



KINGSWOOD HOUSE SCHOOL

Mental Health and Wellbeing Policy - Pupils

This Policy relates to the whole school including the Early Years Foundation Stage, and is reviewed annually to ensure compliance with current regulations and law and must be read in conjunction with other relevant Kingswood House School policies.

Related Policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Anti-Bullying Policy
- Child Protection and Safeguarding Policy
- Low Level Concern Policy
- First Aid and Administration of Medicines Policy
- E-Safety Policy

This list is not exhaustive list

Policy reviewed by: K.Timothy

Dated: January 2023

Policy next review: January 2024

(Note: this policy remains in force until a new policy has been approved regardless of whether the review date has passed).

Policy Statement

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

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

Scope

This document describes the school's approach to 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 or disability.

The Policy Aims to:

- Promote positive mental health and wellbeing in all pupils.
- Increase understanding and awareness of common mental health and wellbeing issues.
- Alert staff to any early warning signs of poor mental health and wellbeing.
- Provide support to staff working with young people with poor mental health and wellbeing issues.
- Provide support to pupils suffering mental health and wellbeing issues as well as their peers and parents or carers

Lead Members of Staff

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

- Liam Clarke – Designated Safeguarding Lead (DSL)
- Ian Mitchell – Deputy DSL
- Sachin Sukdheo – Deputy DSL
- Harriet Angus – Deputy DSL
- Zoe Smith – Deputy DSL
- Fiona Swift – Deputy DSL
- Katey Timothy - Emotional Literacy Support Assistant (ELSA), FAA Level 3 Mental Health First Aider, SFAUSI, Level 2 counselling
- Jane Chandler – Catering Manager and Mental Health First Aider
- Emma Darbishire – School Nurse and trained Emotional Literacy Support Assistant
- Nicola Parsons – LSA and trained Emotional Literacy Support Assistant
- School office/reception staff – Karen Harding and Anne Miller
- All named first aiders

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the DSL, appropriate Head of Year or ELSA 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 designated safeguarding lead, the headmaster or the designated governor. 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.

Where a referral to CAMHS is appropriate, this will be led and managed by the Designated Safeguarding Lead. Please refer to the School's Safeguarding and Child Protection Policy.

Individual Care 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

The ELSA will develop student passports alongside some senior pupils who attend ELSA sessions. This document helps senior pupils (Years 9-11) to have some ownership regarding their wellbeing journey. The ELSA may also use Well Being Action Plans wherever necessary, this is a document to record the help a child will receive and a plan going forward. Both of these are collaborative resources with pupil voice at the heart.

Teaching about Mental Health

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.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching 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.

We will follow the [PSHE Association Guidance](#) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms.

Signposting

The school will ensure that staff, pupils and parents are aware of sources of support within school and in the wider community.

The school will display relevant sources of support in communal areas such as common rooms, corridors and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. All pupils have access to a Red Drop Box in a communal hallway where they can leave a message for the ELSA should they want contact with her. 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

Warning Signs

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 school's relevant form teacher, Head of Year, ELSA or DSL. Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental.
- Changes in eating or 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.
- Repeated as well as an increase in lateness or absence.

Supporting pupil mental health and wellbeing at Kingswood house

The school provides a wide range of internal support mechanisms for pupil mental health and wellbeing at Kingswood House including where appropriate:

- Elective time out and movement breaks aimed at reducing pupil's anxiety throughout the school day.
- Seating plans taking into account individual pupil's needs.
- Reduced timetable.
- Mental health and wellbeing topics delivered in but not exclusive to pupil briefings, assemblies, PSHE lessons.
- Whole school focus and participation in national days and wellbeing weeks
- Student passports for seniors where appropriate
- Wellbeing action plans (WAP) where appropriate.
- Confidential meetings with ELSA.
- Team around family meetings (TAF).
- Regular communication with parents, carers, guardians.
- Red drop box. Pupils can leave a request for 1:1 time with the ELSA
- Chat with the school nurse 1:1
- Help and support from school prefects at a teacher or Head of Year's request.
- Forums where pupils can feel safe to raise their mental health and wellbeing concerns e.g. school council.

Managing disclosures

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. Remember the phrase "90 seconds is the difference between a reaction and a response". Our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded in writing, added to CPOMS 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
- **Remembering the 7Rs:** Receive, Reassure, Respond, Report, Record, Remember and Review.

This information should be shared with the school's Designated Safeguarding Lead and Head of Pastoral care and they will share with the ELSA who, will store the recorded information appropriately and offer support and advice.

Confidentiality

We should be honest with regard 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 such as pupils who are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the DSL or the ELSA. 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 they are in danger of harm and pupils may choose to tell their parents themselves. If this is the case, the pupil should 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 Designated Safeguarding Lead must be informed immediately.

Working with all parents, carers, guardians

Where it is deemed appropriate to inform parent/carers, 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, and 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.

We should always 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 are sharing. Sharing sources of further support aimed specifically at parents can be helpful too, e.g. parent helplines and forums.

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. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record using CPOMS.

Working with All Parents

The school recognises that in order for students to aspire and achieve their potential, parents, carers, and guardians need to have an understanding and recognition of positive mental health and wellbeing in themselves well as their children.

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

- Highlight sources of information and support about common mental health and wellbeing issues on our school website.
- Ensure that all parents are aware of who to talk to, and how to go 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.
- Share information, links and resources via our newsletter for the whole KHS community.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home
- Provide parents, carers, guardians with information on support from both local and national agencies when i) requested ii) deemed as appropriate by pastoral or safeguarding lead.

Parents are expected to;

- Communicate on a regular basis with the school when they believe their child is going through mental health and wellbeing challenges.
- Inform the school if their child is receiving support from external agencies, including if that support comes to an end.
- Engage with the school pastoral /wellbeing team when contacted so the child's wellbeing needs can be continually monitored and in time met.

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 with 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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 pupils safe.

There will also be online learning via Educare for staff to learn about mental health.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and where it becomes appropriate due to developing situations with one or more students.

MAIN TYPES OF MENTAL HEALTH NEEDS

The following provides a brief description of the main types of mental health needs and summaries which approaches other professionals might use if a mental health problem is diagnosed.

ANXIETY

Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but they tend not to impact on their environment. Children and young people may feel anxious for a number of reasons – for example because of worries about things that are happening at home or school or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, being breathless, tense, fidgety, sick, irritable, and tearful or having difficulty sleeping. If they become persistent or exaggerated, then specialist help and support will be required.

CONDUCT DISORDERS

Examples of such disorders include defiance, aggression, and anti-social behavior, stealing and fire-setting. Overt behavior problems often pose the greatest concern for practitioners and parents because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or antisocial behavior

- ☐ Generalized anxiety disorder (GAD) – a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- ☐ Panic disorder – a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- ☐ Obsessive-compulsive disorder (OCD) – a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behavior or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- ☐ Specific phobias – the excessive fear of an object or a situation to the extent that it causes an anxious response, such as panic attack (e.g. school phobia).
- ☐ Separation anxiety disorder (SAD) – worry about being away from home or about being far away from parents, at a level that is much more than normal for the child's age.
- ☐ Social phobia – intense fear of social or performance situations.
- ☐ Agoraphobia – a fear of being in situations where escape might be difficult, or help would not be available if things go wrong.

While the majority of referrals to specialist services are made for difficulties and behaviours which are more immediately apparent and more disruptive (externalising difficulties), there are increasing levels of concern about the problems facing more withdrawn and anxious children, given the likelihood of poor outcomes in later life

DEPRESSION

Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness.

Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but tends not to impact on their environment.

ATTACHMENT DISORDERS

Attachment is the affectionate bond children have with special people in their lives that leads them to feel pleasure when they interact with them and be comforted by their nearness during times of stress.

DELIBERATE SELF-HARM

Common examples of deliberate self-harm include: -

- ☐ "Overdosing" (self-poisoning).
- ☐ Hitting.
- ☐ Cutting or burning oneself.
- ☐ Pulling hair or picking skin.
- ☐ Self-strangulation.

The clinical definition includes attempted suicide, although some argue that self-harm only includes actions which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

EATING DISORDERS

The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and, if female, their periods may stop.

Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then bingeing. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys, but are more common in girls.

POST-TRAUMATIC STRESS

If a child experiences or witnesses something deeply shocking or disturbing, they may have a traumatic stress reaction. This is a normal way of dealing with shocking

events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviors persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of post-traumatic stress disorder (PTSD).

SUBSTANCE ABUSE

Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made between substance abuse (where use leads to personal harm) and substance dependence (where there is a compulsive pattern of use that takes precedence over other activities).

Special educational needs (SEN)

Persistent mental health difficulties may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. Kingswood House School will consider whether the pupil will benefit from being identified as having an additional educational need. Any additional provision should ensure it takes into account the views and wishes of the pupils and parents.

Useful APPS:

- [combinedminds.](#) Advice, strategies and support for those who have friends or families struggling with their mental health.
- [clearfear](#) –Help advice and strategies to manage those moments of anxiety.
- [calmharm.](#)–Distraction techniques hints and tips to manage those difficult moments
- **worthwarrior** –support for those struggling with low self-esteem and body image
- **movemood**–help and advice for low mood and depression.

Useful websites:

- www.youngminds.org.uk –Mental health charity offering help and advice 24/7 for children and young people. Also offers advice 24/7 to parents – via web chats ,articles and offering training as well
Also text services text: YM to 85258
- www.kooth.com online mental health support ages 10-25.No waiting lists no referrals needed. BACP accredited
- www.sleepcharity.org –Top tips for teens on sleep
- www.teentips.co.uk 24/7 support for teens ,parents, carers staff .Webinars, workshops, wellbeing hub and resources
- www.stonewall.org.uk Help advice and support for lesbian ,gay ,bi ,trans, queer and questioning (LGBTQ+)
- www.papyrus.co.uk Prevention of young suicide. Help and support
- www.winstonswish.org support for grieving children and young people

Telephone organisations:

- **Childline: Call free: 0800 1111. Speak to someone at child line about how you're feeling no matter the issue**
- **Samaritans: Call 116123**
- **Papyrus:0800 068 4141 or text 07860 039967**
- **The mix:0808- 808-4994 under 25 online ,1:1 chat**
- **Shout: free text service 24 hours a day 7 days a week. Text SHOUT 85258**

Useful references

- Healthy Young Minds – 2 page booklet titled Self-Injury: why it happens and how to handle them.
- Having the first conversation – tips and advice on having the first conversation with a pupil about self-harm.
- Young Minds – 7 page booklet titled No Harm Done which gives advice for staff working with young children on recognising and responding to self-harm

<https://healthyyoungmindspennine.nhs.uk/media/1048/self-injury.pdf>

<https://youngminds.org.uk/resources/school-resources/self-harm-having-the-first-conversation/>

https://youngminds.org.uk/media/2936/no_harm_done_professionals_pack.pdf