

# Bromley Beacon Academy & Bromley Trust Academy

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## Mental Health & Well-Being Policy

<b>Responsible post holder</b>	Executive Headteacher/ Head of Therapy
<b>Approved on</b>	13 <sup>th</sup> January 2018
<b>Reviewed</b>	
<b>Next Review</b>	1 <sup>st</sup> September 2018

## **1. Why mental health and wellbeing is important**

We aim to promote positive mental health and wellbeing for our whole school community; students, staff, parents and carers, and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement.

The Department for Education (DfE) recognises that: "in order to help their students succeed; schools have a role to play in supporting them to be resilient and mentally healthy". Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that students learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:

- All students are valued
- Students have a sense of belonging and feel safe
- Students feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children's wellbeing, we recognise the importance of promoting staff and parent/carer mental health and wellbeing and have taken proactive steps to ensure that regular support is offered for both groups.

## **2. Purpose of the policy**

This policy sets out

- How we promote positive mental health
- How we prevent mental health problems
- How we identify and support students with mental health needs
- 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 and support students
- Key information about some common mental health problems
- Where parents, staff and students can get advice and support

## **3. Definition of mental health and wellbeing**

We use the World Health Organisation's definition of mental health and wellbeing "*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*".

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

#### **4. How the policy was developed and who was consulted**

This policy has been developed using examples of other Mental Health and Well-being policies developed nationally. Particularly, the Camden Borough example of Mental health and Well-being policy. In developing this policy we have taken account of:

- Carnegie Centre of Excellence for Mental Health in schools
- Green Paper for Mental Health 'Transforming Young People's Mental Health Provision' 2017
- Children and Young People's mental health: state of the nation 2016
- Education, Education, Education, Mental health 2016 (secondary)
- Promoting children and young people's emotional health and wellbeing Public Health England 2015
- Preparing to teach about mental health PSHE Association 2015
- Mental Health and Behaviour in schools DfE 2014
- Supporting students with medical conditions DfE 2014
- Papyrus UK Suicide Prevention Policy

#### **5. Links to other policies**

This policy links to our policies on therapy, safeguarding, supporting students with medical needs, anti-bullying, behaviour, bereavement and SEND info report. Links with the behaviour policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to mental health needs.

#### **6. A whole school approach to promoting positive mental health**

We take a whole school approach to promoting positive mental health that aims to help students become more resilient, be happy and successful and prevent problems before they arise.

This encompasses a framework of 8 standards:

1. Leadership & Strategy: creating policies and ethos that support mental health, well-being and resilience
2. Organisational Structure and Culture for Students: Creating a culture for students to develop social relationships, support each other and seek help when they need to
3. Organisational Structure & Culture for Staff: to support well-being practice amongst staff in their working life
4. Support for students: early identification of students who have mental health needs, planning and providing a platform of support to meet their needs
5. Support for Staff: group and individual support is part of the school offer

6. Effectively working with parents and carers: creating a termly Mental Health and Well-being Newsletter, providing a parent support group, 1:1 support and linking Social Emotional and Mental health into discussions for admissions and Academic Review Days
7. Supporting and training staff to develop their skills and resilience
8. Working and liaising with external services

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

## **7. Staff Roles and Responsibilities**

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health (*see appendix 1 on risk and protective factors*). Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that students with mental health needs get early intervention and the support they need.

### School Therapist/ Designated Mental Health Lead

- Leads on and works with other staff to coordinate whole school activities to promote positive mental health and well-being
- Provides advice and support to staff and organises training and updates in these areas and organises/delivers staff training on Mental health once each half term.
- Keeps staff up to date with information about what support is available through a monthly professional and personal resource for mental health
- Is the first point of contact and communicates with mental health services
- Manages a caseload of clients which may include students, parents/carers and staff/senior staff members as appropriate
- Provides and/or identifies need for individual and staff group supervision to support good and reflective practice amongst all professionals
- Liaises with external Mental Health agencies and professionals

We recognise that many behaviours and emotional problems can be supported within the school environment. Some children will need more intensive support at times, and there are a range of mental health professionals that provide support to students with mental health needs and their families. Support includes:

- Full time- onsite school therapist and therapists/counsellors who may do sessional work with students
- Support staff who are mentored and supported to manage mental health needs of students
- SENDCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including students whose mental health problems mean they need special educational provision.

## **8.Supporting Students' Mental Health**

We believe we have a key role in promoting students positive mental health and helping to prevent mental health problems. Our school is developing a range of strategies and approaches including;

### *Student-led activities*

- Campaigns and assemblies to raise awareness of mental health

### *Transition programmes*

- Transition Programme to secondary schools and during school induction
- Therapy transition sessions offered for students seeing an onsite therapist at time of transition

### *Class activities*

- Circle Time sessions for students and/or exploration of well-being in PSHE and curriculum
- Mental health teaching resources circulated to staff
- Visits and workshops from external services

### *Whole school*

- Wellbeing week activities
- SEMH linked into the school curriculum with each student and teacher developing SEMH targets
- Class teachers work closely with their group of students to monitor any changes or developments to mental health and can refer to Therapists as needed.
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school

### *Curriculum: SEMH Targets*

- SEMH targets are embedded into the curriculum and SEMH targets for students are equally important as their academic targets. This curriculum teaches the knowledge and social and emotional skills that will help students to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

## **9. Identifying, referring and supporting students with mental health needs**

### **Our approach is to:**

- Provide a safe environment to enable students to express themselves and be listened to
- Ensure the welfare and safety of students as paramount
- Identify appropriate support for students based on their needs
- Involve parents and carers when their child needs support
- Involve students in the care and support they have
- Monitor, review and evaluate the support with students and keep parents and carers updated

### **Early Identification**

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Analysing behaviour, exclusions, bullying logs, attendance and sanctions
- Using a Social Emotional Mental Health Tracker to monitor changes in wellbeing with input from key staff members across professional school roles
- Staff reporting concerns about individual students to the Head of School and Therapist
- Weekly safeguarding meetings
- Parent/Carer feedback at Annual Reviews, Admission meetings etc.
- Gathering information from a previous school at transfer or transition

- Enabling students to raise concerns or self refer-through school therapist, form tutor, class teacher, directly to the Mental Health lead or to any member of staff
- Enabling parents and carers to raise concerns through form tutor, class teacher, Head of School or directly to the school Therapist

Any member of staff concerned about a student will take this seriously and talk to the School Therapist and report a concern to follow safeguarding procedures.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn
- Changes in activity or mood or eating/sleeping habits
- Lowering academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- An increase in lateness or absenteeism
- Not wanting to do PE or get changed for PE
- Wearing long sleeves in hot weather
- Drugs or alcohol misuse
- Physical signs of harm that are repeated or appear non-accidental
- Repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a student is in danger of immediate harm then the school's child protection procedures are followed. If there is a medical emergency then the school's procedures for medical emergencies are followed.

### **Disclosures by students and confidentiality**

We recognise how important it is that staff are calm, supportive and non-judgemental to students who disclose a concern about themselves or a friend. The emotional and physical safety of students is paramount and staff listen rather than advise.

All disclosures are recorded and held on the student's confidential file, including date, name of student and member of staff to whom they disclosed, summary of the disclosure and next steps.

### **Assessment, Interventions and Support**

All concerns are reported to Head of School or School Therapist. We then implement our assessment system which is based on levels of need to ensure that students get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

<b>Need</b>	<b>Intervention and Support</b>	<b>Monitoring</b>
The level of need is based on discussions at the regular safeguarding meetings and Senior Leadership Meetings taking into consultation SENDCO, Head of School and staff feedback	The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and students	

Highest need	<ul style="list-style-type: none"> <li>• CAMHS -assessment, 1:1 or family support,</li> <li>• School therapist -1:1 support, family support or group support as appropriate</li> <li>• External professional support: arts therapies, counselling or mentoring, Educational Psychologist, Speech and Language Therapy</li> </ul>	<p>All formal interventions with Mental Health professionals who conduct work at the school monitor the dates and times that students are seen and termly reports for each student are created. These are confidential and are housed with the Head of School and Head of Therapy.</p> <p>Recommendations are shared with teachers and parents.</p> <p>At the end of intervention, students, teachers and parents complete questionnaires to monitor the effectiveness of intervention. An end of Year Therapy Report is created.</p> <p>For any CAMHS service, the therapist will connect with the professional involved to ensure good practice is supported.</p>
Some need	<ul style="list-style-type: none"> <li>• Staff mentoring, small group intervention, Speech and Language Therapy</li> </ul>	
Low need	General support: class teacher/TA, form tutor	

### Support for students after inpatient treatment

We have a duty of care to support students after any inpatient treatment and will seek advice from medical staff and mental health professionals on the best way to support students. We will produce a care plan to support students to re-integrate successfully back to school.

When a child leaves an inpatient provision and is transitioning back to school we discuss what needs to happen so the transition is smooth and positive.

### 10. Suicide Prevention Policy

*Developed in consultation of POPYRUS UK Policy*

Our Beliefs about Suicide and its Antecedents:

- i) **SUICIDAL THOUGHTS ARE COMMON** We acknowledge that thoughts of suicide are common among young people.
- ii) **SUICIDE IS COMPLEX** We believe that every suicide is a tragedy. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.
- iii) **SUICIDE IS OUR BUSINESS, TOO** As a school community, we recognise that students may seek out someone whom they trust with their concerns and worries.

We want to play our part in supporting any student who may have thoughts of suicide.

- iv) **SAFETY IS VERY IMPORTANT** We know that students who are having thoughts of suicide may or may not also be behaving in a way that puts their life in danger (suicide behaviours). Children experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also clearly at risk of death or harm. We want to work with our students who may be thinking about suicide, or acting on their thoughts of suicide. We want to support them, sometimes working in partnership with family, caregivers and other professionals where this may enhance suicide safety.
- v) **SUICIDE IS A DIFFICULT THING TO TALK ABOUT** We know that a child or young person who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will equip adults with the skills to identify when a student may be struggling with thoughts of suicide. These adults will be trained to keep our young people suicide-safe. Each school therapist and a member of pastoral support will receive accredited suicide prevention training. All other staff members will receive a basic suicide prevention information training.
- vi) **TALKING ABOUT SUICIDE DOES NOT CREATE OR WORSEN RISK** We will provide our students with opportunities to speak openly about their worries with people who are ready, willing and able to support them. We want to make it possible for schoolchildren and young people, and those who support them at this school/college, to do so safely. This will be in a way that leads to support and help where this is needed. We will do all we can to refrain from acting in a way that stops a student seeking the help they need when they are struggling with thoughts of suicide.

**All staff will have access to resources, training and professionals to support them if a child they are working with is discussing suicide.**

### **11. Working with specialist services to get swift access to the right specialist support and treatment**

In some case a student’s mental health needs require support from a specialist service.

<b>Specialist Service</b>	<b>Referral process</b>
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
School Therapist	Accessed through school therapist directly, Head of School or Safeguarding
Educational Psychologist	Accessed through SENDCO

### **12. Involving parents and carers**

#### *Promoting mental health*

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

On first entry to the school, our parent’s meeting includes a discussion on the importance of positive mental health for learning. We ask parents to inform us of any issues that they think might have an impact on their child’s mental health and wellbeing and key staff members



continue to track this. All staff receive information on risk and protective factors that support mental health (see appendix 1).

To support parents and carers:

- We organise a range of activities such as workshops and our school therapist offers parents sessions in either group or individual context
- We provide information and websites on mental health issues and produce a termly leaflet for parents on mental health and resilience, which can be accessed on the school website or at the school. The information includes who parents can talk to if they have concerns about their own child, resources and where parents can access support for themselves.

#### *Supporting parents and carers with children with mental health needs*

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also help to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

When a concern has been raised the school will

*In most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.*

*Children over the age of 16 are entitled to consent to their own treatment.*

- Offer information to take away and places to seek further information
- Be available for follow up calls
- Agree a plan together with next steps
- Discuss how the parents and carers can support their child
- Keep parents and carers up to date and fully informed of decisions about the support and interventions

Parents and carers will always be informed if their child is at risk of danger and students may choose to tell their parents and carers themselves. We give students the option of informing their parents and carers about their mental health need for themselves or go along with them.

We make every effort to support parents and carers to access services where appropriate. We also provide information for parents and carers to access support for their own mental health needs.

### **13. Involving students**

We seek student's views about our approach, curriculum and promoting whole school mental health activities.

We always seek feedback from students who have had support to help improve that support and the services they received.

Students are a part of the process in having dialogue about SEMH termly targets and reviewing these with their homeform tutors.

### **14. Supporting and training staff**

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in students and know what to do and where to get help (see Appendix 3).

All staff have access to group staff supervision to support good, reflective practice alongside access to individual support as needed.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing, such as termly massage therapy, a termly Well-being week without any staff meetings and a staff feedback form and focus group on Mental Health and Well-being where staff can submit ideas.

Staff and senior leaders can also self-refer for potential therapeutic support with a therapist.

## **15. Monitoring and Evaluation**

The mental health and wellbeing policy is on the school website and hard copies are available to parents and carers from the school office. All professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work.

The policy is monitored annually by the Head of Therapy and the Executive Head and involves staff with a responsibility for mental health, including the Local Governing Body.

**Appendix 1 Protective and Risk factors** (adapted from *Mental Health and Behaviour DfE March 2016*)

	<b>Risk Factors</b>	<b>Protective Factors</b>
In the Child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• SEND</li> </ul>	<ul style="list-style-type: none"> <li>• Being female (in younger children)</li> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Problem solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the Family	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long term relationship or the absence of severe discord</li> </ul>
In the School	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Negative peer influences</li> <li>• Peer pressure</li> <li>• Poor student to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> </ul>

		<ul style="list-style-type: none"> <li>• Positive peer influences</li> </ul>
In the Community	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

## **Appendix 2 Specific mental health needs most commonly seen in school-aged children**

For information see Annex C Main Types of Mental Health Needs  
Mental Health and Behaviour in School DfE March 2016

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self Harm

The DfE guide does not include specific information on suicidal thought

### *Suicidal Thoughts*

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

For more information, please refer to Prevention of Young Suicide UK: [www.papyrus-uk.org](http://www.papyrus-uk.org)

### **Where to get information and support**

*For support on specific mental health needs*

Anxiety UK [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk) OCD UK [www.ocduk.org](http://www.ocduk.org)

Depression Alliance [www.depressoinalliance.org](http://www.depressoinalliance.org)

Eating Disorders [www.b-eat.co.uk](http://www.b-eat.co.uk) and [www.inourhands.com](http://www.inourhands.com)

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

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

Suicidal thoughts [Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org](http://www.papyrus-uk.org)

*For general information and support*

[www.youngminds.org.uk](http://www.youngminds.org.uk) champions young people's mental health and wellbeing

[www.mind.org.uk](http://www.mind.org.uk) advice and support on mental health problems

[www.minded.org.uk](http://www.minded.org.uk) (e-learning)

[www.time-to-change.org.uk](http://www.time-to-change.org.uk) tackles the stigma of mental health

[www.rethink.org](http://www.rethink.org) challenges attitudes towards mental health