Positive Mental Health Policy

The Vyne Community School

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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)

At our school, we aim to promote positive mental health 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.

At The Vyne, we foster an inclusive environment where every student's perspective is valued and respected. We recognise that individuals face diverse challenges and may require varying levels of emotional support throughout their academic journey. Mental wellness is a collective priority, with all members of our community playing an integral role in maintaining a supportive atmosphere.

Policy Scope

This policy is a guide to all staff, including teachers, governors, and non-teaching staff. It outlines our approach to promoting student mental health and wellbeing. It should be read and understood alongside our other relevant school policies.

Policy Aims

The aim of our policy is to demonstrate our commitment to the mental health of our staff and students.

- 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
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health

Key Staff Members

All staff members have a responsibility to promote the mental health of students and each other. However, certain staff members have a specific role in the process. These are:

- Mental Health Lead: **Vickie Rodgers**
- Our Designated Safeguarding Leads: **Vickie Rodgers (DSL), Kayleigh Basterfield, Suzy Sard, Nathan Smith, Kieran Maylen, Sue Latorre and Carly Bristow (DDSLs)**
- Pastoral Staff: **Jane Stringer, Year Leaders**
- SENCO: **Jo Williams and Kayley Walkden**

If a member of staff is concerned about the mental health and wellbeing of a student, then in the first instance they should speak to a **Designated Safeguarding Lead or the Mental Health Lead as listed above.**

If a child presents a medical emergency then relevant procedures will be followed, including involving the emergency services.

Teaching about Mental Health

Our Personal Development curriculum is developed to give students the skills, knowledge, and understanding they need to keep themselves mentally healthy. This includes resilience techniques and training.

We will regularly review our Personal Development curriculum and lesson content to ensure that they meet the aims outlined in this policy. We will also implement this in our curriculum at all stages to provide students with strategies to help keep them mentally well.

The specific content of lessons will be determined by the specific needs of the cohort, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Tutor times at certain points in the year will be dedicated to raising awareness surrounding mental health, this will include recognising key dates such as **World Mental Health Day** in October and **Mental Health Awareness Week** in May.

Support at School and in the Local Community

We have a range of support available in school for any students struggling, as listed below:

- Counselling
- Inclusion Team
- Named staff member to talk to
- Break time group in SEN
- Self-Referrals to Inclusion Team or Year Leaders
- Peer support through Anti-Bullying Ambassadors

- Business Mentors from Fujitsu or AWE

There are also a lot of support networks available for children in the local community. This includes places such as:

- Child and Adolescent Mental Health Services (CAMHS)
- Mental Health Support Team (MHST)
- YPI Counselling and mentoring - Basingstoke and Deane
- Fluid Motion Theatre Company – Basingstoke (fluidmotiontheatre.com)
- Childline

We will display relevant sources of support in assemblies, on the school website and social media and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring pupils understand:

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

Identifying Needs and Warning Signs

All of our staff will be trained in how to recognise warning signs of common mental health problems. This means that they will be able to offer help and support to students who need it, when they need it.

These warning signs will always be taken seriously and staff who notice any of these signs will communicate their concerns with the Designated Safeguarding Lead as appropriate.

Staff will be able to identify a range of behaviour and physical changes, including:

- Physical signs of harm.
- Changes in eating and sleeping habits.
- Increased isolation from friends and family and becoming socially withdrawn.
- Changes in mood.
- Talking and/or joking about self-harm and/or suicide.
- Drug and alcohol abuse.
- Feelings of failure, uselessness, and loss of hope.
- Secretive behaviour.
- Clothing unsuitable for the time of year, e.g. a large winter coat in summer.
- Negative behaviour patterns, e.g. disruption.

Staff will also be able to identify a range of issues, including:

- Attendance and absenteeism.
- Punctuality and lateness.
- Changes in educational attainment and attitude towards education.

- Family and relationship problems.

Finally, staff will be well placed to identify any additional needs arising from difficulties that may impact a child's mental health and wellbeing, such as bereavement and health difficulties.

Managing Disclosures

If a student discloses concerns about themselves or a friend, to any member of staff, then all staff will respond in a calm, supportive, and non-judgemental manner.

All disclosures will be recorded confidentially and only shared with the appropriate authorities if it's necessary to keep the child safe, in line with our Safeguarding Policy.

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?' For more information about how to handle mental health disclosures sensitively, **see Appendix C.**

This information should be shared with the mental health lead, Vickie Rodgers, who will provide and store the record appropriately and offer support and advice about next steps.

All disclosures should be recorded in writing and held on the pupil's confidential file in CPOMs. This written record should include:

- The date of the disclosure.
- The name of the staff member to whom the disclosure was made.
- The nature of the disclosure and the main points from the conversation.
- Agreed next steps.

Confidentiality

If a member of staff thinks it's necessary to pass on concerns about a student, either to somebody inside the school or somebody outside it, then this will first be discussed with the student. They will be told:

- Who the staff member is going to tell.
- What the staff member is going to disclose.
- Why it's necessary for somebody else to be informed.
- When the contact will be.

However, it may not be possible to gain the student's consent first, such as in the case of students who are at immediate risk. Protecting a student's safety is our main priority so we would share disclosures if we judged a child to be at risk.

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 (pupils up to the age of 16 who are in danger of harm).

It is always advisable to share disclosures with a colleague, usually the mental health lead or DDSL, 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 must always be informed and students may choose to tell their parents themselves. If this is the case, the pupil may be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed.

Whole School Approach

We take a whole school approach towards the mental health of our students. This means working with parents and carers and with other agencies and partners, where necessary.

Working with Parents and Carers

We aim to support parents as much as possible. This means keeping them informed about their child and offering our support at all times, **(see Appendix A&B).** To support parents, we will:

- Highlight sources of information and support about mental health and emotional wellbeing that we have in our school.
- Share and allow parents to access further support.
- Ensure that parents are aware of who to talk to if they have any concerns about their child.
- Give parents guidance about how they can support their child's/children's positive mental health.
- Ensure this policy is easily accessible to parents.
- Keep parents informed about the mental health training our school staff receive and how mental health is covered in our school curriculum.

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?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to

terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums (**see Appendix A & B**).

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 in CPOMS.

Working with Other Agencies and Partners

As part of our whole school approach, we will also work with other agencies to support our students' emotional health and wellbeing. This might include liaising with:

- The School Nurse
- MHST
- Paediatricians
- Educational Psychologists
- CAMHS
- Counselling services
- Therapists
- Children's services
- Family support workers

Supporting Peers

Supporting peers when a pupil is suffering from mental health issues 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 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 provide support.
- Things friends should avoid doing / saying which may inadvertently cause upset.
- Warning signs that their friend may need 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.

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 and read Keeping Children Safe in Education in order to enable them to keep students safe.

We will post all relevant information, and additional information, on our school website so staff can learn more about child mental health. We will consider additional training opportunities for staff and we will support additional CPD throughout the year where it becomes appropriate due to developing situations with pupils.

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.
- Between 1 in every 12 children and 1 in 15 young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance 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 of these issues can be accessed via:

- Young Minds - www.youngminds.org.uk
- Mind - www.mind.org.uk
- Minded (for e-learning opportunities) - www.minded.org.uk
- Hampshire CAMHS - https://hampshirecamhs.nhs.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 young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Support for self-harm can be found via:

- SelfHarm.co.uk - www.selfharm.co.uk
- National Self-Harm Network - www.nshn.co.uk
- PookyKnightsmith(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.

Support on depression can be found via:

- **Depression Alliance -** www.depressionalliance.org/information/what-depression
- Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression? A guide for friends, family and professionals.

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.

Support on anxiety, panic attacks and anxiety can be found via:

- **Anxiety UK** - www.anxietyuk.org.uk
- 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.

Support on obsessions and compulsions can be found via:

- **OCD UK** - www.ocduk.org/ocd
- Books: AmitaJassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals.

- Susan Conners (2011) The Tourette Syndrome & 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 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.

Support on suicidal behaviour can be found via:

- **Prevention of Young Suicide UK (PAPYRUS)** -www.papyrus-uk.org
- On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/researchand-resources/on-the-edge-childline-spotlight/
- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents.
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention.

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.

Support on eating disorders can be found via:

- **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-difficultiesin-younger-children
- Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers
- PookyKnightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers
- PookyKnightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks

Appendix B: Guidance and Advice Documents

Mental health and behaviour in schools- departmental advice for school staff. Department for Education (2018)

Counselling in schools: a blueprint for the future- departmental advice for school staff and counsellors. Department for Education (2015)

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

Keeping children safe in education- statutory guidance for schools and colleges. Department for Education (2022)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old -is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: Talking To Students When They Make Mental Health Disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student. Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all

the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

In line with UNICEF's Rights Respecting Schools Award, the above policy demonstrates that the following articles are embedded in The Vyne Community School's practices:-

Article 1	Everyone under 18 has all the rights of the convention;
Article 2	Applies without discrimination;
Article 3	All organisations concerned with children work towards what is best for each child;
Article 14	Right to think and believe what they want, practice their religion –as long as they are not stopping the rights of others;
Article 15	Right to meet with others as long as it does not stop others enjoying their rights;
Article 28	Right to an education;
Article 29	Education to develop respect for others;
Article 30	Right to own culture, religion, language;
Article 31	Right to leisure;
Article 37	If the law is broken children have the right to not to be treated cruelly; and
Article 39	The right to help if neglected, abused or hurt.