils, such as the recovery curriculum and supporting pupil resilience post COVID-19. Suggestions for individual, group or whole school CPD should be discussed with Luke Skillington (Mental Health Lead) who can also highlight sources of relevant training and support for individuals as needed.

Date of review: May 2021

Date of next review: May 2022

Signed: Date:

Chair of Governors

Signed: Date:

Head Teacher

Attached appendices:

Ash Lea initial referral form (live on CPOMs in document library)

ELSA procedure flow chart

MHST referral flow chart

MHST / CAMHS referral form