



ManorAcademy

Mental Health Policy

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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)

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1. Introduction

The Manor Academy is committed to promoting positive mental health with every member of our staff and student body, their families, and governors. We pursue this aim using universal, whole-school approaches, and specialised targeted approaches aimed at vulnerable students; through the use of effective policies and procedures, we ensure a safe and supportive environment for anyone affected - both directly and indirectly - by mental health issues.

We recognise that anyone may experience challenges that may trigger vulnerability, and at times may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

This policy 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.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill-health. By developing and implementing practical, relevant, and effective mental health policies and procedures we can promote a safe and stable environment for our school community.

This policy should be read in conjunction with our:

- Child Protection Safeguarding Policy
- Supporting Students with Medical Conditions - In cases where a student's mental health overlaps with or is linked to a medical issue
- Suicide Prevention Policy
- SEND policy – In cases where a student has an identified special educational need.
- Behaviour Policy
- TTCT First Aid Policy

2. Aims

- To promote positive mental health and wellbeing in our school community, including pupils, parents, staff, and governors
- Increase understanding and awareness of common mental health and wellbeing issues
- Alert staff to early warning signs of mental ill-health
- Provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support
- Develop resilience amongst students and raise awareness of resilience-building techniques

Additionally, to raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms, with effective signposting underpinned by behaviour and welfare around the school.

3. Concerns about Mental Health and Wellbeing

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

Designated Safeguarding Lead (DSL) Team	K Kerry L Meredith K Best K Nettleship E Rawson J Redfern N Barsby	Senior Designated Safeguarding Lead & Allegations Against Staff Officer Deputy Designated Safeguarding Lead Designated Safeguarding Lead Designated Safeguarding Lead Designated Safeguarding Lead Designated Safeguarding Lead Designated Safeguarding Lead
Mental Health Team	K Kerry L Meredith K Best K Nettleship R Bofinger	Senior Mental Health Lead (Also first aider) Deputy Mental Health Lead Mental Health First Aider Mental Health First Aider Mental Health First Aider
Mental Health Governor	M Lovell	
PSHE/RSHE lead	K West	
SENCo	C Hudson	
CPD Lead	H Corsie	

3.1 Warning Signs

School staff could become aware of changes in behaviour which may indicate a student is experiencing mental health or emotional wellbeing issues. These changes may include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- 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

Should staff become aware of any warning signs which indicate a student is experiencing mental health or emotional wellbeing issues, these warning signs should always be taken seriously and communicated to Louise Meredith, our mental health and emotional wellbeing deputy. Where necessary Louise may escalate the concern to Katrina Kerry, Headteacher, and Mental Health Lead.

If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to a designated safeguarding lead or the Headteacher. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Louise Meredith, deputy mental health lead. Guidance about referring to CAMHS is provided in Appendix 1.

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

4. Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

5. Teaching about Mental Health

The skills, knowledge, and understanding needed by our children to keep themselves and others physically and mentally healthy are included as part of our PSHE curriculum and embedded throughout our school learning community in-line with the DfE RSE guidance (note this is statutory from 2020).

The specific content of lessons will be determined by the specific needs of each year group cohort; there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language, and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues safely and sensitively which helps rather than harms.

So that by the end of Secondary School students are aware:

- That mental wellbeing is a normal part of daily life, in the same way as physical health.
- that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations.
- How to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings.
- How to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
- The benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing, and happiness.

- Simple self-care techniques, including the importance of rest, time spent with friends and family, and the benefits of hobbies and interests.
- Isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support.
- That bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.
- Where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
- It is common for people to experience mental ill-health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.

Lessons will also be supported by assemblies throughout the year talking about Mental Health.

6. Signposting

We will ensure that staff, students, and parents are aware of sources of support within the school and in the local community. Details of support services available within our school are included within this policy, details of the local community and national support services are outlined in Appendix 2.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of students help-seeking by ensuring students understand:

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

7. Managing Disclosures

At times, a pupil may choose to tell a staff member concerns that they have about their own emotions or wellbeing. All staff need to know how to respond appropriately to a disclosure.

All staff should respond in a calm, supportive and non-judgmental way.

Staff should listen rather than advise and their first thoughts should be of the student's emotional and physical safety rather than exploring 'Why?'

All disclosures should be recorded and held on the student's confidential file. This record should include:

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

All disclosures should be recorded on MyConcern. A Record of the Concern will be logged and picked up by Louise Meredith Deputy Mental Health Lead, who will store the record appropriately on the software and offer support and advice about the next steps.

7.1 Confidentiality

Staff must be honest with regard to the issue of confidentiality. They should never promise a student that they will keep this to themselves. If we must pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

Staff should never share information about a student without first telling them. Ideally, consent would be obtained, though there are certain situations when information must always be shared with another member of staff and/or a parent. This would for example include a scenario where a student up to the age of 16 could be in danger of harm.

It is always advisable to share disclosures with the Louise Meredith, DMHL. This helps to safeguard staff's emotional wellbeing, ensures continuity of care in case of staff absence; and it provides an extra source of ideas and support. Staff should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

7.2 Informing Parents/Carers

Parents must always be informed if students up to the age of 16 who are in danger of harm and students may choose to tell their parents themselves, if not the school will ensure this does happen so they can offer support in the home. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them. Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home, or somewhere neutral?
- Who should be present? Consider parents, the student, and other members of staff
- What are the aims of the meeting?

If a student gives us reason to believe that there may be underlying child protection issues, parents should not be informed however, Katrina Kerry, Headteacher and Designated Safeguarding Lead must be informed immediately so that a referral can be made.

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. We should be accepting of this (within reason) and give the parent time to reflect.

A brief record of the meeting should be kept in-line with school policy. Staff should always highlight further sources of information and provide leaflets to take away where possible as parents/carers may find it hard to take in the information being provided, whilst coming to terms with the news being shared. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information.

However, if a child gives reason to believe that there may be underlying child protection issues, parents may not be informed and Louise Meredith (Designated Safeguarding Lead) should be informed immediately.

7.3 Working with parents/carers and the school community

We recognise that families play an important role in influencing children and young people's emotional health and wellbeing. Parents/carers are often very welcoming of support and information from the school about supporting their child(ren)'s emotional and mental health. We will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring that all parents are aware of who to talk to if they have any concerns about their child's mental health and wellbeing
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters, etc.)
- Make the school policy easily accessible to parents and carers
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home
- Carry out parent workshops/information sessions to raise awareness of mental health and wellbeing and share ideas about how parents can support positive mental health in their children

8. Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how to. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one-to-one or group settings and will be guided by conversations with the student who is suffering and their parents, with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

9. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable staff to keep students safe. The Mental Health Leads will receive professional Mental Health First Aid training or equivalent. The Senior Leadership Team will publish relevant information to staff who wish to learn more about mental health and access to this policy will be provided to all staff. Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate.

Where the need to do so becomes evident, We will host twilight training sessions for all staff to promote learning and understanding of specific issues related to mental health throughout the year and as appropriate.

Suggestions for individual, group, or whole school CPD should be discussed with Assistant Headteacher Helen Corsie who can also highlight sources of relevant training and support for individuals as needed.

The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue.

The [Charlie Waller Memorial Trust](#) provides funded training to schools on a variety of topics related to mental health including twilight, half-day, and full-day INSET sessions.

10. Policy Review

This policy will be reviewed every two years as a minimum. The next review date is November 2022

In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of Katrina Kerry Mental Health Lead.

Appendix 1: Guidance about CAMHS referral

If the referral is urgent it should be initiated by phone so that CAMHS can advise of the best next steps

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support, or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports, and records.

General considerations:

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent/carer and the referred pupil?
- Has a parent/carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information:

- Is there a child protection plan in place?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- Who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil/family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral:

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information:

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events, and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others, or, to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

Appendix 2: Helpers in the Community

Local/ national services that can help support someone who is actively suicidal:

- **PAPYRUS HOPELINEUK:** 0800 068 4141 Text: 07786 209697 Email: pat@papyrus-uk.org
- **Mental Health Crisis Mansfield & Ashfield:** 0115 956 0860 24 hours a day
- **Samaritans:** 116 123 24 hours a day, 365 days a year Email: jo@samaritans.org
- **Campaign Against Living Miserably (CALM) for men:** 0800 585 858 Link: [Click here to web chat](#)

Local/ national services that can help deal with the underlying causes of suicidal thoughts:

- **Rape and/or sexual assault:** Rape Crisis - 0808 802 9999
- **Domestic violence hotline:** Refuge - 0808 2000 247
- **Child abuse hotline:** Childline – 0800 1111
- **Police/ambulance/fire services:** 999
- **Hospital emergency services:** King's Mill Hospital - 01623 622515
- **24-hour medical advice:** 111
- **Homelessness emergency:** Mansfield District Council Early Intervention Officer - 01623 463121
- **Accommodation:** homelessenquiries@mansfield.gov.uk or Shelter - 0808 800 4444
- **Mental health outreach clinic:** Ashfield Mental Health Team - 0115 956 0858
- **Child & Adolescent Mental Health Service:** 0115 854 2299 CAMHSCrisisTeam@nottshc.nhs.uk
- **Sexual health and screening:** Sherwood Forest Hospitals NHS Sexual Health Services - 01623 672260
- **Sexuality support:** [Click here for Mind Charity's list of support groups for LGBTIQ+](#)
- **Children's services:** MASH – 0300 500 8090
- **Family support services:** NCC Early Help Team - 0115 804 1248 early.help@nottsc.gov.uk
- **NHS counselling support:** Insight Healthcare - 0300 555 5582
- **Alcohol and substance misuse:** Talk to Frank - 0300 1236600
- **Carer support services:** [Click here for advice for Carers from the Citizen's Advice Bureau](#)
- **Legal assistance/victim-witness assistance:** [Click here for information on Legal Aid](#)
- **Probation officers:** National Probation Service, Nottinghamshire area - 0300 047 6325
- **Debt advice:** [Click here for the Citizen's Advice Bureau Debt Advice & Support](#)