



"Unlocking potential through learning"

# **Mental Health & Wellbeing Policy**

**The New Horizons  
Learning Centre**

Date Ratified: May 2022  
Review Date: May 2024

Signed by: Donna Portingale

Position: Chair of Governors

## Introduction

Estimates suggest that up to 10% of children and young people will suffer from a diagnosable mental health issue, often leading to social isolation, low self-esteem and associated poor academic achievement. Difficulties can present themselves in many ways, including self-harm, eating disorders, depression, poor educational achievement or disruptive or anti-social behaviour.

It is not uncommon for young people to have occasional difficult periods at some point during their school years; this is a normal and expected part of growing up. However, for some pupils, more frequent emotional dips or persistent displays of increasingly challenging behaviour, school absence or refusal or academic deterioration may be indicative of deeper issues.

Children and adolescent emotional wellbeing and mental health is not the exclusive domain of specialist health services. We all have a role to play in supporting young people to reach their potential and to equip them with the skills needed to cope with the challenges that life will bring.

Our vision is to ensure that all children and young people are emotionally healthy and resilient.

## Definitions

**Emotional wellbeing:** *“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”* (No Health without Mental Health 2011)

**Mental Health:** *“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.”* (World Health Organisation)

Children who are mentally healthy will have the ability to:

- Develop psychologically, emotionally, creatively, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve (face) problems and setbacks and learn from them

Social and emotional wellbeing refers to a state of positive mental health. It involves a sense of optimism, confidence, happiness, clarity, self-worth, achievement, having a meaning and purpose, having supporting and satisfying relationships with others and responding effectively to one's own emotions. (Weare 2015)

Multi-component approaches that engage the whole school community (school staff, pupils, parents, carers and families) are more effective in promoting social and emotional wellbeing. A climate and ethos which supports wellbeing, builds

connectedness and belonging and feeling of being accepted, respected and bonded to the school environment.

## **Rationale**

The mental health and wellbeing of all members of New Horizons Learning Centre (NHLC) are fundamental within the ethos of the school where learning can flourish, enabling pupils to become independent responsible citizens. All pupils have an Education Health and Care Plan (EHCP) for Social, Emotional and Mental Health (SEMH) Special Educational Needs/Disabilities (SEND) which puts them at a heightened risk of developing mental health problems. Provision for pupils' emotional wellbeing and mental health are central to our pastoral support system. We believe that as a school we are well placed to encourage the positive development of mental health in our pupils. The promotion of mental health within school has significant educational benefits.

NHLC is well placed to observe pupils and help to identify potential problems. We can assist parents/carers to access professional support (e.g. medical interventions, counselling, psychological or psychiatric support).

In the first instance, NHLC aims to be as proactive as possible in preventing problems by informing pupils and parents/carers about leading healthy lives mentally and emotionally, and in identifying potential problems at an early stage. To this end, NHLC has a well-established pastoral system in place which allows staff to identify, report and monitor behaviour which may point to mental health problems. We also encourage and nurture positive relationships between home and school.

The compilation of this policy is an indication of NHLC's commitment to raising awareness among staff, pupils and parents/carers in order to promote the emotional and mental wellbeing of all pupils. The document seeks to describe the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and governors.

## **Aims**

At NHLC, we aim to promote positive mental health for all our pupils. We pursue this aim using both universal, whole school approaches and specialised targeted approaches aimed at more vulnerable pupils.

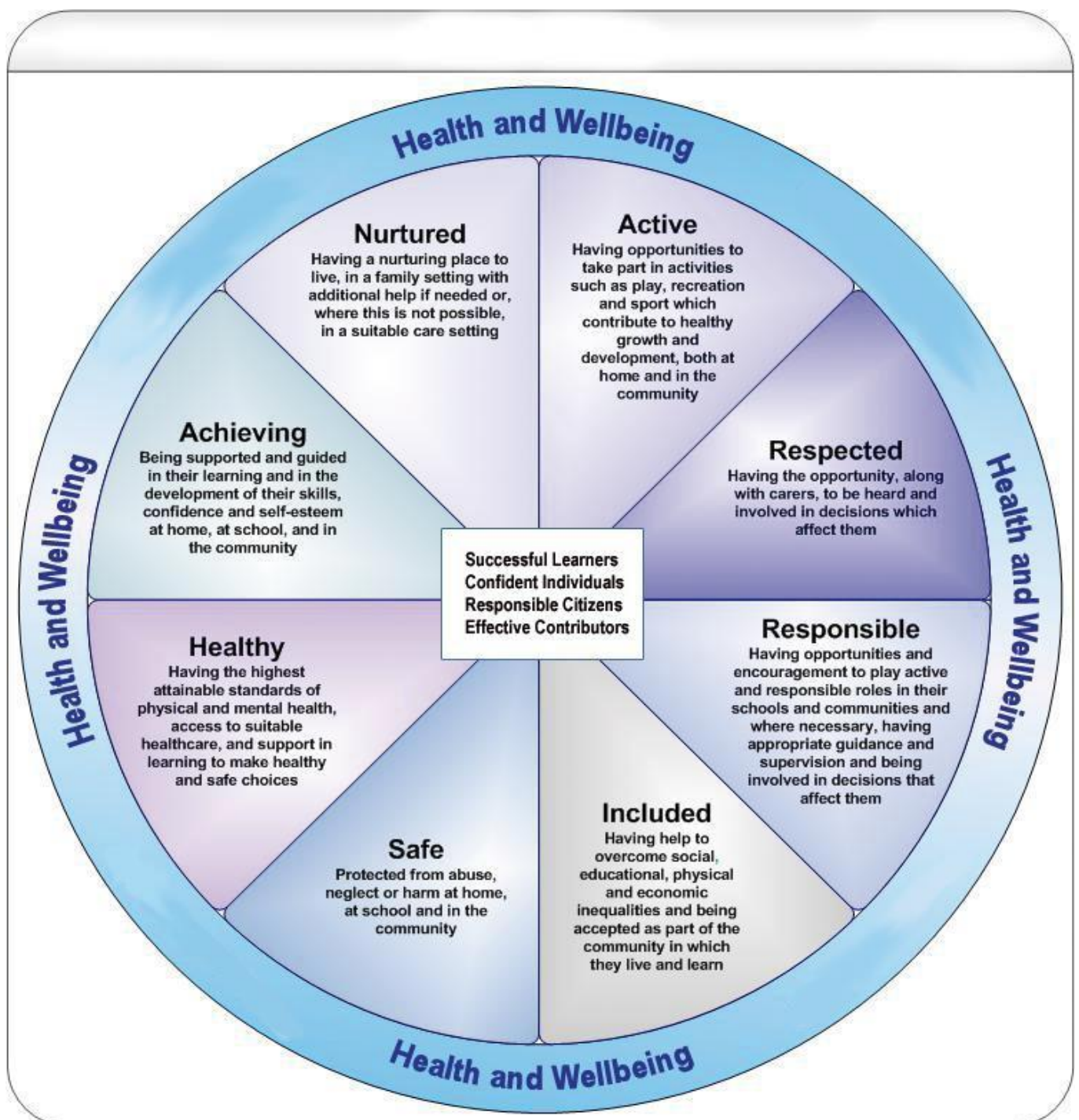
In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing the following practical, relevant and effective mental health procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

- Promote positive mental health in all pupils
- 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 pupils suffering mental ill health and their peers and parents/carers

We want our pupils to be able to:

- Recognise their role in their own health and wellbeing and develop the ability to make healthy choices; and to
- Develop the self-esteem, awareness of others and self-confidence to play an active part in school life and be valued and valuable members of their communities, now and throughout their lives.



## Promoting good mental health

Schools can enhance the social and emotional development of children through their daily responses to, and interaction with, pupils. Being an emotionally and mentally healthy school requires on-going commitment from both staff and pupils. Being an emotionally and mentally healthy SEMH special school requires extra commitment from staff. Pupils' commitment rests on the positive and caring culture created within the school for routine manners and courtesy, acceptable behaviour, acceptance of every child, anti-bullying policies, the restorative approach and respect for others regardless of physical, cultural, racial or any other differences.

In addition, NHLC has in place the following examples of good practice for an emotionally and mentally healthy school:

- ***Social Skills lessons*** at both primary and secondary sites, to teach and encourage pupils to build constructive positive personal relationships with their peers.
- ***PHSE and COPE lessons*** at secondary site which includes the promotion of social skills and problem-solving skills; teaching awareness of mental health issues to raise awareness and decrease stigma (eating disorders, self-harm, depression etc.); values; emotional awareness; confronting bereavement, anger management and conflict resolution; healthy relationships; alcohol and drugs misuse and peer pressure.
- ***Pastoral support from all staff*** available across both sites and overseen by Pastoral Lead and SENCO
- ***Emotional literacy interventions*** on a one-to-one basis with our lead intervention worker available on both sites. Pupils are prioritised according to Boxall profiling results and timetabled interventions to run for two terms at least before being reviewed. Designed to help pupils recognise, acknowledge and understand their own emotions, and work on strategies to help manage them.
- ***An active and supportive team of Student Support Workers (SSW) in each school*** – practical learning issues are addressed as part of reinforcing self-esteem and mental health of pupils.
- ***Lead Learner system*** – SSWs take on the role of lead learners and become the go-to person for staff, pupils and parents/carers across the whole school in their area of expertise – many of which are specific areas of mental (ill) health.
- ***Teaching to help pupils recognise their personal strengths and limitations*** to help themselves or to help their peers.
- ***Pupils and staff are expected to value and recognise every individual member of the school community***, building constructive relationships.
- ***Restorative behaviour approach*** to allow all voices to be heard, forge stronger relationships, see things from others' perspective and make learning more effective.
- ***All staff are encouraged to listen to pupils and hear what they say***, and this includes non-verbal communications – all behaviour is saying something.

- ***An emphasis on not only the academic development of each pupil but also on their personal development*** – regular academic monitoring and strong encouragement for pupils to develop friendships through engagement in enrichment activities. Informal and formal reward systems in place to celebrate all types of achievement – not just academic.
- ***Identification and monitoring of vulnerable pupils*** – effective internal communication between all staff, clear channels of communication with parents, highly responsive pastoral intervention when necessary.
- ***A commitment, where necessary, to reasonable adjustments*** within the school environment for pupils with mental health issues which do not affect the learning environment of other pupils.
- ***Appropriate support and training for staff***
- ***A commitment to joint working*** between school and parents and external professionals, for example within health care and social care.
- ***The establishment, and fostering of, strong and trusting relationships with parents/carers*** – with the wellbeing and educational progress of the pupil as the focus.
- ***Provision of information to parents/carers*** of relevant issues common in young children and adolescents, for example sleep hygiene and internet safety through the school newsletter, website links and presentations at coffee mornings.

## **Common mental health risk factors**

There are common risk factors that may influence the chances of a young person developing a mental health disorder. These include:

- Physical illness or learning disability
- Difficult temperament or communication difficulties
- Family factors, such as parental conflict and inconsistent discipline, family mental health issues, difficult relationships with siblings
- Psychological reaction to adverse events (e.g. bereavement, bullying, abuse)
- Environmental factors and life changes, such as socio-economic disadvantages, homelessness or frequent moving of home or school

The details of the type of mental health issue are not likely to affect the course of action in school (see **Appendix 1**: Flow Chart) unless there is an immediate risk of harm to the pupil, in which case the School's safeguarding policy and procedures would be followed.

It is impossible to definitively list all the situations that could be encountered by pupils but a summary of some different types of mental health disorders is given in **Appendix 2** to help staff and parents understand some of the specific issues that pupils may face.

## **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and the local community. What support is available, who it is aimed at and how to access it is available on the school website.

## **Warning signs**

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with any member of SLT.

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
- Secretive behaviour
- Refusing 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

Staff at NHLC know their pupils and should trust their instincts. This list is not exhaustive, and staff should feel that any concern they have will be treated seriously when it is raised.

## **Managing disclosures**

A pupil may choose to disclose concerns about themselves or a friend/family member to any member of staff, so all staff need to know how to respond appropriately to a disclosure.

If a pupil 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. Guides for parents and staff about talking to pupils about mental health is attached to this policy in **Appendix 3**.

Staff should listen, rather than advise, and first thoughts should be of the pupil's emotional and physical safety rather than exploring "why?"

All disclosures should follow the school safeguarding policy and procedures.

## **Confidentiality**

We should be honest about the issue of confidentiality and make clear that we might have to share information if we feel that not doing so leaves a pupil at risk. If we feel it is necessary to pass on our concerns, then we should discuss with the pupil:

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

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, although there are certain situations when information must be shared with another member of staff or a parent/carer. This necessarily means that staff should not unconditionally promise confidentiality where a pupil's health and wellbeing are at risk.

It is always advisable to share disclosures with a colleague, preferably with either the Mental Health lead or the Safeguarding lead. This helps to safeguard our own emotional wellbeing. It also ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share the information with.

As in any other instance of safeguarding, the decision about whether to share information with parent/carer will be made on a case by case basis. SLT, along with any other staff who may be involved, will consider the wishes of the pupil, the safety and welfare of the pupil and they reasonably believe the consequences of sharing the parent/carer might be. In most cases, the preferred position of the school would be to keep parents informed.

If a child gives us reason to believe that there may be underlying child protection issues, then the school safeguarding procedures should be followed.

## **Working with parents/carers**

When talking to parents/carers about a pupil's mental health issues, we need to be sensitive in our approach. It can be shocking and upsetting for families to learn of their child's issues and they may respond in anger, fear or upset during the initial conversation. We should be accepting of this and give them time to reflect.

We should always highlight further sources of information and support.

We should always provide clear means of contacting us at any time.

Parents are welcoming of support and information from school about supporting their children's emotional and mental health. So, 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 this, if they have concerns about their child
- Make our mental health policy easily accessible to parents
- Share strategies about how parents can support [positive mental health in their children, through our website and twitter account
- 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.

### **External referrals**

If staff feel that an external referral may be appropriate, then SLT should be informed. SLT will discuss the case with parents/carers and any other professionals who may be involved with the child and then, if appropriate, make the referral accordingly. The referral may be to ART or directly to CAMHS. The school will work together with any family requiring assistance on these matters and continue to engage with the external services when required.

### **Supporting peers**

When a pupil is suffering from mental health issues, it can be a difficult time for their peers. Peers may want to support but not know how. In the case of self-harm or eating disorders, it is possible that peers may learn unhealthy coping mechanisms from each other. To keep peers safe, we will consider on a case by case basis which peers may need additional support. Support will be provided either in one to one or class settings as appropriate.

### **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 pupils safe.

[www.MindEd.org.uk](http://www.MindEd.org.uk) provides free online training suitable for staff wishing to know about a specific issue.

Training opportunities for staff who require more in-depth knowledge will be supported as part of our Performance Management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

Where the need to do so becomes evident we will incorporate whole staff training sessions to promote learning or understanding about specific issues relating to mental health, as part of our staff training calendar.

**Lead staff**

Tania Craig	Headteacher
Joe Lee	Pastoral Lead and Safeguarding Lead
Sal Mansfield	SENCO and Mental Health Lead
Abby Pitman	Mental Health First Aider
Jack Ball	Intervention Lead and MDC
Jane Haworth	Intervention Lead at CRC

## Appendix 1

# Mental Health Referral Pathway

What you should do if you have concerns about a pupil's emotional wellbeing or mental health

