

BRIDGEWATER HIGH SCHOOL

MENTAL HEALTH AND WELL-BEING POLICY

Written by:	T.Hatton	Date	Oct 2018	Policy ref	A65
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Statement of Intent

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 Organisation) 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 students and staff experiencing poor mental health. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue (*Time to Change*) and on average 1 in 6 of the British workforce will also be struggling with their mental health. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students and staff affected both directly and indirectly by mental ill health.

This document describes the school's approach to coping with mental ill health and promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

The Aim of the Policy

The Policy Aims to:

- Promote positive mental health in all staff and students.
- Promote an understanding of mental health and that it is okay sometimes not to feel okay.
- Increase understanding and awareness of 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/carers.
- Provide support to staff with their own mental health.
- Make clear our practical strategies to promote staff wellbeing.

A) Roles and Responsibilities of staff to support Mental Health

All teaching and non-teaching staff have a responsibility to promote positive mental health and wellbeing. In addition, there are lead members of staff with a specific remit to support the whole school approach to mental health.

Staff with a specific, relevant remit include:

- Mark Malam/Duncan Morisson – Designated Safeguarding Leads
- Fiona Allen- Safeguarding Officer
- Sharon Ward- Mental Health Lead
- Helen Flanagan- Student Support Officer KS3/ MHFA(adults)
- Nicola Rowland-Nash- Pastoral Support KS3
- Caroline Brown-Student Support Officer KS4
- Lindsey Hende- Pastoral Support Officer KS4
- Carol Pickering- Inclusion Manager PDC
- Pastoral and Achievement Leaders and Managers
- Mike Knight-Head of PSHE

All staff teaching and non-teaching staff:

Are able to have open conversations about a young person's mental health and wellbeing. This should be done using the ALGEE model (see Appendix A)

If staff feel concerned about a pupil's mental health they must refer for support to the pupil's Pastoral Manager or relevant Student Support Officer.

The Pastoral Manager/Student Support can then refer formally through to the Mental Health Lead.

If there are safeguarding concerns about the child then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Leader or the Headteacher.

If the student 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.

Mental Health Lead Support for pupils

The mental health lead will manage a caseload of pupils and offer direct support.

The mental health lead will direct other support staff to undertake programmes of support for some students.

The mental health lead will where necessary refer to CAHMS directly or work with the parents for referral through the GP.

Multi-Agency working to support pupils

Where a referral to CAMHS is appropriate, this will be led and managed by the Mental Health Lead.

Where appropriate an Individual Health Plan will be formulated with CAHMS and the school.

Where other multi-agency work is necessary, the school through its Mental Health Lead and Pastoral Senior Leads will work with them to better support the pupil.

B) Increase understanding of Mental Health

Teaching about Mental Health

Pupils are taught about their own mental health and wellbeing through PSHE, Assemblies, and National Awareness events.

Pupils receive access to further education through alternative curriculum events, which are year specific and support pupil's wellbeing.

The school has Pupil Health Champions who have a specific remit around mental health

Raising awareness, supporting and signposting for pupils.

The school publicises services for pupils through assemblies and on notice boards and in key areas that the pupils occupy.

The school raises the profile of mental health in supporting National Days e.g. Time to Talk.

The school encourages charity work for mental health charities as well as other charities.

The school publishes its Wellness newsletter twice yearly.

Advice around Mental Health support and further signposting for Mental Health is available on the schools web site.

The school will target specific support for vulnerable groups for example mindfulness and yoga programmes.

The school will provide additional advice and support around key times e.g. the build up to examinations.

Through its curriculum, the school will teach resilience and raise awareness about mental health.

Training and Briefing for staff

All staff will receive annual briefing on mental health covering the main types and advising on how each individual can support others.

Specific staff access an Online Mental Health training module.

Information on pupils with poor mental health will be shared with those staff who need to know in order to support the wellbeing of the child.

The school publishes a termly 'WELLBEING' magazine covering: Emotional/Digital and Physical wellbeing.

Staff should familiarise themselves with the warning signs that can indicate a mental health concern found in Appendix 2

C) Support for staff

The Wellbeing Team are the voice of staff and their 'Supporting Staff Wellbeing' booklet which articulates the whole school approach.

All staff have a named line manager.

Wellbeing of personnel is a standing agenda item on the weekly leadership agenda.

Targeted staff groups to manage and modify practice to improve wellbeing are in place.

All teaching staff have access to EBPTW to encourage understanding of how to improve their own wellbeing at work.

The school has a trained MHFA for adults from whom staff can listen to staff advise and signpost where needed.

Robust HR procedures including referral opportunities to Occupational Health.

D) Support for Parent/Carer

Parents can contact Pastoral leader/managers and support staff when they have concerns about their child.

Where more support is required, parents can meet with the school's mental health lead.

Parents receive the termly edition of the 'Wellness' magazine

Parents have access to advice and guidance through the school's web site

Parents can be signposted to the CAHMS drop in and the Warrington Youth Café for support

E) Support for Mental Health Lead

The Mental Health Lead will have access to 'Consultation' through the CAHMS 'School Links' team to seek advice.

The Mental Health Lead has access to 'Supervision' through the CAHMS 'School Links' team.

F) Managing Disclosure

All students will be encouraged to talk openly about their mental health. However, some may be reluctant to do so and when they choose to may request confidentiality from the person that they choose to speak with.

In this instance, it is important that confidentiality cannot be promised. This should be made very clear to the student.

Students may also request that parents are not informed. Parents and families can be a huge source of support and therefore the aim should always be to involve the parents through the child themselves. If this is refused then it should be brought to the attention of the DSL who will work to ensure that the child is supported and their safeguarding is priority.

As with any conversation that leads you to have concerns about the mental health or wellbeing of a student the information should be logged accurately name, date and time clearly marked and passed to with Pastoral Lead or Pastoral Support. If there are concerns over Child Protection then this should be referred through to the DSL on the appropriate site.

G) Communication of the Policy

The Policy will be made available to all staff annually. Any new members of staff will be issued with the policy at the time that they start their employment. Parents will be able to access the policy via the schools web site.

H) Reviewing Mental Health and Wellbeing at Bridgewater High School

The Policy will be reviewed annually by the Safeguarding Committee and the Leadership Representatives. The Committee will also be made aware of the scope and impact of the school work on Mental Health and Wellbeing.

Appendix 1 – In discussion with anyone about their mental health and/or emotional wellbeing staff are advised to implement that ALGEE model to frame their conversation. The ALGEE model is a fundamental part of Mental Health First Aid

Mental Health First Aid

A – Ask, Assess, Act

L - Listen

G – Give support

E – Enable help

E – Encourage self-help

Appendix 2

Warning Signs

All staff are encouraged to talk to pupils about the mental health and emotional wellbeing. Whilst strong relationships are essential to ensure quality care and learning there are certain signs that can at time indicate that a pupils is suffering with their mental health these are:

- 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