Mental Health and Wellbeing Policy

SMS Changing Lives School

Approved by:	Hecabe DuFraisse	Date: 18 May 2023
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This policy is disseminated to staff at relevant meetings and through line management and staff appraisal. The policy is referred to regularly in line with SEND training and is listed on the school website.

Contents

1. Why Mental Health and Wellbeing is important

We promote positive mental health for everyone in our school community because we recognise how important it is to our lives in the same way as physical health.

We recognise that young people's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than other students of the same age and lead to low achievement, something which is difficult to remedy later in life.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social Emotional and Mental Health as one of the four areas of Special Educational Need and, as a school which caters specifically for SEMH students, this is an area of great importance and focus for all of us at SMS Changing Lives School.

Many of our students have faced significant life events and have a diagnosable mental health need; this has an enormous effect on their quality of life, relationships and academic achievement.

The Department for Education (DfE) recognises that "in order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy".

Aims

At SMS Changing Lives School we aim to offer a place where students experience a nurturing and supporting environment that has the potential to develop self-esteem and offer a positive experience for overcoming adversity and building resilience. For some students, school provides a safe place of respite from difficult home lives as well as offering positive role models and relationships, something which is critical to establishing a sense of wellbeing, as well as engendering a sense of belonging and community.

Our whole school approach to promoting positive mental health encompasses the following aspects:

- Creating an ethos, policies, and behaviour that supports mental health and resilience that everyone understands
- Helping pupils to develop

In school we aim to help our students develop strategies to enable them to be resilient in times of change and stress, and to know where to ask for help when they need it. We aim to reduce the stigma surround poor mental health by discussing it freely in school. We also teach our students strategies to maintain good mental health so that they can reach their full potential. We want our students to feel valued and safe and to be able to talk to adults openly about their problems without feeling any stigma, in a setting where positive mental health is promoted and valued.

This policy outlines:

- how we develop awareness of mental health within the school, for both staff and students

- how we train and support our staff to understand mental health issues and identify early signs of these

- how we support students and staff with their mental health needs

- strategies we use to promote good mental health

- how we provide key information about some common mental health issues

- where parents, students and staff can get advice and support.

2. Legislation and statutory requirements

This policy is based on advice from the Department for Education (DfE) on:

- The Equality Act 2010

It is also based on the special educational needs and disability (SEND) code of practice.

In addition, this policy is based on:

- Section 175 of the Education Act 2002, which outlines a school's duty to safeguard and promote the welfare of its students.

- Schedule 1 of the [Education (Independent School Standards) Regulations 2014](#); paragraph 7 outlines a school's duty to safeguard and promote the welfare of children.

- This policy is also linked to our Behaviour, Anti-Bullying, PHSE and RSE, Equality and Diversity and Safeguarding Policies.

3. Definitions

Mental Health is defined by the World Health Organisation as follows:

Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community… it is a basic human right.

Good mental health is not just the absence of mental health problems. It is the ability to function as a human being with resilience and positivity.

We aim to help our students to:

- Develop good social and emotional skills and an awareness of mental health

- Feel confident in themselves and recognise their strengths and talents

- Be able to express their emotions appropriately

- Be able to make and maintain friendships and other positive relationships

- Support each other and seek help for them or their friends when needed

- Cope with the stress and difficulties of everyday life

- Manage times of stress and be able to deal with change in a positive and hopeful way

- Learn and achieve

4. Roles and responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some students will need additional help and all staff should have a skill set which enables them to look out for early warning signs and ensure that students with mental health issues access early intervention and support.

All staff understand possible risk factors that might make some students more like to experiences, such as physical long-term illness, having a parent or relative with mental health issues, bereavement (including loss of friendships), family breakdown and bullying inside or outside school. They also understand the factors that protect children from adversity, such as strong self-esteem, communication and problem-solving skills, a sense of worth and belong, and emotional literacy.

The school's Mental Health Team (SENCO, Inclusion Manager, Designated Safeguarding Team, Learning Mentor, Counsellor)

- Leads on and works with all staff to coordinate whole school activities to promote good mental health
- Provides advice and support to staff and organises training and updates
- Keeps staff up to date with information about what support is available
- Liaises with the PHSE Leader on teaching about mental health
- Is the first point of contact and communicates with mental health services
- Leads on and makes referrals to services.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some students will need more intensive support at times, and there is a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families. Support includes:

- Inclusion Manager
- Safeguarding team
- Support staff to manage mental health needs of pupils

- SENCO who helps staff to understand their responsibilities to children with SEND, taking into account students' SEMH and other needs on a daily basis
- Art Therapy service
- Learning Mentor
- Core meetings with other agencies regarding CLA and others where appropriate
- SALT referrals
- Educational Psychologist service.

5. Supporting Students' Positive Mental Health

One of our key roles is to promote students' positive mental health and helping to prevent problems arising. To do this, we have developed a range of strategies including:

- Assemblies and PHSE programme to raise awareness of mental health
- Use of Zones of Regulation and Mindfulness to enable students to monitor their own emotional state and develop strategies to control this
- Social skills classes for students who have conditions such as ASD
- Individual Education Plans IEPs) detailing information on each child's background and offering a range of interventions to employ in classroom teaching and around the school to enable students to access the curriculum
- ADHD training
- "That Reading Thing" and ToebyToe to support literacy in teenagers
- Use Boxall to identify developmental and diagnostic issues and set strategies and targets for emotional development
- Lego and Art therapy
- Sensory room
- Counselling
- Displays around school about positive mental health including where to access support within and outside of school
- Transition support for Year 11s – key adults accompany vulnerable students on FE College visits

For students on our outreach programme, some of whom suffer from agoraphobia, we encourage them to take part in activities outside the home, building up their confidence in small steps, which helps to improve their social skills and wellbeing.

For students who suffer periodic health issues, either mental or physical, which prevent them from attending school we make regular home visits and phone calls and offer help and support to ensure they can still access education.

We have introduced the Association for Character Education scheme to embed character development across the school, with our six school values of Honesty, Curiosity, Ambition, Community Spirit, Respect and Resilience and are working towards gaining the ACE School of Character Kitemark.

Our approach is to:
- Provide a safe environment where students can express themselves and be listened to
- Ensure the welfare and safety of all students at all times
- Identify appropriate support for students based on their needs
- Involve parents and carers when their child needs support
- Involve students in determining the care and support they receive where possible
- Monitor, review and evaluate the support given and keep parents and carers updated

6.   Early Identification

Although most students who come to our school have already been identified with a SEMH issue, we must still be alert to new mental health problems alongside recurring ones such as self-harm, and also act promptly to prevent escalation of any mental health issues. We use the graduated response process (assess – plan – do – review) to put support in place as recommended by the DfE, using the Boxall Profile to support this process.

We do this in a number of ways, for example:

- Making staff aware of issues in a students' past through the IEPs and in briefings
- Encouraging staff to build trusting relationships with students
- Tracking behaviour through a positive points system as well as exclusions, medical issues, attendance, incidences of bullying and any changes to a normal behaviour pattern
- Home visits for unexplained absences
- Daily staff briefings to discuss concerns
- Gathering information from previous schools
- Enabling students and parents to raise concerns through the office staff or any teacher.

All staff are expected to undertake training to see signs that may indicate mental health needs in a student. We deliver training on protective and risk factors and types of mental health needs. (see appendix 1 and 2).

Any issues are reported to the designated safeguarding team. Signs may include:

- Non-verbal behaviour

- Isolation from family and friends and becoming socially withdrawn

- Changes in activity/mood or eating and sleeping habits

- A decrease in academic achievement

- Talking or joking about self-harm or suicide

- Expressing feelings of failure, hopelessness or uselessness

- An increase in lateness and/or absenteeism

- Not wanting to do PE or get changed for PE

- Drug or alcohol misuse

- Physical signs of harm that are repeated or appear non-accidental

- Wearing long clothing in warm weather

- Repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour, which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm, then the school's child protection procedures are followed. A risk assessment and plan will be made.

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Verbal disclosures by students

We recognise the importance of staff being calm, supportive and non-judgmental regarding pupils who verbally disclose a concern about themselves, a friend or family member. The emotional and physical safety of students is paramount, so staff listen rather than advise. Staff are clear to students that the concern must be shared with a member of the Designated Safeguarding Team and recorded in order to provide appropriate support to the student.

Non-verbal disclosures by students

Staff also recognise persistent and unusual non-verbal disclosures in behaviours, in line with the National Institute for Health and Care Excellence (NICE) recommendation that behaviour may indicate an unmet need or message.

Confidentiality

All disclosures are recorded and held on the student's confidential file, including date and member of staff to whom the disclosure was made, a summary of the disclosure, and what steps were taken subsequently.

Assessment, Interventions and Support

All concerns are reported to the safeguarding team and recorded. We then ascertain the level of need, either from within school or from an external service. We aim to put in an appropriate intervention as early as possible to prevent escalation of the problem.

We recognise that - as with physical health - mental health conditions and emotional wellbeing can be variable over a period of time and needs to be closely monitored for changes.

7. Working with Specialist Services to get swift access to the right support and treatment

As an SEMH school, we have a specific focus on all our students' mental health needs and in some instances, we require extra support from specialist services. These might include depression, self-harm, school refusal and other complex needs.

We have links with a range of outside agencies and have regular contact with them to review the support and consider the next steps as part of monitoring the students' provision.

Referrals to a specialist service are made by the Headteacher or the SENCO following assessment and in consultation with the student and his parents/carers. Referrals will only go ahead with the consent of the parent/carer and when it is the most appropriate support for the student's specific needs.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
School Mentor	Accessed through Headteacher/SENCO
Art Therapy	Accessed through Headteacher/SENCO
Educational Psychologist	Accessed through Headteacher/SENCO
School Counsellor	Accessed through Headteacher/SENCO
Early Help Referral	Designated Safeguarding Team

8. Involving Parents and Carers

8.1 Promoting Mental Health and Wellbeing

We recognise the importance role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs. We keep in regular contact with parents and carers regarding their child's wellbeing in school and report any concerns around changes in behaviour or demeanour where appropriate.

When a concern has been raised, school will:

- Contact parents and carers and meet with them
- Offer information to take away and places to seek further information

- Be available for follow-up calls
- Make a record of the meeting
- Agree an action plan
- Discuss how parents and carers can support their child
- Keep parents and carers up to date and fully informed about the support and interventions put in place.

Parents and carers will always be informed if their child is at risk of danger.

In most cases parents and carers will be involved in their children's interventions, although there may be circumstances when this may not be appropriate, such as child protection issues.

We make every effort to support parents and carers to access services where appropriate. Students are our primary concern, and in the event that parents and carers are not accessing the services they need, we will seek advice from the local authority.

8.2 Student Voice

We seek students' views and feedback about our approach and whole school mental health activities through Pupil Voice, surveys, assemblies and in consultation with our student council.

9. Supporting and training staff

We want all our staff to be confident in their understanding of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in students and to know what to do and where to access help.

All staff undertake regular training in safeguarding, ADHD awareness, Autism awareness, anxiety and other mental health issues common to students in our setting such as ODD.

Staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Supporting and promoting the wellbeing of our staff is an essential part of our school ethos. We offer all staff 3 wellbeing days off per academic year which they are encouraged to take up. All staff have access to confidential counselling sessions through our HR advisors Peninsula. Staff are made aware that they will be supported if they suffer any health issues, mental and physical, and are encouraged to seek help and advice wherever needed and that any information regarding illness they share with senior management will be kept confidential.

10. Monitoring and Evaluation

This mental health and wellbeing policy will be reviewed by the Headteacher, SENCO and Proprietor every academic year. At each review, the policy will be approved by the Headteacher.

11. Links with other policies

This policy is linked to our Behaviour, Anti-Bullying, PHSE and RSE, Equality and Diversity and Safeguarding Policies.

Appendix 1: Protective and Risk factors believed to be associated with mental health outcomes (adapted from Mental Health and Behaviour in schools, DfE, 2018)

	Risk Factors	Protective Factors
In the child	- Genetic influences - Low IQ and learning disabilities - Specific development delay or neuro-diversity - Communication difficulties - Difficult temperament - Physical illness - Academic failure - Low self-esteem	- Secure attachment experience - Outgoing temperament as an infant - Good communication skills, sociability - Being a planner and having a belief in control - Humour - A positive attitude - Experiences of success and achievement - Faith or spirituality - Capacity to reflect
In the family	- Overt parental conflict including domestic violence - Family breakdown (including where children are taken into care or adopted) - Inconsistent or unclear discipline - Hostile and rejecting relationships - Failure to adapt to a child's changing needs - Physical, sexual, emotional abuse, or neglect - Parental psychiatric illness - Parental criminality, alcoholism or personality disorder - Death and loss – including loss of friendship	- At least one good parent-child relationship (or one supportive adult) - Affection - Clear, consistent discipline Support for education - Supportive long-term relationship or the absence of severe discord
In the school	- Bullying including online (cyber) Discrimination - Breakdown in or lack of positive friendships - Deviant peer influences - Peer pressure - Peer on peer abuse - Poor pupil to teacher/school staff relationships	- Clear policies on behaviour and bullying Staff behaviour policy (also known as code of conduct) 'Open door' policy for children to raise problems - A whole-school approach to promoting good mental health - Good pupil to teacher/school staff relationships - Positive classroom management - A sense of belonging - Positive peer influences - Positive friendships - Effective safeguarding and Child Protection policies. - An effective early help process - Understand their role in and be part of effective multi-agency working - Appropriate procedures to ensure staff are confident to raise concerns about

		policies and processes, and know they will be dealt with fairly and effectively
In the community	- Socio-economic disadvantage - Homelessness - Disaster, accidents, war or other overwhelming events - Discrimination - Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation - Other significant life events	- Wider supportive network - Good housing - High standard of living - High morale school with positive policies for behaviour, attitudes and anti-bullying - Opportunities for valued social roles - Range of sport/leisure activities

Appendix 2: Specific mental health needs most commonly seen in school-aged children

For further information see

https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- emotional disorders, for example phobias, anxiety states and depression

- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour

- hyperkinetic disorders, for example disturbance of activity and attention

- developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders

- attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers

- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect, and

- other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder.

Appendix 3: Where to get information and support

For support on specific mental health needs

Anxiety UK www.anxietyuk.org.uk

OCD UK www.ocduk.org

Depression Alliance www.depressionalliance.org

Eating disorders www.b-eat.co.uk and www.inourhands.com

National Self-harm network www.nshn.co.uk

Self-harm www.selfharm.co.uk

The DfE guide does not include specific information on suicidal thoughts. Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Suicidal thoughts – prevention of young suicide UK - www.papyrus-uk.org and https://www.samaritans.org/about-samaritans/our-organisation/national-suicide-prevention-alliance

For general information and support

www.youngminds.org.uk champions young people's mental health and wellbeing

www.mind.org.uk advice and support on mental health problems

www.minded.org.uk e-learning

www.time-to-change.org.uk tackles the stigma of mental health

www.rethink.org challenges attitudes towards mental health