

## Mental Health Statement

This policy should be read in conjunction with:

- Safeguarding Policy
- Nurses Department Policy
- Academic Support Policy

### 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)*

BMS aims to become more pro-active in the promotion of Positive Mental Health. Meanwhile, staff continue to support students via specialised, targeted support such as group work, counselling and support plans which assist more vulnerable students.

In addition to working to promote positive mental health, we recognise and respond to those students who suffer from mental ill health. Statistics suggest that 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 procedures, we can promote a safe and stable environment for students affected both directly, and indirectly by mental health.

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

### The policy aims to:

- Promote positive mental health
- Inform and provide awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide guidance for staff who support students with their mental health
- Provide guidance to students and parents of those experiencing struggles with mental health

### Lead members of staff:

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

- Jude Goodacre - Designated Safeguarding Lead
- Leigh-Anne Arif – Designated Mental Health Lead
- Rachel Lloyd – Senior School Nurse
- Paula Pacyna – Deputy Head Junior School

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Designated Mental Health Lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal safeguarding procedures should be followed. If the student presents a medical emergency then the normal

procedures for medical emergencies should be followed, including alerting the Nursing Team and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the Designated Mental Health Lead. Guidance about referring to CAMHS is provided in appendix A of this document.

### **Mental Health Education:**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy are included as part of our PSHEE curriculum.

The content of PHSEE lessons is determined by the specific needs of the cohort being taught, but there is always an emphasis on seeking support for mental health concerns. The Head of PHSEE work's alongside the Designated Mental Health Lead to ensure students are enabled to develop the skills, knowledge, understanding, language and confidence to seek help, for themselves or others.

### **Signposting:**

The School ensures that BMS staff, students and parents are aware of sources of support within school and available to them within the community. Relevant sources of support are displayed - these regularly highlight sources of support to students within relevant parts of the curriculum. Whenever sources of support are given, the chance of students seeking help is increased by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it

### **Warning Signs:**

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the mental health and wellbeing lead via CPOMS.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## **Managing Disclosures:**

A student may choose to disclose concerns about themselves or a friend to any member of staff and so all staff need to know how to respond appropriately to a disclosure. If a student chooses to disclose concerns about their own mental health or that of a friend, the member of staff's response should always be calm, supportive and non-judgemental.

BMS staff will listen, rather than offer advice, and first thoughts should be concerning the student's emotional and physical safety rather than of exploring why an incident has taken place.

All disclosures should be recorded via Child Protection Online Management System (CPOMS). This written record should include:

- Date and time
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the Designated Mental Health Lead, who will offer support and advice about next steps.

## **Individual Support Plans:**

It is helpful to draw up an individual support plan and / or risk assessment for students causing concern or those who receive a mental health diagnosis. This should be drawn up involving the student, the parents and where possible, the relevant health professionals. The support plan will be completed by staff and will detail:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role that BMS can play and support that we can put in place

## **Confidentiality:**

If it is necessary to pass on a concern about a student, then staff should discuss with the student:

- Who they are going to talk to
- What they are going share
- Why they need to pass information on

Information about a student should never be shared without telling a student first. Ideally their consent should be agreed, although there are certain situations when information must always be shared with another member of staff and / or a parent. For example, when a student under 16 self-harms. Or a student under 18 self-harms, causing significant damage to themselves.

It is always advisable for staff to share disclosures with a colleague, usually the Designated Mental Health Lead, this helps to safeguard their own emotional wellbeing as they are then no longer solely responsible for the student, it ensures continuity of care in their absence and it provides an extra source of ideas and support. They should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents will always be informed if a student under 16 self-harms. Every effort will be made to speak to a parent, either in person, over the phone and as a last resort via email. Students above 16 may choose whether to tell their parents, unless they have caused significant damage to themselves or there is a risk that the student may be experiencing suicidal thoughts.

When a student informs us that they have self-harmed in the past, the school is not required to share this with the parent. However, the student is advised to inform their parent and the school will offer support with this. If a child gives a reason to believe that there may be underlying safeguarding issues, parents should not be informed and the Designated Safeguarding Lead must be informed immediately.

### **Working together:**

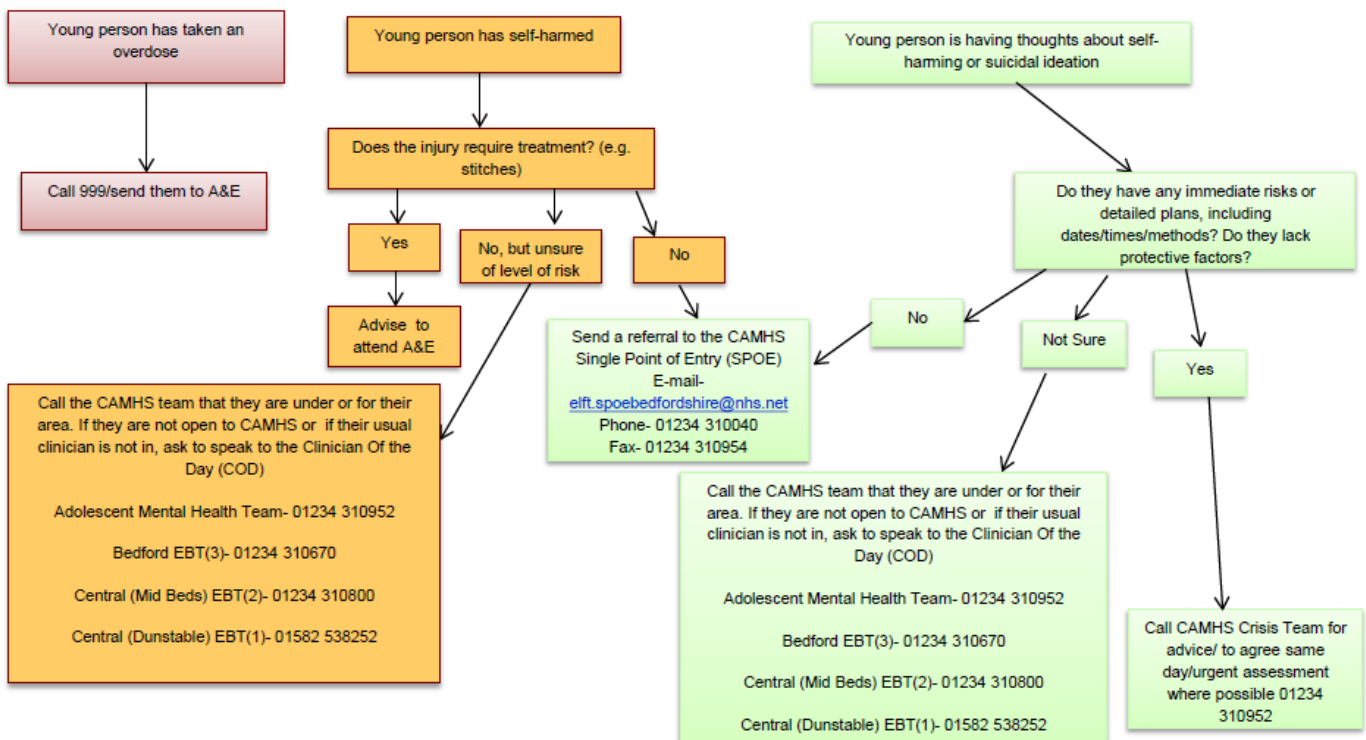
Where it is deemed appropriate to inform parents, staff need to be sensitive in their approach. It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. Staff should be accepting of this (within reason) and give the parent time to reflect.

Staff should always highlight further sources of information and provide information or contact numbers to support parents and their children. Staff should always provide clear means of contacting the Designated Mental Health Lead with further questions and consider booking in a follow up meeting or phone call. Meetings should always finish with agreed next steps and a brief record of the meeting on CPOMS.

**Leigh-Anne Arif**  
**Student Welfare and Wellbeing Lead**

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A guide for GP's in managing children presenting with a Mental Health "Crisis"



*We care*

*We respect*

*We are inclusive*