

Caring for young minds

POSITIVE MENTAL HEALTH POLICY

Updated August 2016	Governors to approve Nov 2016
Review Date	September 2017
Coordinator	DHT / HT
Principal Signature	Stephen Taylor

At the heart of all policies at The Family School are the following principles:

- Every young person in our school, whatever his or her personal circumstances can learn and achieve
- Every young person in our school, whatever his or her self-perception and previous experiences, has academic and creative potential to become a valuable member of society
- The key to learning at The Family School lies within the quality of the relationships between pupils, family members, staff and the intermediate agencies with whom we work
- The success of our school is based on high expectations, mutual trust, caring for each other and taking responsibility
- Every young person in our school is capable of becoming an agent for change in his or her local community

Our vision is to provide our pupils with the confidence, academic progress, and ambition to take the next steps towards a successful and productive life and to be able to contribute positively within their local community and wider society.

Positive Mental Health Policy THE FAMILY SCHOOL LONDON Draft

Last Updated August 2016

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)

At The Family School, we aim to promote positive mental health for every member of our School community including parents. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students and their families.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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 policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

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

This policy should be read in conjunction with our Safeguarding and medical policy where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

We follow DFE Guidance as outlined in Mental Health and Behaviour Advice for Schools Document

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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

- Anthony Scrafton- designated child protection / safeguarding officer
- Anthony Scrafton - mental health lead- link to Brenda McHugh Clinical Lead and Neil Dawson to AFC support
- Iain Isacsson - lead first aider
- Anthony Scrafton - Head of Care
- Laura Davies - CPD lead

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. 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 the designated child protection office of staff or the head teacher. 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 The Mental Health Team led by Anthony Scrafton.

Family School approach to mental health

During pre-assessment and assessment parents and young people are fully involved and encouraged to give their views and suggestions.

The mental health offer is reviewed at weekly school multidisciplinary meetings and network reviews. Universal and targeted interventions, aimed at supporting a pupil to thrive psychologically and cognitively are timely and goal orientated. Risk management is part of the daily safeguarding responsibility of the school.

Where a pupil needs more specialist mental health interventions or a psychiatric diagnosis, a referral will be made, and managed, with the local CAMHS service. Building sustainable long term relationships with local services is part of the Family School approach. Where there is exceptional need a referral may be made to the Anna Freud Clinical Service. This is managed in the same way as any referral to an external agency.

Anna Freud Centre Consultant Family therapists, Psychologists and Psychiatrists are available to the school to support the integrated education and wellbeing programme.

Individual Care Plans as part of the PCLP (Personalised Care and Learning 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 should be drawn up involving the pupil, the parents and relevant health professionals. 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

Teaching about Mental Health

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

The specific content of lessons will be determined by the specific needs of the students we're teaching but 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 in a safe and sensitive manner which helps rather than harms.

The weekly **Parent Learning Programme** teaches Mental Health Awareness and skills for the promotion of good mental health and wellbeing in children. – See appendix x

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix 2x.

We will display relevant sources of support in communal areas such as Parent Learning Rooms 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 student 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

Warning Signs

Family School staff may become aware of warning signs which indicate a student is experiencing increased 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 Anthony Scrafton , our mental health and emotional wellbeing lead. .

Possible warning signs may include, but not exclusive:

- 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
- Avoiding 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 in relation to Mental Health

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Disclosures should be reported to the Mental Health and Safeguarding Lead or the Head teacher as soon as possible. In **The Family School** this should not be left to the end of the school day.

Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety. For more information about how to handle mental health disclosures sensitively see appendix E.

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

- Date
- 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 mental health lead, Anthony Scrafton who will store the record appropriately and offer support and advice about next steps.

Confidentiality

As with all safeguarding for students we will be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on then we will discuss with the student:

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

Parents should be informed. We will give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the safeguarding lead must be informed immediately.

Working with Parents

In addition to the multi family meetings, parent support meetings and parent learning programme additional family meetings will be offered. We will always consider

- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff, mental health and social care network.
- What are the aims of the meeting?

We will always highlight further sources of information and support aimed specifically at parents e.g. parent helplines and forums.

We will always provide clear means of contacting us. Also we will always finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

Working with All Parents – Parent learning Programme

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- 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

Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends in The Family School or referring mainstream school. Friends often want to support but do not know how. 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. Direct support in The Family School, or support with advice for staff in the referring school, will be provided either in one to one or group settings and will be guided by conversations by 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
- Warning signs that their friend needs 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

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 in order to enable them to keep students safe.-see appendix Staff Training examples Summer Term 2016

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

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.

Further Training and Sharing with Local Schools in our network. We will host twilight training sessions for all TFS staff, and invite referring schools, to promote learning or understanding about specific issues related to mental health. All staff we automatically have free membership of the Anna Freud National Centre for Children and Families **Schools in Mind** Network of training and advice for teachers.

Suggestions for individual, group or whole school CPD should be discussed with Laura our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

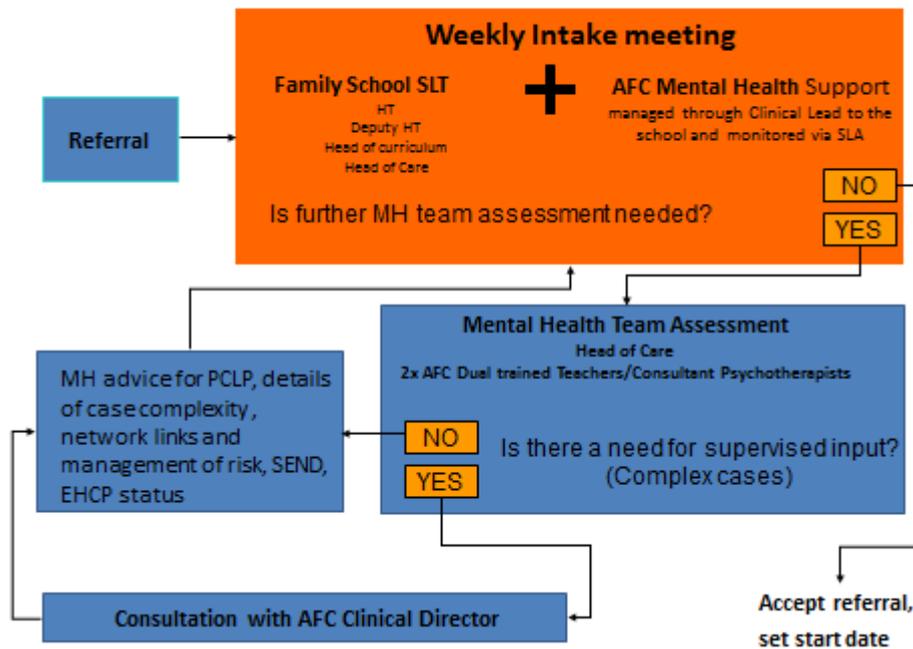
Policy Review

This policy will be reviewed every year as. It is next due for review in July 2017. This policy will always be immediately updated to reflect personnel changes.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to our mental health lead via phone or email

Appendix example Assessment Process on Referral

Mental health aspects of referral process



Assessment Grid used in conjunction with

School, Social Care and Mental Health Professional referral information, Strengths and Difficulties Questionnaire and EHCP

INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

MENTAL HEALTH SYMPTOMS

	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none	Score = 0	Some	Score = 1	Moderate	Score = 2	Severe	Score = 3
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HARMING BEHAVIOURS

	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)

Family mental health issues	Physical health issues
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<input type="checkbox"/>	History of bereavement/loss/trauma	<input type="checkbox"/>	Identified drug / alcohol use
<input type="checkbox"/>	Problems in family relationships	<input type="checkbox"/>	Living in care
<input type="checkbox"/>	Problems with peer relationships	<input type="checkbox"/>	Involved in criminal activity
<input type="checkbox"/>	Not attending/functioning in school	<input type="checkbox"/>	History of social services involvement
<input type="checkbox"/>	Excluded from school (FTE, permanent)	<input type="checkbox"/>	Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3
Score 0-4 Getting Help		Score 5-7 Getting More Help			Score 8+		
<p>Nice Guidelines Evidence based Interventions</p> <p>Family and Systemic interventions -Managed and delivered by The Family School Mental Health team.</p> <p>Give additional information/advice to the young person and parents</p>		<p>Seek additional specialist advice about the young person from Clinical Director Of AFC</p> <p>Refer to local CAMHS or voluntary sector for therapies</p> <p>Child psychotherapeutic support</p> <p>CBT</p> <p>Substance Misuse</p>			<p>Refer to CAMHS clinic or specialist medical.</p> <p>Neurological intervention</p> <p>Medication</p>		