



# **PHILIPS HIGH SCHOOL**

## **EMOTIONAL MENTAL HEALTH and WELLBEING POLICY**

## Philips High School Emotional, Mental Health and Wellbeing Policy

**Updated September 2023**

### **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)*

NICE guidance recommend that secondary education providers:

- foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. Create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health)
- provide a safe environment which nurtures and encourages young people's sense of self-worth and self-efficacy, reduces the threat of bullying and violence and promotes positive behaviours
- ensure young people have access to pastoral care and support, as well as specialist services, including child and adolescent mental health services, 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

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

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and adolescence are when mental health is developed and patterns are set for the future. For most children, the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of their school experience. However, they can also give rise to anxiety and stress. Children may also suffer mental health issues owing to circumstances outside school.

School should be a safe and affirming place for pupils where they can develop a sense of belonging and feel able to trust and talk openly about their problems.

As stated in the Safeguarding and Child Protection Policy, Philips High School is committed to providing a safe and secure environment for pupils and promoting a climate where pupils feel confident about sharing any concerns they may have.

## **Purpose**

- Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- Alert pupils and staff to mental health warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from mental health issues
- Provide support to pupils who suffer from mental health issues, their peers and parents/carers
- Describe the school's approach to mental health issues

## **Responsibilities**

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

**Designated safeguarding lead and looked after children lead – Ms A Kansik**

**Deputy safeguarding leads – Mrs J Dalziel, Mr C Hibbert, Mrs J Bailey**

**Mental health and pastoral lead – Mrs EJ Duxbury**

**Assistant mental health and wellbeing lead – Mr J Barlow**

**SENCO – Mrs F Cooper**

**EMHW governors – Mr D Russell and Mr J Mallon**

**Youth mental health first aiders – Mrs EJ Duxbury, Mrs F Cooper, Ms K Parkinson, Mr J Barlow, Mrs S Newsham**

**Mental health first aid Lite – Mrs A Dolan, Mrs A Morris, Mrs C Suttie**

**Heads of Year – Mrs Gill and Mr Stacey (Y11) Mrs A Morris and Mrs Suttie (Y7), Mrs Dolan and Mr Patel (Y8), Ms Parkinson, Mrs Heywood and Mrs Chapple (Y9), Mr Carden (Y10).**

**AHT Personal Development – Mrs J Potts**

**Head of P.E. – Mr P Carinci**

**Food Technology teacher – Mrs C Chapple**

**Attendance Officer – Mr R Kell**

**Place2be project manager – Mrs E Carlisle**

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Heads of year and the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the safeguarding team. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

## **Safeguarding/confidentiality/managing disclosures**

Philips High School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing. The School expects all staff and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide an environment which; promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon.

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix E.

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

- Date

- The name of the member of staff to whom the disclosure was made

- Main points from the conversation

- Agreed next steps

This information should be shared with the mental health lead, who will provide store the record appropriately and offer support and advice about next steps. CAMHS referrals will be made through school if it is appropriate.

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- Who we are going to talk to

- What we are going to tell them

- Why we need to tell them

We should never share information about a pupil without first telling them. 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, i.e. any pupils who are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the designated safeguarding lead or the mental health lead, 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 if there are any safeguarding concerns and pupils may choose to tell their parents themselves. If this is the case, the pupil could be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

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

Informing parents: 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 pupil, other members of staff.

- What are the aims of the meeting?

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

**Risk and protective factors**

School has an 'open door' policy for pupils to raise their problems. There is a whole school approach to promoting positive mental health, positive classroom management, positive peer influences and a positive sense of belonging.

**Curriculum**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum

Expectations we might want to consider addressing include:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

Pupil skills need to be developed – motivation, self-awareness, problem solving, conflict management resolution, collaborative working, how to understand and manage feelings and how to manage relationships. Also for some, tailored social and emotional skills education. Resilience needs to be promoted including coping skills and emotional intelligence.

**Mindfulness**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum and form time activities.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

**Staff training and positive classroom management**

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 in order to enable them to keep pupils safe.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

**Staff wellbeing/working group**

Staff health and wellbeing is promoted in the school. We have a staff wellbeing reducing workload charter and the school actively supports staff in enhancing their own wellbeing and work life balance. In addition, there are rewards for staff for achieving 100% attendance and wellbeing events on the calendar.

### **Bullying/peer mentoring/anti bullying ambassadors/supporting peers**

When a pupil is suffering from mental health issues, it 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 support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend 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

School have trained peer bullying mentors and mental health champions.

### **Signposting/What staff need to do**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. Support is available for staff and pupils through our P2B service and staff can receive services offered through our insurance policy.

P2B advertise around the school the relevant sources of support 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 pupil 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

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the HoY and designated mental health and pastoral lead.

### **Identification**

Possible warning signs 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
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol

- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

**Warning Signs:** If there are signs and symptoms that last weeks or months; and if these issues interfere with the child's daily life, not only at home but at school and with friends.

**A child might need help if they:**

- Often feel anxious or worried
- Has very frequent expressions of anger or is intensely irritable much of the time
- Has frequent stomach aches or headaches with no physical explanation
- Are in constant motion; can't sit quietly for any length of time
- Has trouble sleeping, including frequent nightmares
- Loses interest in things s/he used to enjoy
- Avoids spending time with friends
- Has trouble doing well in school, or academic grades decline
- Fears gaining weight; exercises, diets obsessively
- Has low or no energy
- Has spells of intense, inexhaustible activity
- Harms her/himself, such as cutting or burning her/his skin
- Engages in risky, destructive behaviour
- Harms self or others
- Smokes, drinks, or uses drugs
- Has thoughts of suicide
- Thinks his/her mind is controlled or out of control; hears voices

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined and if staff have a welfare concern about a pupil, then they have to report it to the designated safeguarding lead.

- The School may become aware of concerns over a pupil's mental health in a variety of different ways, including where:
- A pupil acknowledges that they have a problem and seeks help;
- A pupil exhibits consistent disruptive, unusual or withdrawn behaviour which may be indicative of an underlying problem and/or indicates that a pupil could be at risk of developing mental health problems;
- A member of staff, parent or another adult reports a concern about, or issues relating to, a child's mental health or behaviour;
- Where another pupil or child reports concerns about, or issues relating to, a pupil's mental health or behaviour.

Disadvantaged, CYPIC, low IQ, ASD and SEN pupils are more vulnerable.

**The School will take all reports of concerns over the mental health and wellbeing of its pupils seriously and not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking immediate steps to safeguard a pupil.**

### **Measuring and assessing**

Examples of validated tools that can measure mental wellbeing include:

- The strengths and difficulties questionnaire SDQ test
- The Boxall Profile

Place2Be uses well-researched measures to assess how its services are improving children's emotional wellbeing. This data is used to evaluate how well a commissioned service or other intervention is working and whether it is actually helping pupils.

### **Targeted support for pupils with more complex needs – joined up approach – multi agency**

Where a referral to CAMHS (HYM) is appropriate, this will be led and managed by the HoY and the designated mental health lead. The school has a mental health service Place2be (P2B) who offer counselling and specific interventions. Early Break and the school nurse will offer specific interventions and link with CAHMS (HYM).

### **Reintegration to school**

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. The HoY, with the support of the mental health lead, will draw up an appropriate welfare plan. The pupil should have as much ownership as possible with regards to the welfare plan so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents/carers and medical/counselling professionals.

For pupils with more complex problems, they may need additional support from the teacher, additional one to one support in class and one to one therapeutic work. These pupils may also have a named member of staff – a key worker. Serious cases will be referred to CAHMS (HYM).

### **Individual Education Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

### **Working with parents/carers**

We will always try to 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. We will aim to sharing sources of further support aimed specifically at parents e.g. parent helplines and forums. Working with the family is very important.

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. We will finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:



- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Provide support via the P2B parent counsellor
- Keep parents informed.