Lostwithiel School Mental Health and Wellbeing Policy

"Safeguarding is everyone's responsibility"

At Cornwall Education Learning Trust (CELT) we are committed to safeguarding and promoting the welfare of children and we expect all Trustees, Governors, staff and volunteers to share this commitment.

Adopted by (body): CELT Trustees
Approved date: October 2022
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This policy is part of the following suite of annually updated safeguarding policies:

1. Child Protection and Safeguarding
2. Supporting Children and School with Medical needs/ Managing Medicines
3. **Mental Health and Wellbeing**
4. Online Safety
5. Child on Child Abuse
6. Attendance
7. Staff Code of Conduct
8. Whistleblowing

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Aims/Purpose:

This policy outlines the ethos of Cornwall Education Learning Trust (CELT) regarding mental health and emotional well-being, and it summarises the preventative measures each school undertakes. The policy also aims to give all staff clear guidance as to which steps to take in the event of a child or young person developing a mental health difficulty.

MENTAL HEALTH STATEMENT

We recognise that the prevalence of mental health difficulties is rising and this includes children and young people of all backgrounds. We are committed to building strong and resilient children and young people in a supportive, caring and preventative manner. We have a duty to provide or seek support for those with additional needs due to their mental health difficulties.

We make every effort to be inclusive and will endeavour to support children during times of mental health difficulty.

The purpose of this policy is to provide Staff, Governors and Trustees with the framework they need to promote good mental health in all CELT schools along with our commitment to monitoring and improving the wellbeing of our students. It sets out some of the ways in which members of staff take responsibility for the school's approach to promoting positive mental health and wellbeing. It also describes our process for identifying and responding to mental ill health, and the support we make available to all students.

The policy also informs parents and carers as to how we promote good mental health including details of many resources that are available free of charge.

OPERATIONAL & KEY PERSONNEL

Each school has a Designated Lead member of staff for Mental Health and additional nominated staff members as appropriate. At each school, the following information will be displayed:

The Senior Lead for Mental Health is: Natalie Simmonds Contact details: head@lostwithielsch.org

Our Trauma Informed Schools (TIS) Practitioners is Sarah Kriskovic

Other key members of staff (as appropriate e.g. ELSA): Lisa Laitham

The Designated Safeguarding Lead (DSL) is: Natalie Simmonds Contact details: dsl@lostwithielsch.org
The Headteacher is: Natalie Simmonds

POLICY INTRODUCTION

The Mental Health and Wellbeing Policy has the following objectives:

- ensure all CELT schools have identified their key staff needed to support children and to help all staff understand their role
- raise awareness of good mental health and its impact on learning and behaviour
- support staff in promoting good mental health to children, parents and carers

- support staff in identifying those that could be at risk and taking the right action
- reducing the stigma attached to mental health issues and promoting positive wellbeing in all pupils
- signpost staff to organisations that can support children and/or their families
- outline immediate steps to be taken when there are high levels of risk
- embeds the skills pupils need to make good decisions about their own mental health and wellbeing
- provide a secure environment that encourages openness and trust
- embed the skills children need to make good decisions about their own mental health and wellbeing

This policy applies to all members of Staff, Governors and Trustees in the Trust and should be read in conjunction with CELT safeguarding suite of policies and Lostwithiel School Policies

POLICY PRINCIPLES & VALUES

Mental Health can affect everyone.

Mental Health can affect all of us. How we think and feel about ourselves and our lives impacts on our behaviour and how we cope in tough times. It affects our ability to make the most of the opportunities that come our way and play a full part amongst our family, school, workplace, community and friends. It is also closely linked with our physical health. Whether it is called well-being, emotional welfare or mental health, it is key to living a fulfilling life.

Every Child Matters.

The mental health policy is a whole-school policy. Resources will be made available to every school within CELT to ensure we promote well-being, monitor the child's needs and respond accordingly.

Healthy Bodies and Healthy Minds.

Research has shown that good physical health can lead to good mental health. CELT will promote both of these aspects given they will both impact on achievement and learning.

Confidentiality and Sharing Information

All matters relating to child protection will be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2018) guidance. Information will be shared with staff within CELT schools who 'need to know'.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children, and that the Data Protection Act 1998 and General Data Protection Regulations are not a barrier to sharing information where a failure to do so would place a child at risk of harm. There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being. However, staff are aware that matters relating to child protection and safeguarding are personal to children and families. In this respect they are confidential and the Headteacher or Designated Safeguarding Leads (DSLs) will only disclose information about a child to other members of staff on a need-to-know basis.

All staff will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation.

As outlined in Keeping Children Safe in Education 2022 staff are aware that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem, however, education staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

RESPONSIBILITIES FOR SAFEGUARDING

Our goal is to ensure the safety of all children, young people, staff and visitors. Each CELT school has a Designated Safeguarding Lead (DSL). All concerns regarding mental health will also raise safeguarding concerns, therefore the school's DSL must be involved. See the Child Protection and Safeguarding Policy for further information.

CELT has a duty to keep children and young people safe and we share that responsibility with parents and carers. We therefore operate the following policy:

- all staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation
- staff will inform parents/carers if there are concerns about risk to self or others. For example, reporting deliberate self-harm or suicidal ideation. In the majority of circumstances, reporting this information to parents/carers will have the child's consent, however, we may overrule this when concerned about their risk
- we expect parents to keep the school informed if there are concerns about mental health that could affect their child's safety while attending school. Information will be treated confidentially and will only be shared with staff on a 'need-to-know' basis. In some cases, historical facts about mental health should be shared with the school
- we will pass on details to other organisations if we have concerns about the safety, risk or well-being of a child or young person. **This is our duty of care**.

THE CULTURE OF OPENNESS & TALKING TO TRUSTED ADULTS

For several years research has been undertaken to measure the resilience of a child or young person to cope with life's adversities. Research has identified the number one factor needed to help a child is a trusted adult. In the majority of cases, this is a parent or carer, however, not all children would consider their parent to be supportive and not all parents are equipped with the emotional skills to support a child through a difficulty.

Professional staff are often considered to be the trusted adult because they are seen as independent, accessible, trusted and caring.

At CELT we seek to create an environment in which every child has access to staff in a private and confidential setting if required. Each will be heard and not judged, helped or signposted.

RESPONSIBILITY OF THE TRUSTEES & GOVERNORS

CELT Trustees and Governors will ensure each school;

- has a senior mental health lead practitioner
- has at least one Trauma Informed practitioner.
- will follow the safeguarding guidelines where the child's safety and well-being will always remain the first priority.
- will use their professional judgement, and if appropriate, will recommend external professional services such as a GP or CAMHS when concerned about mental health.
- will share information with other services if it is deemed necessary for the safety and well-being of the child or young person.

The school's senior mental health lead is responsible for:

- an understanding of common mental health issues and how they can affect young people
- coordinating the school's approach to promoting positive mental health and wellbeing

- providing all members of staff with the knowledge and skills they need to identify signs of mental ill health in pupils
- building strong working relationships with child and adolescent mental health services and other external partners
- reporting to the governing body on the school's wellbeing policy and programmes
- working with the senior leadership team (SLT), governing body, school staff, parents and pupils to create an environment where everyone feel safe, supported and motivated
- disseminating information to staff to ensure the best outcomes for pupils
- the knowledge and confidence to advocate for mental health awareness
- the skills to support positive well-being.

The Headteacher is responsible for:

- reviewing this policy on a regular basis, ensuring that it is developed in consultation with students, parents and members of staff
- ensuring that staff are equipped with the appropriate training to support students in mental health and wellbeing
- listening to the views of students and parents making sure that they have opportunities to contribute to the decision-making process
- ensuring that the academy shares information on mental health with all students and parents.

The Headteacher implements these responsibilities with the support of appropriate members of the senior leadership team such as the senior leaders and pastoral staff including the SEND team.

The designated safeguarding lead is responsible for:

- keeping detailed records of any significant mental health concerns
- liaising with external services where there are any significant mental health concerns
- acting as a source of support and expertise to the school community.

All members of school staff are responsible for:

- treating all students with empathy, respect and kindness
- encouraging students to disclose concerns or seek help when necessary
- reporting any wellbeing or mental health concerns to the academy's designated lead for mental health and wellbeing.
- keeping up to date with issues pertaining to individual students.

Examples of good practice may include:

- organising whole school or year group assemblies to discuss specific mental health and wellbeing issues
- arranging for external speakers to visit and discuss topical issues such as the use of social media or the impact of body image
- using key dates such as Mental Health Awareness Week and World Mental Health Day as opportunities to raise the profile of mental health
- holding designated health and wellbeing days, organising activities across the curriculum
- dedicating time to celebrated students' academic and extracurricular achievements
- using displays and bulletins to signpost students to sources of support
- organising opportunities so that students have regular opportunities to discuss mental health issues in small groups

Mental health and wellbeing in the curriculum

The school will commit to promoting physical health and mental wellbeing through in-classroom teaching. In addition to the basic steps pupils can take to care for themselves, teachers will put specific emphasis on the skills young people need to overcome setbacks and succeed in the face of adversity. Teachers will also be mindful of individual pupils who have been identified and their triggers.

The school's PSHE curriculum will include lessons on mental health and wellbeing, as well as the importance of relationships. To emphasise the benefits of spending time outdoors, be encouraged to play outside when the weather is appropriate, be given opportunities to participate in outdoor actives both on and off site.

Supporting individual students

All members of staff will work together to identify and monitor mental health concerns. Open communication between members of staff will help to create a 'first line' in supporting individual pupils and responding to disclosures. Staff will record information accurately and regularly on CPOMS in order to track concerns. Senior Leaders meet fortnightly to discuss pastoral needs.

Staff will be encouraged to look out for:

- erratic, unaccountable behaviour (e.g. leaving lessons suddenly)
- changes in sleeping habits
- disengagement from work or extracurricular activities
- unexpected or disproportionate reactions to ordinary situations
- aggressive or compulsive behvaviour
- a drop in academic achievement
- a drop in attendance
- isolation from peers
- dysfunctionality in family life
- talking about self-harm or suicide
- changes in appetite
- changes in clothing
- abusing alcohol or drugs

The school will provide a list of all members of staff who are available to discuss mental health concerns confidentially. The senior mental health lead/designated safeguarding lead will be responsible for making mental health and wellbeing an agenda item for each meeting

Providing a network of support

In addition to supporting individual pupils with mental health and wellbeing concerns, the school will commit to making sure that all pupils can access a cohesive network of pastoral services. These include:

- our Nurture Provision
- our Emotional Literacy Support Assistant (ELSA)
- our Safeguarding team
- our SENDCO
- Class teachers and teaching assistants

The senior lead for mental health lead and pastoral team will work closely together to identify opportunities for staff training, so that all members of staff feel confident in supporting pupils. Examples of good practice include delivering CPD on how to create an emotionally effective and supportive classroom.

Working with families and the community

The school believes that effective mental health and wellbeing support depends on the input of parents, carers and the broader community. Through our parent focus group (such as parent forum) we make sure that parents have regular opportunities to inform our approach.

We also aim to inform parents on topics such as trauma and mental health informed schools, mental health etc. Senior and pastoral leaders are always available to meet parents to discuss any concerns.

Useful links

- Young Minds is one of the UK's leading charities for children and young people's mental health.
- Place2Be is one of the UK's leading children's mental health charities.
- Mind is the UK's leading mental health charity, offering a great deal of useful information on children's mental health.
- Children's Mental Health Week is an annual opportunity to encourage children, young people and adults to celebrate their uniqueness.
- Child and adolescent mental health services (CAMHS) provide support to children and young people with a wide range of behavioural and emotional issues.

APPENDICES

PROMOTING WELL-BEING AND GOOD MENTAL HEALTH

Research suggests that a healthy body and mind will learn more effectively. Poor physical health can lead to poor mental health. At CELT we seek to promote both by raising the awareness amongst our children, staff, parents and carers. We will achieve this by using a combination of the following:

- raising awareness through lessons and our curriculum
- raising awareness through newsletters and emails to parents and carers.
- offering more training for our staff on matters of health and well-being.
- embracing a number of different 'awareness days' to promote and increase understanding.
- we will use school-wide measures to assess our children and tailor support activities accordingly.
- we will use technology as an enabler to help promote well-being.

IDENTIFYING THE SIGNS OF POOR MENTAL HEALTH

The most effective way for a child or young person to obtain support for a mental health difficulty is to ask a trusted adult for their help. Understandably, this does not always occur, especially with children and young people. Many will be confused or embarrassed about their feelings and may be unsure what caused them. Others might be frightened regarding what happens next and others may not have a trusted adult in their life.

Trusted adults therefore need to be alert to see the signs and/or changes in behaviour that may lead to identifying some mental health difficulty. Some of those signs are:

- change in behaviour e.g. more withdrawn, angrier, more promiscuous, less confident
- change in the way they dress e.g. covering their arms, lots of wrist bangles to hide cuts, using their hair to cover things or an unwillingness to undress for pe.
- increased absenteeism or lateness
- decrease in eye contact
- change in personality
- decline in academic work
- tiredness or sleeping in class
- difficulties with concentration
- more emotionally fragile. e.g. cries or gets upset more easily.

Note: Many of the above should also raise Safeguarding concerns too. See the Child Protection and Safeguarding Policy.

KNOWN FACTORS AFFECTING MENTAL HEALTH

Over the last 50 years, studies have looked at factors that affect a person's well-being and specifically those that increase the likelihood of developing mental health difficulties. Some of those factors are:

- abuse, trauma, or neglect
- social isolation or loneliness
- experiencing discrimination and stigma
- sleep difficulties
- neurological conditions such as Autism, ADHD and Learning Disabilities
- genes and hereditary conditions
- identity, sexuality or gender difficulties (e.g. LGBTQ)
- being socially disadvantaged, in poverty or debt
- bereavement
- crime within the family
- severe or long-term stress
- having a long-term physical health condition
- unemployment
- homelessness or poor housing
- being a long-term carer for someone
- drug and alcohol misuse
- domestic violence, bullying or other abuse
- significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- physical causes – e.g. an injury or poor physical health

It is recognised that CELT staff may not always be aware of all the difficulties a child or young person might face, however, staff training aims to raise awareness of these factors so that support, if appropriate, can be provided.

DEALING WITH RISK

When a child or young person has developed a mental health difficulty, there could be an increase in risk of harm, abuse, neglect or vulnerability. There are three categories of risk:

- **Risk to self** (a child or young person has considered doing something intentional to harm themselves or is considering doing a harmful act).
- **Risk from others** (a child or young person may become vulnerable and is therefore at increased risk from other children or other adults).

- **Risk to others** (a child might have thoughts or plans to inflict pain upon another person)

  Concerns about the risk of a child or young person has safeguarding implications. See Safeguarding and Child Protection Policy.

It is helpful to consider risk in three levels; low, medium and high:

LOWER: Children and Young people may develop thoughts that are 'darker' in nature but it does not mean they will necessarily act upon these thoughts. If the thoughts have remained as thoughts and there is no evidence of an intent to act upon them, this is considered a lower level risk. It would be recommended for the child or young person to be monitored regularly to ensure the unhelpful thoughts reduce. They may need professional support to help them. Depending on the wider context, there may be justifiable reasons to inform the child's parents or carers.

MEDIUM: If a child has acted upon a thought (this could involve purchasing something they need that could harm themselves, hiding items in their bedroom, typing "how to ...." into Google) this should be considered medium because it has developed beyond a thought. This too will need monitoring, may need professional support, and parents/carers may need to be informed. Children and young people who are thinking of acting upon an unhelpful thought are those that need **prompt** help in order to prevent thoughts developing into actions.

HIGH: If a child has acted upon a thought for the first time, for example, deliberately harmed themselves that has caused bleeding, bruising or swelling, then this should be considered a higher-level risk. Furthermore, if a child has a detailed plan to act upon a thought and the plan would increase the risk to life, this too must be considered high risk.

HIGH: Any case of hearing voices, paranoia, hallucinating, psychotic features, thought disorder, delusional or thought transfer – this should be considered high risk.

HIGH: Any case of deliberate self-harm (DSH) which has involved cutting into a major blood source (e.g. ulnar artery) should be considered high risk.

HIGH: Any case where suicide has been attempted should be considered high risk. For example, if a child reported taking a number of tablets the previous day, he/she could remain at risk. Any case of a person who has tried to ligature will remain at risk for several hours due to inflamed tissue/muscle. This too should be considered high risk and will need an immediate medical assessment.

HIGH: Any case which combines a complex or risky medical condition should be considered high risk. For example, an eating disorder where their weight for height is considered low with symptoms of dizziness, visual problems, chest pain, feeling cold all the time, tingly feelings in extremities or their menstrual cycle has stopped should be considered high risk. Also forms of epilepsy, seizures or absences should be considered high risk unless their symptoms are consistent with their care-plan. A medical assessment should be sought when in doubt.

All high-risk cases should involve the following immediately:

- contact the school's Designated Safeguarding Lead (DSL) immediately
- the child should not be left unattended.
- seek consent from the child to discuss with a parent/carer but overrule if necessary on the grounds of safeguarding.
- make contact with parents/carers and ideally consider a face-to-face meeting
- consider immediate medical professional support which may involve an urgent appointment with their GP or the Crisis Referral Line at NHS CAMHS (See section for CAMHS referrals) or 999/A&E.
- document everything including advice to parents/carers by following the safeguarding guidelines for documentation and reporting.

ADDITIONAL INFORMATION ON DELIBERATE SELF-HARM (DSH)

There are several reasons for DSH. The most common is to release the feeling caused by a psychological problem e.g. low mood or anxiety. The effects of a physical cut potentially release the psychological pain for a while. Another reason, often found with children, is they cut a part of their body they dislike e.g. thighs or stomach. Some children see DSH as a form of punishment on their body because they are a bad person and deserve pain, whilst others are experimenting perhaps because a friend may have shared their own experience of DSH. Whatever the reason, **reacting appropriately and in a timely fashion is critical**.

DSH has inherent risks, however. For some children it will remain their coping mechanism and it may take several months to develop other coping strategies.

Discretion needs to be applied by somebody trained in mental health to use appropriate judgement when deciding how to manage DSH. For example, if the child's parents/carers are aware of the fact DSH is present and it is reported the child has cut again, it may be more damaging to inform the parents on every occasion. Professional advice is recommended, and decisions of this nature should always be made with the school's Designated Safeguarding Lead (DSL).

TAUGHT CURRICULUM FOR WELL-BEING & MENTAL HEALTH

CELT schools are committed to delivering a broad and balanced curriculum in all key stages that promotes well-being and mental health.

SUPPORTING CHILDREN WHEN NOT ATTENDING SCHOOL

The mental health of some children and young people may prevent them from attending school for short periods of time and may be placed on a flexible timetable or if more complex, may remain at home.

CELT has an obligation to educate all children that are enrolled, and every effort will be made to support each child. For most children, this will involve work being emailed or posted to their home. Children will be encouraged to physically come to school to collect and discuss work that has been given and

where appropriate, teachers will be flexible when those meetings take place.

Other mental health or educational agencies may be involved in supporting the school to determine the exact format of education recognising that for some children, additional stress may not help in the short-term.

Education is good for mental health. Regular structure, mental stimulation and social interaction and all considered good for an individual's health, therefore CELT seeks to work with other professionals and the child or young person to support a prompt return to full-time education.

MENTAL HEALTH AWARENESS FOR PARENTS/CARERS

CELT's commitment to the well-being of children and young people extends to helping parents and carers using a range of different methods.

SUICIDE

Working with children and young people will have inherent risks and wherever possible, CELT will seek to mitigate those risks or even remove them.

Each year there are approximately 150 adolescent suicides reported in England. In Great Britain, approximately 6,500 suicides were reported last year and the largest age category was that of parents of adolescents.

Suicide is devastating for families, friends and communities. Whilst CELT will make every effort to prevent loss of life, it may happen at a CELT school.

MENTAL HEALTH IN RELATION TO SCHOOL TRIPS AND RESIDENTIALS

CELT believes in the value of school trips and residentials as a means to enhance learning and strengthen relationships. That said, they may increase the stress upon a child or young person and therefore increase their risk if there is a pre-existing mental health difficulty.

CELT will seek professional advice regarding the suitability of school trips and residentials for those children experiencing mental health difficulties. CELT will do all it can to support a child on a trip. However, if advice suggests the risks are too high, then CELT may need to withdraw this option from some children. CELT will not make this decision lightly and will consider professional advice from a health expert.

MENTAL HEALTH IN RELATION TO EXAMS

There are statutory guidelines available which specify what support children are able to receive for their examinations when there is diagnosed difficulty. Medical evidence should be provided by the parents if alternative arrangements need to be made. Each school has a SENCO and if further information is required, they can be contacted for advice.

GOVERNMENT INITIATIVES TO MONITOR

Mandatory Health Education in Schools – Consultation closes 7 Nov 2018
https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/

ADDITIONAL READING - GOVERNMENT PAPERS

Transforming Children and Young People's Mental Health Provision: a Green Paper (December 2017)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps (July 2018)
www.parliament.uk/documents/commons-committees/Health/Correspondence/2017-19/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf

Healthy Child Programme (March 2018) www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

Transforming Care (January 2017) www.england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf

Future in mind - Promoting, protecting and improving our children and young people's mental health and well-being (September 2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Mental Health Act 2007 www.legislation.gov.uk/ukpga/2007/12/contents

Childhood Obesity – A plan for action
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf