Poynton High School
and Performing Arts College

Mental Health Policy

Policy Lead	Catherine Holyland
Review Cycle	Every three years
Next review date	January 2025

Policy statement

At Poynton High School, we are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and governors. Our open culture allows students' voices to be heard and through the use of effective policies and procedures. we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

This policy sets out how we promote positive mental health, prevent mental health problems and how we identify and support students with mental health needs. It also highlights how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse as well as identifying where parents, staff and students can source additional advice and support.

Scope

This policy is a guide to all staff –including non-teaching and governors –outlining Poynton High School's approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other relevant school policies.

Policy Aims

▪Promote positive mental health and emotional wellbeing in all staff and students.

▪Increase understanding and awareness of common mental health issues.

▪Enable staff to identify and respond to early warning signs of mental ill health in students.

▪Enable staff to understand how and when to access support when working with young people with mental health issues.

▪Provide the right support to students with mental health issues and know where to signpost them and their parents/carers for specific support.

▪Develop resilience amongst students and raise awareness of resilience building techniques.

▪Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

• Pastoral Staff (Year Director of Learning, Student Welfare Lead)

▪ Designated Safeguarding Lead (DSL)

▪ Deputy Designated Safeguarding Lead (DDSL): Mental Health Lead Practitioner

 ▪ Safeguarding Practitioner: Mental Health Lead Practitioner

▪ Designated Teacher for Looked After Children

▪ PSHCE Coordinator

▪ SENCO

▪ TTLP Director for Staff Wellbeing

If a member of staff is concerned about the mental health or wellbeing of student, in the first instance they should speak to the DSL or DDSL. If there is a concern that the student is high risk or in danger of immediate harm, the school's child protection procedures should be followed. If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

Teaching Students About Mental Health

The skills, knowledge and understanding our students need to keep themselves -and others - physically and mentally healthy and safe are included as part of our PSHCE curriculum and welfare education curriculum. We will follow the guidance issued by the PSHCE Association to prepare us to teach about mental health and emotional health safely and sensitively. https://psheassociation.org.uk/content/guidance-and-lessons-teaching-about-mental-health

Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people. Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges. Signposting We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (noticeboards, communal areas) and through our communication channels (newsletters, websites, Google Classroom Year Pages), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

▪ What help is available

▪ Who it is aimed at

▪ How to access it

▪ Why should they access it

▪ What is likely to happen next

Sources or support at school and in the local community

The school has a variety of support available to students on both an ad hoc and a pre-booked basis:

Deputy Head Teacher (Designated Safeguarding Lead)	The DSL is available for students to go to if they have any concerns about theirs or another student's emotional and mental wellbeing. The DSL also provides support and advice to staff who also have concerns about students' wellbeing.
Assistant Head Teacher (Deputy Designated Safeguarding Lead and Designated Teacher for Looked After and Previously Looked After Children)	The DDSL is available for students to go to f they have any concerns about theirs or another student's emotional and mental wellbeing. The DSL also provides support and advice to staff who also have concerns about students' wellbeing.
Student Welfare Leads	Student Welfare Leads are non-teaching staff who students can be referred to or who they can access themselves through-out the school day. They are assigned as follows; Year 7 – 1 Years 8 & 9 – 1 Years 10 11 – 1 Years 12 & 13 - 1
Mental Health Leads	The school has two Mental Health Leads (one for Y7 – 11 and one for Years 12 & 13) who see students for a wide range of safeguarding, emotional and mental wellbeing issues and signpost to other agencies as appropriate or refer cases to social care.

Students are welcome to speak any member of staff they feel comfortable speaking to. Students and parents can also e-mail studentsupport@phs.cheshire.sch.uk

Warning Signs

Staff may become aware of warning signs which indicate a student 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 alert any member of the safeguarding team. Possible warning signs, which all staff should be aware of 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

▪ Avoiding PE or getting changed secretively

▪ Lateness to, or absence from school

▪ Repeated physical pain or nausea with no evident cause

▪ An increase in lateness or absenteeism

Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We work closely with school health and their teams in supporting the emotional and mental health needs of students and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

▪ Providing specific help for those children at risk (or already showing signs) of social, emotional, and behavioural problems;

▪ Identifying and assessing in line with the Early Help Assessment children who are showing early signs of anxiety, emotional distress, or behavioural problems;

▪ Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach;

▪ Providing a range of interventions that have been proven to be effective according to the child's needs;

▪ Ensure young people have access to pastoral care and support, as well as specialist 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;

▪ Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and

▪ The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. All disclosures should be recorded confidentially on CPOMS (the school's online safeguarding management system).

Confidentiality

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student. We will tell them:

▪ Who we are going to tell

▪ What we are going to tell them

▪ When we're going to tell them

▪ Why we need to tell them

Ideally, consent should be gained from the student first, however, there may be instances when information must be shared.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school contact the parents/carers. This should be left at the discretion of the member of staff working with the individual student.

If a student gives us reason to believe that they are at risk, then normal safeguarding procedures should be followed.

Whole school approach

Working with parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

▪ Can we meet with the parents/carers face-to-face?

▪ Where should the meeting take place – some parents are uncomfortable in school premises an alternative venue should be sought.

▪ Who should be present – students, staff, parents etc?

▪ What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Supporting parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

▪ Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;

▪ Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);

▪ Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; and

▪ Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the student 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 needs 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 to enable them to keep students safe. A nominated member of staff will receive professional Mental Health First Aid training or equivalent. 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 students. 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.

Suggestions for individual, group or whole school CPD should be discussed with Senior Lead for Mental Health who can also highlight sources of relevant training and support for individuals as needed.

Related Polices and Documents (all of which can be found in the Policy area)

▪ Safeguarding Policy

▪ PHSCE Curriculum

▪ Behaviour Policy

▪ Anti-Bullying Policy

▪ Attendance Policy

Sources or support at school and in the local community

Underline: School Based Support

Universal: Students receive support from teachers and Form Tutors, the PSHCE programme, and guidance through assemblies. Student Support Team support is available to all students.

Targeted: We support children who would benefit from additional help with moderate difficulties through: parental meeting, referral to school nurse, closer work with Student Welfare. Students of concern are discussed at meetings attended by the Designated and/or Deputy Safeguarding Leads, Student Welfare and/or SENDCO. Mentoring groups and support include drawing & talking; cognitive behaviour awareness; resilience and coping; one to one sixth form mentoring.

Specialist: Vulnerable students with EHCPs, CP/multi-agency plans, LAC, and those requiring support beyond school will be supported through agencies such as CAMHS, Social Services and Health and Specialist Counselling Services.

Local Support

Live Well: a directory of support and advice with useful information and advice on a range of subjects, and an easy to use directory of services & activities in Cheshire East. Live Well Cheshire East

My Mind: is an NHS website, run by CWP CAMHS. This site has been developed for everyone interested in the mental health and well-being of young people. Home MyMind

Visyon: a charity supporting the emotional health of children, young people and their families. www.visyon.org.uk

Just Drop in: they provide free and friendly services for children and young people from Macclesfield and surrounding areas. They also hold sessions in Poynton. www.justdropin.co.uk

You in Mind: a directory of support for mental health issues, in the local area. Mental Health & Wellbeing in Cheshire - YouinMind.org

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 and 1 in 15 children and 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 these issues can be accessed via **Young Minds** and (for e-learning opportunities) Minded

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.

Online support

SelfHarm.co.uk: https://www.selfharm.co.uk/

National Self-Harm Network: https://nshn.co.uk/

Books

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers

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.

Online support

Action Mental Health: https://www.amh.org.uk/news/depression-in-young-people/

Books

Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

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.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

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.

Online support

OCD UK: https://www.ocduk.org/

Books

Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Conners (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisc   o: Jossey-Bass

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.

Online support

Prevention of young suicide UK – **PAPYRUS**: www.papyrus-uk.org

Books

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

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. New York: Routledge

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.

Online support

Beat: the eating disorders charity: https://www.beateatingdisorders.org.uk/

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficultiesin-younger-children

Books

Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbook

National Support

Young Minds: a charity committed to improving the wellbeing and mental health of children and young people. https://www.youngminds.org.uk/

Kooth: an online counselling and emotional well-being platform for young people. www.Kooth.com

NSPCC: is the UK's leading children's charity, preventing abuse and helping those affected to recover. www.nspcc.org.uk

Childline: get help and advice about a wide range of issues, call us on 0800 1111, talk to a counsellor online, send an email or post on the message boards. https://www.childline.org.uk/

Samaritans: a safe place for you to talk any time you like, in your own way – about whatever's getting to you. You don't have to be suicidal. Whatever you're going through, call us free any time, from any phone on 116 123. https://www.samaritans.org/

Proud Trust: is a life-saving and life enhancing organisation that helps young LGBT+ people empower themselves. https://www.theproudtrust.org/

Charlie Waller Memorial Trust: a good source of information about anxiety and depression. https://charliewaller.org/

Talking to students when they make mental health disclosures

 The advice below is from children 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 to themselves they have a problem, 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