THE HEATHLAND SCHOOL

 WHOLE SCHOOL POLICY FOR

## MENTAL HEALTH & WELLBEING

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###### INTRODUCTION

At the Heathland School we are committed to promoting positive mental health for every member of our staff and student body. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. We know that everyone experiences life challenges that make us vulnerable, and at times anyone may need additional emotional support. We take the view that positive mental health is everybody’s business and that we all have a role to play. Therefore we expect all staff, teaching and non-teaching (including temporary and supply staff), governors and volunteers to share this commitment.

This policy should be considered in conjunction with other school policies, in particular, the child protection safeguarding policy.

###### AIMS

At the Heathland School we believe that all children have a right to attend school and learn in a safe environment.

The key aims of this policy are

* Promote positive mental health 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 and their peers and parents or carers
1. **RESPONSIBILITIES**

The Deputy Head [Pupil Support] is the designated safeguarding lead (DSL) for the school and has lead responsibility for safeguarding and child protection and wellbeing.

The Wellbeing Lead will:

* Manage referrals from school staff or any others from outside the school.
* Work with external agencies and professionals
* Ensure staff know what to do should a child tell them they are having mental health problems (e.g. self-harm, suicidal thoughts).
* Ensure staff receive training on mental health problems
* Undergo training to provide them with the knowledge and the skills required to carry out the role.

The Deputy Head [Curriculum] is responsible for developing ways in which the curriculum can be used to prevent child abuse and ensuring that children are taught about safeguarding, including online, and wellbeing through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

1. **WHAT ADULTS SHOULD DO IF THEY HAVE CONCERNS ABOUT A CHILD**

All staff members have a responsibility to promote the mental health of students and each other. Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Wellbeing lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection safeguarding procedures should be followed.

All 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. 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. Further details in appendix B.

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.

If a student makes a disclosure, staff are advised to use the following action plan from MH England. All disclosures should be shared on CPOMS and with a member of the safeguarding team.

The below points are designed to support discussions with students.

1. Think about where you talk to the student, and ensure you give them the time they need.

2. Listen carefully to what they say. Help the person speak freely by listening and asking questions without judging or telling the person what to do. They made need to take it slowly, take deep breaths.

3. Many will be reluctant to talk or give details (often don’t want to get anybody in trouble), give hope but don’t pressure them, don’t promise them anything. Tell them it’s not their fault. Make them aware what you will do next, that you have to share the information.

4. Follow school procedures, report immediately. Use CPOMS and inform a member of the safeguarding team personally.

5. Non-judgemental support will be given to the victim, including a safety plan.

Where appropriate students will be referred to CAMHS, including Trailblazers (see Appendix 3 for TB referral paperwork). When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

1. **CONFIDENTIALITY**

Staff must be honest with regards to the issue of confidentiality. They should never promise the child that they will keep this to themselves, and should inform the pupil who they are going to talk to, what they are going to tell them and why it is important that they pass these concerns on.

1. **TEACHING ABOUT MENTAL HEALTH**

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy safe are included as part of our PSHE curriculum and embedded throughout our school learning community in line with the [DfE RSE guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education__Relationships_and_Sex_Education__RSE__and_Health_Education2.pdf).

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

Lessons will also be supported by assemblies throughout the year talking about Mental Health.

1. **WORKING WITH PARENTS/CARERS AND THE SCHOOL COMMUNITY**

We aim to support parents as much as possible. This means keeping them informed about their child and offering our support at all times.

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.

**8. TRAINING**

The Wellbeing Lead must receive up to date training each year and in addition to formal training, their knowledge and skills should be refreshed at regular intervals, at least annually. 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 students safe.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our PLDP

**Appendix A: USEFUL CONTACTS**

The Designated Safeguarding Lead is:

Mr. S.S. Gill (Deputy Head – Pupil Support) Telephone: 0208 572 4411

The Deputy Designated Safeguarding Leads are:

Mrs E.G.Turner (Assistant Head – Inclusion) Telephone: 0208 572 4411

Mrs N.C. Benedict (Deputy DSL and Well-being Lead) Telephone: 0208 572 4411

Mr L Nwagabara (Lead Learning Mentor) Telephone: 0208 572 4411

The Headteacher is:

Mrs S. Huxley Telephone: 0208 572 4411

The Chairman of Governors is:

Mr K. Akhtar Telephone: 0208 572 4411

**CAMHS Crisis Team**

### **Help in a mental health crisis or emergency.** Call our 24 hour helpline Freephone 0800 328 4444for help or advice in a crisis from our trained mental health advisers and clinicians, 24 hours a day, 7 days a week, 365 days a year.

**Tier 3 Telephone number 02084862050**

**Email:** wlm-tr.hounslowcamhs@nhs.net

Downloadable referral:

https://www.westlondon.nhs.uk/our-services/child-and-adolescent/camhs/referrals

**Tier 2 Telephone number 02083548557**

**HYCS Hounslow Youth counselling Service**

T **020 8568 1818** SMS **0778 4481 308** E **ask@hycscounselling.co.uk**

**www.kooth.com**

**Children’s Services Duty Desk**

**HOW TO CONTACT CHILDREN’S SOCIAL CARE**

**Telephone 0208 583 6600 first select Option TWO for Children’s Services** then there are further options.

With immediate effect, all safeguarding referrals must now go to

childrensocialcare@hounslow.gov.uk

**Any URGENT referrals please contact the Front Door on 020 8583 6600 Option 2 then Option 3 and discuss your concerns.**

 **Appendix B:**

1. **Children with Mental Health Problems**

All staff at The Heathland School 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.

School staff are not expected or trained to diagnose mental health conditions or issues, but may notice behaviours that may be of concern.

Where staff have a mental health concern about a child that may also be a safeguarding concern, they should raise the issue by informing the Wellbeing Lead and designated safeguarding lead or a deputy DSL.

1. **Self-harming and suicidal behaviour**

Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention, should be offered at the earliest point.

The guidance will ensure that staff know whom they should inform and what steps need to be initiated if deliberate self-harm is witnessed or suspected.

This will ensure a coordinated response which includes provision of adequate support for the pupil, other pupils who have witnessed or know about the self-harm, and members of staff who may be experiencing significant shock or distress following a pupil’s disclosure or the discovery of self-harm.

The following principles underpin this policy:

* Duty of care is, as always, paramount.
* The child or young person is central to the whole process and should be given appropriate priority by all involved.
* All school colleagues will adhere to a consistent response to and understanding of self-harm.
* The emotional wellbeing and mental health of the child and young person must be supported and harm minimised.
* The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies

**Identifying Self-Harm**

Self-harm is any behaviour where the intent is to deliberately cause harm to one’s own body

There are several ways in which a staff member might discover that a pupil is self-harming. A staff member may witness or be informed of pupil self-harm by the pupil themselves or a friend. A staff member may suspect a pupil has self-harmed which may be in need of immediate medical attention, or may be recent or historical. A pupil might self-disclose self-harm, recent or previous, or a friend may disclose information. A pupil may disclose thoughts of self-harm or a friend may disclose this.

Signs and symptoms are sometimes absent or easy to miss. It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a pupil says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the pupil and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct – **but report any such conversation to the DSL and follow up in writing on CPOMS.** Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

* Cutting, scratching, scraping or picking skin
* Swallowing inedible objects
* Taking an overdose of prescription or non-prescription drugs
* Swallowing hazardous materials or substances
* Burning or scalding
* Hair-pulling
* Banging or hitting the head or other parts of the body
* Scouring or scrubbing the body excessively
* Control of eating patterns, e.g. anorexia, bulimia, over eating (See Eating Disorders Policy)
* Indulging in risky sexual behaviour
* Destructive use of alcohol/drugs

**Advice for members of staff in working with students who self-harm**

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Wellbeing Lead and/or the Designated Safeguarding Lead immediately.

Following the report, the Wellbeing Lead and/or the Designated Safeguarding Lead will decide on the appropriate course of action. This may include:

* Contacting parents / carers
* Arranging professional assistance e.g. doctor, nurse, children’s social services
* Arranging an appointment with a counsellor
* Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
* In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times
* If a student has self-harmed in school the School Welfare Officer (A. Waring x 328) or a First Aider should be called for immediate help

**If a pupil expresses a wish to end their life or has suicidal thoughts the member of staff must accompany the pupil immediately to the school’s Wellbeing Lead, Designated Safeguarding Lead (DSL) or a Deputy DSL.**

**Advice for DSL/Heads of Year/Learning Mentors/Welfare Officer**

**Assessing risk**

There is a need to initiate a prompt assessment of the level of risk self-harm presents. The assessment should consider the child or young person's:

* level of planning and intent;
* frequency of thoughts and actions;
* signs of depression;
* signs of substance misuse;
* previous history of self-harm or suicide in the wider family or peer group;
* delusional thoughts and behaviours;
* feeling overwhelmed and without any control of their situation.

Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the pupil about the non-physical aspects of self-harm. Questions of value in assessing severity might include:

* Where on your body do you typically self-harm?
* What do you typically use to self-harm?
* What do you do to care for the wounds?
* Have you ever hurt yourself more severely than you intended?
* Have your wounds ever become infected?
* Have you ever seen a doctor because you were worried about a wound?

 Any assessment of risks should be talked through with the child or young person and regularly updated as some risks may remain static whilst others may be more dynamic such as sudden changes in circumstances within the family or school setting.

The level of risk may fluctuate and a point of contact with a backup should be agreed to allow the child or young person to make contact if they need to.

The research indicates that many children and young people have expressed their thoughts prior to taking action but the signs have not been recognised by those around them or have not been taken seriously

In general pupils are likely to fall into 1 of 2 risk categories:

**Low risk pupils**

Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

**Higher risk pupils**

Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

**Protective and supportive action**

A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts.

 Colleagues should talk to the child or young person and establish:

* If they have taken any substances or injured themselves;
* Find out what is troubling them;
* Explore how imminent or likely self-harm might be;
* Find out what help or support the child or young person would wish to have;
* Find out who else may be aware of their feelings.

And explore the following in a private environment, not in the presence of other pupils or patients depending on the setting:

* How long have they felt like this?
* Are they at risk of harm from others?
* Are they worried about something?

Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?

* What other risk taking behaviour have they been involved in?
* What have they been doing that helps?
* What are they doing that stops the self-harming behaviour from getting worse?
* What can be done in school or at home to help them with this?
* How are they feeling generally at the moment?
* What needs to happen for them to feel better?

Do not:

* Panic or try quick solutions;
* Dismiss what the child or young person says;
* Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future;
* Disempower the child or young person;
* Ignore or dismiss the feelings or behaviour;
* See it as attention seeking or manipulative;
* Trust appearances, as many children and young people learn to cover up their distress.

**Suicide**

While self-harm and suicide are separate, those who self-harm are in emotional distress and those who end their lives are also in emotional distress. Deliberate self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident. It is vital that all emotional distress is taken seriously to minimise the chances of self-harm, and suicide. All talk of suicide and warning signs must be taken extremely seriously. If a pupil expresses a wish to end their life or has suicidal thoughts the member of staff must:

* accompany the pupil immediately to the school’s Wellbeing Lead, Designated Safeguarding Lead (DSL) or a Deputy DSL.
* The Wellbeing Lead, DSL or Deputy DSL. will speak with the pupil about their suicidal thoughts and feelings
* The Wellbeing Lead, DSL or Deputy DSL will contact a parent/carer to inform them of the situation and ask that they collect the pupil and take them up to the hospital. Onsite at the hospital is a Child Mental Health worker, once the pupil arrives and their parent/carer informs the hospital of the situation, the Child Mental Health worker will assess the pupil and deal with the matter.
* At no time should the pupil be left unsupervised and reassurance should be given that support will be put into place for them.
* At the School, close monitoring strategies should be put into place. Teaching staff should be made aware of the situation as appropriate.
* It is likely that the hospital will refer to Child and Adolescent Mental Health Services (CAMHS); however this should be checked by the DSL and if this has not been done a referral should be submitted as soon as possible.

**Useful help lines and websites:**

Childline 24 hr helpline 0800 1111 <https://childline.org.uk/>

National Self-Harm Network Helpline Thur-Sat 7pm-11pm, Sun 6.30pm-10.30pm 0800 622 6000

 [www.nshn.co.uk](http://www.nshn.co.uk)

Papyrus 0800 068 414 [www.papyrus-uk.org](http://www.papyrus-uk.org)

Samaritans 24 hour helpline 08457 90 90 90

The Mix Freephone 0808 808 4994 [www.selfharm.org.uk](http://www.selfharm.org.uk)

Young Minds Parents helpline 0808 802 5544 <https://youngminds.org.uk/>

HYCS 020 8568 1818 <http://www.hycscounselling.co.uk/>

1. **Confidentiality, information sharing and consent**

The best assessment of the child or young person's needs and the risks they may be exposed to requires useful information to be gathered in order to analyse and plan the support services. In order to share and access information from the relevant practitioners the child or young person's consent will be needed.

Informed consent to share information should be sought if the child or young person is competent unless:

* The situation is urgent and there is not time to seek consent;
* Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime. Keeping Children Safe in Education (2020), paragraph 85states ‘The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe.

If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

* There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime, and;
* The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing, and;
* There is a pressing need to share the information.

**Colleagues should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all, the child's wishes should be respected, unless the conditions for sharing without consent apply.**

 Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

Appendix C: Internal Trialblazers referral form.

|  |  |
| --- | --- |
| Student name  |   |
| Student TG  |    |
| Student DOB  |    |
| What is the problem?  |         |
| Where does this problem occur?  |      |
| How often does this problem occur?  |     |
| How long has it been going on?  |      |
| How does it impact on daily life, at school and at home e.g. impact on functioning or mood?   |        |
| Any previous treatment/support? Was this successful?  |       |
| Any current coping strategies?  |     |
| Any known risks e.g. self-harming?  |     |
| Any safeguarding information?  |     |
| Any other concerns e.g. friendships, bullying,   |      |