



# The Ecclesbourne School

“Learning together for the future”

## MENTAL HEALTH AND WELL BEING POLICY

JANUARY 2019

### Statement of intent

This policy outlines the framework for **The Ecclesbourne School** to meet its duty in providing and ensuring a high quality of education to all of its pupils, including students with Mental Health and Well-Being (MHWB) difficulties, and to do everything it can to meet the needs of students with MHWB difficulties.

Through successful implementation of this policy, the school aims to:

- Promote a positive outlook regarding students MHWB difficulties.
- Eliminate prejudice towards students with MHWB difficulties.
- Promote equal opportunities for students with MHWB difficulties.
- Ensure all cases of students with MHWB difficulties are identified and appropriately supported.

**The Ecclesbourne School** will work with outside agencies where the following principles are concerned:

- The involvement of students and their parents in decision-making.
- The early identification of students’ needs.
- Collaboration between education, health and social care services to provide support when required by the student.
- Greater choice and control for students and their parents over their support.

Signed by:

Head Teacher

Date:

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Chair of Governors

Date:

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Review Date: **January 2022**

Responsibility: Deputy Head Teacher/Head of Lower School

## 1. Legal framework

1.1. This policy has due regard to legislation, including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

1.2. This policy has been created with regard to the following DfE guidance:

- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities (SEND) code of practice: 0 to 25'
- DfE (2017) 'Transforming Children and Young People's Mental Health Provision: A Green Paper.'
- DfE (Nov 2018) Mental Health and Behaviour in Schools.

1.3. This policy also has due regard to the school's policies, including, but not limited to, the following:

- **SEND Policy**
- **Behaviour and Discipline Policy**
- **Child Protection and Safeguarding Policy**
- **Anti-bullying Policy**

## 2. Definitions

2.1. **Anxiety:** For the purpose of this policy, anxiety refers to feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn or sustain and maintain friendships. Specialists reference a number of diagnostic categories:

- **Generalised anxiety disorder:** 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:** 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 behaviour 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 a panic attack (e.g. school phobia).

- **Separation anxiety disorder:** involves worrying about being away from home or about being far away from parents, at a level that is much more than normal for a pupil's age.
- **Social phobia:** an intense fear of social or performance situations.
- **Agoraphobia:** refers to a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

2.2. **Depression:** For the purpose of this policy, depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** a person who will show a number of depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** is less severe than MDD, but characterised by a person experiencing a daily depressed mood for at least two years.

2.3. **Hyperkinetic disorders:** For the purpose of this policy, hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** has three characteristic types of behaviour; inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is then called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** a more restrictive diagnosis but is broadly similar to a severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school or home.

2.4. **Attachment disorders:** For the purpose of this policy, attachment disorders refer to the excessive upset experienced when a child is separated from a special person in their life, like a parent. Researchers generally agree that there are four main factors that influence attachment problems, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

2.5. **Eating disorders:** For the purpose of this policy, eating disorders are defined as a serious mental illness which affects an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

2.6. **Substance misuse:** For the purpose of this policy, substance misuse is defined as the usage of harmful substances.

2.7. **Deliberate self-harm:** For the purpose of this policy, deliberate self-harm is defined as a person intentionally inflicting physical pain upon themselves.

2.8. **Post-traumatic stress:** For the purpose of this policy, post-traumatic stress is defined as recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

### 3. Roles and responsibilities

3.1. The **Governing Body** is responsible for:

- Strategic oversight of the implementation and effectiveness of the MHWB Policy.
- Appointing an individual governor to oversee the school's arrangements for MHWB.

3.2. The **Headteacher** is responsible for:

- Designating an appropriate member of staff to be the Mental Health Lead and have responsibility for coordinating provision for students with MHWB difficulties.
- Ensuring that teachers monitor and review students' progress during the course of the academic year.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against students with MHWB difficulties.
- Establishing and maintaining a culture of high expectations and including students with MHWB difficulties in all opportunities that are available to other pupils.

3.3. The **Mental Health Lead** is responsible for:

- Overseeing the whole-school approach to Mental Health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages students and parents with students' MHWB and awareness.
- Collaborating with the DSL, SENCO, PDC coordinator, Headteacher and Governing Body, as part of the school's leadership team (SLT), to outline and strategically develop MHWB policies and provisions for the school.
- Coordinating with the SENCO and MHWB support teams to provide a high standard of care to students who have MHWB difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of students with MHWB difficulties.
- Being a key point of contact with external agencies, especially the MHWB support services, LA support services and MHWB support teams.
- Ensuring that those teaching or working with students with MHWB difficulties are aware of their needs and have arrangements in place to meet them.
- Regularly and carefully reviewing the quality of teaching for students at risk of underachievement, as a core part of the school's performance management arrangements.
- Keeping parents and relevant teaching staff up-to-date with any changes or concerns involving students with MHWB difficulties.
- Providing professional guidance to colleagues about MHWB and working closely with staff members, parents and other agencies, including MHWB charities.

- Referring students with MHWB difficulties to external services to receive external support, where required.
- Overseeing the outcomes of interventions on students' education and wellbeing.
- Liaising with parents of students with MHWB difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Leading MHWB CPD.

3.4. The **DSL** is responsible for :

- Working in collaboration with the **Mental Health Lead**.
- Responding appropriately when a mental health issue becomes a safe guarding issue. See Child Protection and Safe Guarding policy.

3.5. The **SENCO** is responsible for:

- Collaborating with the **Mental Health Lead** to determine the strategic development of MHWB policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the MHWB Policy with SEND students.

3.6. The **Pastoral Staff** are responsible for:

- Being aware of the signs of MHWB difficulties.
- Undertaking MHWB First Aider training.
- Planning and reviewing support for their students with MHWB difficulties in collaboration with The **Mental Health Well Being Lead**, the SENCO and, where appropriate, the pupils themselves.
- Being responsible and accountable for the progress and development of the students in their year group.
- Being aware of the needs, outcomes sought and support provided to any students with MHWB difficulties.
- Informing the **Mental Health Well Being Lead** of causes and concerns identified through their work with students.

3.7. The **Teaching staff** are responsible for:

- Being aware of the signs of MHWB difficulties.
- Planning and reviewing support for their students with MHWB difficulties in collaboration with The **Mental Health Well Being Lead**, the SENCO and, where appropriate, the pupils themselves.
- Setting high expectations for every students and aiming to teach them the full curriculum, whatever their prior attainment.

- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every student achieving.
- Being responsible and accountable for the progress and development of the students in their class.
- Being aware of the needs, outcomes sought and support provided to any student with MHWB difficulties.
- Informing the responsible member of the Pastoral Team of causes and concerns identified through their work with students.

#### 4. Training to enable Teachers and Support Staff to identify signs of MHWB.

- 4.1. Awareness of factors that put students at risk of MHWB difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.
- 4.2. Awareness of the fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of MHWB difficulties.
- 4.3. Promotion of resilience to help encourage positive MHWB.
- 4.4. Understanding that familial loss or separation, significant changes in a student's life or traumatic events are likely to cause MHWB difficulties.
- 4.5. Understanding what indicators they should be aware of that may point to MHWB difficulties, such as behavioural problems, distancing from other students or changes in attitude.
- 4.6. Understanding that MHWB difficulties may lead to a student's developing SEND, which could further result in a student requiring an EHCP plan.
- 4.7. An effective pastoral system will be in place so that at least **one** member of staff, a **form tutor** for example, knows every students well and can spot where bad or unusual behaviour may need investigating and addressing.
- 4.8. Understanding that some groups of students are more vulnerable to mental health difficulties than others. These include, but are not limited to, LAC, pupils with SEND and pupils from disadvantaged backgrounds.
- 4.9. Awareness of the signs that may indicate if a students is struggling with their MHWB. The signs of MHWB difficulties may include, but are not limited to, the following list:
  - Anxiety
  - Low mood
  - Being withdrawn
  - Avoiding risks
  - Unable to make choices
  - Low self-worth
  - Isolating themselves
  - Refusing to accept praise
  - Failure to engage
  - Poor personal presentation
  - Lethargy/apathy
  - Daydreaming

- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

## 5. Assessment

- 5.1. **The Ecclesbourne School** is committed to striving for early identification in regards to students with MHWB difficulties.
- 5.2. An ALGEE (**A**pproach, **a**ssess, **a**ssist. **L**isten non- judgementally. **G**ive support and information. **E**ncourage the student to get appropriate help. **E**ncourage others support) Action Plan, carried out by a MHWB First Aider, will be operated when a student is suspected of having MHWB difficulties. Also a Strengths and Difficulties Questionnaire (SDQ) may be utilised when a student is suspected of having MHWB difficulties. Both the ALGEE action and or SDQ can assist the **Mental Health Lead** in creating an overview of the student's mental health and making a judgement about whether the students is likely to be suffering from any MHWB difficulties.
- 5.3. Where possible, the school will aim to be aware of any support programmes GPs are offering to pupils who are diagnosed with MHWB difficulties, especially when these may impact the students' behaviour and attainment at school.
- 5.4. Where appropriate, the **Mental Health Lead** will ask parents to give consent to their child's GP to share relevant information regarding MHWB with the school.
- 5.5. **Mental Health Lead** will discuss concerns regarding MHWB difficulties with the parents of students who have MHWB difficulties.
- 5.6. **Mental Health Lead** will consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.
- 5.7. Pastoral staff members will take any concerns expressed by parents, other students, colleagues and the students in question seriously.
- 5.8. The assessment, intervention and support processes available from the LA will be in line with the local offer.

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5.9. All assessments will be in line with the provisions outlined in the school's **SEND Policy**.

## 6. Intervention and support

6.1. Strategies to promote positive MHWB are in place at **The Ecclesbourne School**, e.g. PDC programme.

6.2. The curriculum for PDC will focus on promoting pupils' resilience, confidence and ability to learn.

6.3. Positive classroom management and working in small groups will be implemented to promote positive behaviour, social development and high self-esteem.

6.4. **The Ecclesbourne School** will ensure that poor behaviour is managed in line with the school's **Behavioural Policy**.

6.5. Staff members will observe, identify and monitor the behaviour of students potentially with MHWB difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

6.6. Students' data will be used effectively so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

6.7. School-based counselling will be offered to pupils who require it.

6.8. The relevant services will be utilised where appropriate, e.g. MAT, School Nurse, Emotional Well Being Service.

6.9. The school will aim to develop and maintain a pupil's social skills, through using social skills training for example.

6.10. Where appropriate, parents will have a direct involvement in any intervention regarding their child.

6.11. Where appropriate, the school will support parents in the management and development of their child.

6.12. Peer mentoring, may be used to encourage and support pupils, e.g. exam related anxiety or future aspirations.

6.13. The mentor will receive training and will be an older, competent and confident pupil.

6.14. The meetings may be group led by the **Head of Year** or **Mental Health Lead**.

6.15. When in-school intervention is not appropriate, referrals and commissioning will take the place of in-school interventions. The school will continue to support the pupil as best it can.

6.16. Serious cases of MHWB difficulties will be referred to local child and adolescent mental health services (CAMHS).

6.17. The school will implement the following process to ensure referring pupils to CAMHS is effective:

- Use a clear process for identifying pupils in need of further support.
- Document evidence of their MHWB difficulties.
- Encourage the pupil and their parents to speak to the pupil's GP.



- Work with local specialist CAMHS to make the referral process as quick and efficient as possible.
- Understand the criteria that will be used by specialist CAMHS in determining whether a particular pupil needs their services.
- Have a close working relationship with the local CAMHS specialist.
- Consult CAMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CAMHS.

6.18. The school will commission individual health and support services directly for pupils who require additional help.

6.19. The services commissioned will be suitably accredited and will be able to demonstrate that they will improve outcomes for pupils.

## 7. Pupils with more complex problems

7.1. For pupils with more complex problems, additional in-school support will include:

- Supporting the pupil's teacher, to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil.
- One-to-one therapeutic work with the pupil, delivered by mental health specialists.
- An Educational Healthcare Plan. All schools must comply with the statutory duty of caring for pupils with Educational and medical needs.
- Professional mental health recommendations regarding medication may be sought.
- Family support and/or therapy will also be considered upon the recommendation of mental health professionals.

## 8. Monitoring and review

8.1. The policy is reviewed on a Three Year basis by the **Mental Health Lead, in conjunction with the Governing Body** – any changes made to this policy will be communicated to all members of staff.

8.2. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

8.3. The next scheduled review date for this policy is **January 2022**.