

JUNE 2021



Riverside Meadows
Academy

MENTAL HEALTH POLICY

HORIZONS EDUCATION TRUST
AMERICAN LANE, HUNTINGDON, CAMBRIDGESHIRE. PE29 1TQ

Mental Health Policy

1. Policy Statement

At Riverside Meadows Academy, we are committed to promoting a positive mental health for every member of our staff and student body, their families and trustees. We pursue this aim using universal, whole school approaches and specialised targeted approaches aimed at vulnerable students and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues. We know that everyone experiences life challenges that make us vulnerable, and at times anyone 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.

2. Scope

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 trustees. It should be read in conjunction with other relevant school policies.

3. Policy aims

- Promote positive mental health and well-being in our school community, including pupils, parents, staff and trustees.
- 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.
- Raise awareness amongst staff so 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 school.

4. Concerns about Positive Mental health and Wellbeing

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

- Beau Roberts – Designated Senior Lead – Mental Health
(Whilst this role is responsible for the referral process they are teaching professionals and as such will always adhere to the advice of a mental health professional.)
- Mental Health Champions (see website and noticeboard for information)

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

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to Beau Roberts (mental health lead) in the first instance. Then following the Social, Emotional and Mental Health Intervention Pathway (see appendix C) an individual programme can be created or a referral to the mental health professionals can be made. If there is a concern that the student is in danger of immediate harm then the school's child protection procedures should be followed. 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 emergency services if necessary.

On occasion, a referral to CAMHS may be appropriate, this will be led and managed by class teachers and SLT. Guidance about referring to CAMHS is provided in Appendix A

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,

5. Teaching about Mental Health

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

Our aim is for students to develop an understanding:

- 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.

Supporting our ASC students

Although mental health problems are not an automatic consequence of having an ASC, one representative study reported that 71% of children and adolescents with ASC have at least one co-occurring mental health problem, while 40% have two or more. Therefore when working with students with ASC staff should always consider the following:

- Talk clearly and allow the student time to process the information.
- Use visual supports. Individual timetables, first and then cards.
- Help the student with planning. ASC students may not be able to work out what they need to do.
- Provide a quiet area where a student can go if they are particularly anxious or stressed. Staff may need to direct the student to this area.
- Sometimes a student may need a bit of extra assistance if they are feeling stressed.
- Students may be anxious at break times or transition times which are unstructured. It may help to have a circle of friends or a buddy system.
- Individual workstations with no visual stimulus to support the student's concentration.
- If a student is behaving in a challenging way, try to identify the reason for the behaviour. What triggers it? Can you do anything to help?
- Social support from a buddy system, a circle of friends or mentoring can be invaluable.
- Be aware that ASC students are more likely than their peers to be bullied, often because of difficulties with social interaction. They may also occasionally be the bully.
- Be aware that ASC students can experience increased anxiety and social differences which can contribute to increased potential for poor mental health.

Preparing for Adulthood

We recognise the importance of raising aspirations and expectations, and encouraging staff, students and their families to think about what students' futures might look like for children from an early age. Our curriculum allows for personalised pupil outcomes which are focused on the young person's aspirations, and leading to them having as independent a life as possible.

All learning is intended to ensure that students are preparing for adulthood by developing and building on their previous attainment, with regard to:

- **higher education and/or employment** – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies;
- **independent living** – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living;
- **participating in society**, including having friends and supportive relationships, and participating in, and contributing to, the local community;
- **being as healthy** as possible in adult life.

The specific content of lessons will be determined by the specific needs of each cohort 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.

6. Managing Disclosures

At times, a pupil may choose to tell a staff member concerns that they have about their own emotions or well-being. All staff need to know how to respond appropriately to a disclosure, following the school Safeguarding Policy. All staff should respond in a calm, supportive and non-judgemental way. Staff should listen rather than advise and their first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded on a Mental Health Triage form (appendix B) and shared with Sarah Buxton (Mental Health Lead), who will store the record appropriately and offer support and advice about next steps.

6.1 Confidentiality

Staff must be honest with regards to the issue of confidentiality. They should never promise the child that they will keep this to themselves, and should inform the pupil who they are going to talk to, what they are going to tell them and why it is important that they pass these concerns on.

6.2 Informing Parents/Carers

Parents will usually be informed if a child makes a disclosure and staff need to be sensitive when sharing this with parents/carers. It can be upsetting for parents to learn of their child's issues and staff should give the parent/ carer 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 where possible to offer support to the parent. However, if a child gives reason to believe that there may be underlying child protection issues, parents may not be

informed and Designated Safeguarding Lead should be informed immediately so that a referral can be made.

7. Working with parents/carers and the school community

We recognise the family plays an important role in influencing children and young people's emotional health and wellbeing; 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 topics that children are learning about in school.

8. 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 them to keep students safe. The Mental Health Lead will receive professional Mental Health First Aid training or equivalent. We will publish relevant information to staff who wish to learn more about mental health and this policy will be provided to all staff as part of their induction. 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.

Training sessions for all staff to promote learning or understanding about specific issues related to mental health will be provided as appropriate.

9. Policy Review

This policy will be reviewed every two years as a minimum. The next review date is June 2023

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

Appendix A: Guidance about CAMHS referral

If the referral is urgent it should be initiated by phone so that CAMHS can advise of 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/child?
- 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/carers' 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 B

MENTAL HEALTH FIRST AID TRIAGE (MHFA)

Date

Completed by

Student Name: Class:

Actions of trigger events:

Impact on daily routine, at school:

Impact on daily routine, at home:

Impact on daily routine, with peers:

Body language:

State of mind – emotions:

Physical presentation:

Tearful

Anxious

Tired

Shaking

Angry

Feeling Unwell

Other _____

Proposed Action:

Signed

Date