

CLAVERHAM COMMUNITY COLLEGE



Mental Health Policy

This policy was adopted on October 2020

This policy is due for review on October 2021

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)

At Claverham Community College, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole academy approaches and specialised, targeted approaches aimed at vulnerable students.

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. 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.

Mental Health

Mental health is how we feel, how we think and how we behave.

All children and young people need to:

- be able to connect with others by participating in groups and teams
- know they are capable and able to achieve
- know they count in their world and can contribute to their community
- Know they have courage and can manage risks appropriately.

The mental health of children and young people, adults in school, parents and carers and the wider whole school community will impact on all areas of development, learning, achievement and experiences.

Purpose:

At Claverham Community College we encourage our students to:

- Be able to form and maintain relationships with others
- Be able to have fun
- Be open to learning
- Be able to develop a sense of right and wrong
- Be adaptable to change and other's people expectations
- Be able to develop the resilience to manage ordinary setbacks

The whole school community:

- Is involved in promoting positive mental health
- Is valued for the role it plays in promoting positive mental health
Contributes towards the ethos of the school.

The Policy Aims to:

- 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/carers

- Will help to de-stigmatise mental health

This policy also supports and works in conjunction with the Anti-Bullying policy, Engagement for Learning policy and the Child Protection and Safeguarding policy.

Child Protection Responsibilities

Claverham Community College is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expect 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 a school environment which promotes self-confidence, a feeling of self worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

Steve Lochan-Grimer, Assistant Principal is the member of the Senior Leadership Team with a responsibility for Safeguarding and Child Protection. Parents and carers are welcome to approach the House Teams if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents and carers may discuss concerns in private with the child's form teacher.

In addition to the child protection measures outlined in the school's Safeguarding and Child Protection policy, the school has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

Identifiable Mental Health Issues

- Anxiety, panic attacks & phobias
- Self-harm
- Depression
- Obsessions & compulsions
- Suicidal feelings
- Eating problems

Procedures

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined in the Appendices.

Below outlines the procedures that are followed if staff, a student, or another student raises concerns about one of their friends or if an individual student speaks to a member of staff specifically about how they are feeling.

ASK, ASSESS, ACT

Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present. Listen non-judgementally.

Give them time to talk and gain their confidence to take the issue to someone who could help further.

Give reassurance and information.

Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality -it could be a child protection matter. Enable the young person to get help.

Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help.

Encourage them to speak to someone -offer to go with them.

Encourage self-help strategies.

Appropriate staff to complete a Concern report via Classcharts.

Do not speak about your conversation or concerns with other pupils/casually to a member of staff.

High Risk

If you consider the young person to be at risk then you should follow the Safeguarding and Child Protection procedures and report your concerns directly to the Designated Safeguarding Lead

This appropriate course of action will be taken which may include:

The young person needs a period of 'watchful waiting'

Contacting parents/carers

Arranging professional assistance e.g. doctor/nurse

Arranging an appointment with a counsellor

Contacting the academy's Primary Mental Health Worker

Making a referral to CAMHS -with parental consent

SAFETY OF ALL IS PARAMOUNT

All staff have a duty of care towards the pupils and should respond accordingly when mental health first aid situations arise

INDIVIDUAL Risk reduction Plan

Following consultation between the relevant staff and parents/carers Risk Reduction Plan would be agreed. This would be available to the relevant teaching and support staff in order to provide the appropriate level of support for the student. See Appendix 3

Confidentiality and information sharing

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer.

Students should be made aware that it may not be possible for staff to offer complete confidentiality.

If a member of staff considers a student is at serious risk of causing themselves harm then confidentiality cannot be kept.

It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.

Young people with mental health problems typically visit the medical room more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early.

If a student confides in a member of the school medical team then they should be encouraged to speak to their tutor, Pastoral or Head of House or the Safeguarding/Mental Health Lead.

After initial assessment, any immediate concern for a student's mental health would be reported to the DSL and Mental Health Lead and an appointment made.

Confidentiality will be maintained within the boundaries of safeguarding the student.

The DSL and Mental Health Lead will decide what information is appropriate to pass on to parents/carers.

Parents/carers must disclose to the school any known mental health problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing.

Mental Health First Aid

In order to ensure adequate mental health first aid provision and awareness it is our policy that:

- There are sufficient numbers of trained personnel to support those students who are experiencing mental and/or emotional difficulties.
- A Mental Health Lead is always available during normal school hours. Is responsible for responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical help as necessary
- Recording details of support given

The school has qualified first aiders in attendance around the medical room during normal working hours and a Medical Welfare Officer who works school hours, based in the front reception/medical room.

Safeguarding Lead

Is responsible for

- Responding promptly to calls for assistance in high risk cases and safeguarding and child protection issues
- Making referrals to appropriate agencies
- Summoning immediate medical help if required
- Informing parents and carers

School Nurse

The School Nurse can offer support if referred by school staff using the following link

<https://www.kentcht.nhs.uk/forms/school-health-service-east-sus-sex-referral-form/>

The support that can be offered by the school nurse is as follows:

- Working closely with students, parents, carers and staff, offering support and advice on a range of issues offering medical support
- Playing a vital role in children's development, managing medical conditions and acting as a point of contact on child protection issues
- Maintaining accurate records of all support given

Staff Roles and Procedures:

Procedures for dealing with specific mental health issues are given as follows:

- The Head of House or Pastoral should be contacted in the first instance
- A record must be kept of all incidents and the first aid treatment support given. A copy should be kept by the school in the section concern of ClassChartss by the member of staff supporting the young person

Monitoring Policy

This policy will be monitored by the Mental Health Lead and the DSL

The mental health and wellbeing policy and guidance will be reviewed every year as part of the policy review schedule

Linked Policies

Safeguarding and Child Protection Policy

Anti-bullying policy and procedures

APPENDICES

Appendix 1 - Mental Health Issues

Appendix 2 - Sources or support at school and in the local community

Appendix 3 – Risk Reduction Plan

Appendix 1: MENTAL HEALTH ISSUES

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 of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

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](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): www.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

[Depression Alliance](http://www.depressionalliance.org/information/what-depression): www.depressionalliance.org/information/what-depression

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: www.ocduk.org/ocd

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 Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: 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

On the edge: ChildLine spotlight report on suicide:
www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edgechildline-spotlight/

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: 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: www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry:
www.inourhands.com/eating-difficulties-in-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' Pocketbooks*

Appendix 2: Sources or Support at the School

School Based Support

There is a full range of support available to students.

Mental Health Lead

Designated Safeguarding Lead

Peer Mentors

Mental Health First Aiders

Therapeutic-Counselling

CBT therapy

IRock service

School Nurse – by referral

Primary Mental Health Lead (CAMHS) – by referral using a SOR

Form tutors / Pastoral Managers

Appendix 3

**Claverham Community College
School-based Safeguarding Risk Reduction Plan**

Date:

Child's details

Name	DOB/age	Class/Year group	

Adults included in the development of the plan	Relationship and contact detail

Details of decision regarding parent/carer or pupil involvement – if not included in meeting specify why and how their views and wishes are conveyed.

Specify any issues of SEN, Child Protection, Race, Culture or Diversity

Reason for risk management plan:

Timescales:

Date plan to start:

Please add any supplementary details relevant to this plan:

Give details any known strategies or precautions required to avoid/manage/predict the behaviour/risks and specific triggers to be avoided

Are there any other risks/concerns that you feel should be considered that are not directly linked to this plan.

Please identify any essential documents that should be read or consider and where they can be located.

Assessments, expert reports/assessments/chronologies/Sen plan, EHCP etc.(ANY PLAN)

PLEASE GIVE DETAILS (INCLUDING DATE AND LOCATION OF DOCUMENT):

Risk Assessment (Please put an x to mark the relevant number)						
IDENTIFIED RISK (Please adapt to suit the situation/risk) Score only those that apply. <i>All headings can be changed/deleted to reflect the situation</i>	1 = LOW 5 = HIGH	1	2	3	4	5
Child Protection Issues: Risk of abuse to children. <i>Define type and detail: Sexual, physical, emotional or neglectful.</i>	SEVERITY					
	LIKELIHOOD					
Risk of violence: <i>Of child/parents/adults towards other children, adults and staff members. Domestic violence, threats of violence.</i>	SEVERITY					
	LIKELIHOOD					
Risk to self: <i>Alcohol and Substance misuse, Self harm and suicide</i>	SEVERITY					
	LIKELIHOOD					

Risk of inappropriate sexualised behaviour: <i>Of child/parents/adults towards other children and staff.</i>	SEVERITY					
	LIKELIHOOD					
Offending behaviour, anti social behaviour of child/parents/adults: <i>Risk to persons, property or possessions, fire setting.</i>	SEVERITY					
	LIKELIHOOD					
Neglect issues: Parental contact issues, Parental conflict	SEVERITY					
<i>Neglect/communication with school</i>	LIKELIHOOD					
Other: e.g. Absconding/on line safety	SEVERITY					
	LIKELIHOOD					
TO BE COMPLETED BY THE HEADTEACHER AND DESIGNATED SAFEGUARDING LEAD						
Total = Severity x Likelihood	SEVERITY	LIKELIHOOD	TOTAL	LEVEL OF RISK: 1-8 <i>LOW</i> 9-15 <i>MEDIUM</i> 16-25 <i>HIGH</i>		
Child Protection Issues:						
Risk of violence:						

Risk to self:				
Risk of inappropriate sexualised behaviour:				
Offending behaviour, anti social behaviour of child/parents/adults:				
Neglect issues: Parental contact issues, Parental conflict				
Other: Other: e.g. Absconding/on line safety				

Risk Level = LH x LS			
Likelihood		Severity	
1	Very Unlikely	1	Has occurred once, assessments indicate this is not likely to be repeated.
2	Unlikely	2	The severity of the incident/behaviour is low and reoccurrence is predictable and with risk management plan in place reoccurrence is reduced. Unlikely to cause serious harm to self, others or property.
3	Likely	3	The frequency and severity of the incident/behaviour is high (weekly or unpredictable) with risk of injury to self or others assessed as likely with a potential for harm or injury to self. Others or property (i.e. physical/sexual/mental health etc.). Risk management plans have not reduced risk. (Consider RIDDOR)
4	Very Likely	4	The frequency and severity of the incident/behaviour is very high (2 or more times a week or unpredictable) with risk of injury to self or others assessed as likely with a potential for serious harm or injury to self. Others or property (i.e. physical/sexual/mental health etc.). Risk management plans have not reduced risk, child or family not cooperating with risk management plan). (Consider RIDDOR)
5	Almost Certain	5	Fatality or Disability is likely. (Consider RIDDOR)

Risk detail	Action	Person responsible	Contingency plan
Date of Plan:	Review Date:		
Distributed to:			
Lead Professional:	Contact details:		

Date risk assessment and plan agreed	Name and role in school	Signature