



## **Mental Health and Wellbeing Policy**

## **Introduction**

At Le Hérisson we believe that all children are entitled to develop their fullest potential academically, socially, emotionally and into healthy, well beings; enabling each child to grow in confidence and to confidently fully participate in everything that goes on in the wider community. It is widely recognised that emotional health and wellbeing in childhood influence cognitive development and learning, as well as physical and social health and mental wellbeing in adulthood. The Department for Education recognises that, in order to help pupils succeed, schools have a role to play in supporting children to be resilient and mentally healthy.

## **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 2014)

In our school, we aim to promote positive mental health for every child, parent/carer and staff member. We pursue this goal by using both universal, whole school approaches and specialised, targeted approaches aimed at identified vulnerable pupils and 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. We recognise that by developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable school environment for children and staff affected both directly and indirectly by mental ill health. See Appendix 1 for information and additional support about mental health illnesses.

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

The Le Hérisson Mental health and Wellbeing Policy should be read in conjunction with the School:

- Health & Safety Policy
- Privacy Notice
- Safeguarding and Child Protection Policy - in relation to prompt action and wider concerns of vulnerability.
- SEND Policy - where a pupil has an identified special educational need

## **Aims of this policy**

Le Hérisson aims to develop a whole school approach to creating an environment that promotes positive mental health in all pupils and staff, on the principles taken from the national minimum standards (2015) (section 3 pp 8,9) and the 8 key principles identified in 'Promoting Children and Young People's Emotional Health and Wellbeing' (2015).

In so doing, Le Hérisson School further aims to support and teach skills to pupils and staff thereby increasing awareness of positive emotional health and wellbeing.

Two key elements to support good mental health are:

- Feeling Good – experiencing positive emotions like happiness, contentment and enjoyment. Including feelings like curiosity, engagement and safety.
- Functioning Well – how a person is able to function in the world; this includes positive relationships and social connections, as well as feeling in control of one's life and having a sense of purpose.

In order to achieve these goals, we aim to:

- Increase understanding and awareness of common mental health issues
- Provide support to staff working with pupils with mental health issues
- Provide support to pupils suffering from mental ill health, their peers and parents/carers
- Provide a holistic and multi - agency approach, where necessary, identified in the child's individual SEN support plans
- Provide opportunities for staff to take care of their own mental wellbeing

The policy and curriculum delivery will be tailored to promote the key aspects of improving mental health illness and wellbeing. It will focus on creating a socially, emotionally and physical rich environment where key relationships can thrive and children can feel secure in their learning. School based programmes linked to the curriculum will promote pupil voice through developing independence and choice making decisions.

Staff will have access to training and signposting to approaches and resources that will support their own emotional health and wellbeing in addition to that of the pupils. Clear identification, impact and outcomes measures will feed into school based programmes and the target interventions that will be offered to pupils.

## Dissemination

This policy will be shared with staff, pupils, parents, carers and advisors as follows:

- Policy will be introduced during a staff Inset session
- A copy or direct link will be emailed to all members of staff, parents and the Advisory Board
- New staff will receive a copy during the induction process
- A copy will be available on the LHS website
- Salient points of the policy will be shared with pupils during PSHE lessons

## Responsibility

All members of staff have a responsibility to promote the mental health and emotional wellbeing, both of themselves and pupils.

Lead members of staff:

- Designated Safeguarding Lead (DSL): Maria Frost, proprietor
- Deputy Designated Safeguarding Lead (DDSL): Sebastien Nowak, Head Teacher
- Mental Health Lead (MHL): Maria Frost, proprietor
- Deputy Mental Health Lead (DMHL): Melhissa Messadi

Any member of staff who is concerned about the mental health or wellbeing of a pupil must speak to the DSL in the first instance.

In the event that there is the fear of a pupil being in danger of immediate harm, the LHS child protection procedures are to be followed with immediate effect.

If the child presents as a medical emergency, the LHS medical procedures must be followed, including contacting the emergency services when deemed necessary.

The DSL will lead and manage any referral to The Child and Adolescent Mental Health Service (CAMHS).

Every member of staff is encouraged to:

- Understand this policy and seek clarification from the MHL, Maria Frost, if required
- Consider this policy whilst completing work related duties and at all times when representing Le Hérisson School
- Support fellow staff in their awareness and implementation of this policy
- Support and contribute to the School's aim of providing a mentally healthy and caring environment for all staff and pupils

All school staff have a responsibility to:

- Take reasonable care of their own mental and physical health and wellbeing
- Take reasonable care that their actions do not affect the health and safety of other people in the School
- Raise a concern with the proprietor if they feel that a work issue is causing anxiety and therefore having a negative impact on their wellbeing

Senior Leadership has responsibility for:

- Ensuring that all staff are made aware of this policy
- Actively supporting and contributing to this policy and its aims
- Managing the implementation and review of this policy
- Encouraging initiatives and events to promote health and wellbeing
- Championing good management practices and a work ethos which enables staff to maintain a moderate work/life balance
- Promoting effective communication within LHS
- Ensuring that arrangements are in place to support individuals with anxiety issues
- Collating management information which enables the School to measure performance regarding employee wellbeing e.g. sickness absence data, staff turnover, exit interviews
- Seeking the views of employees on the effectiveness of the Le Hérisson Mental Health and Wellbeing Policy and its implementation, by way of surveys and other appropriate means e.g. discussion

## **Pupil Identification**

Wellbeing measures include staff observations focusing on any changes in behaviour, attention and/or presentation, which will feed into the identification process in addition to any relevant communication from the pupils regarding their emotions and/or feelings.

Individual Care Plans (ICPs) will identify individual support for pupils causing concern or who have received a mental health diagnosis. All ICPs should include input from the pupil, the parents and relevant health professionals and must be recorded.

The plan will 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 in relation to staff development and implementing support linked to policy and practice.

## **Managing a Pupil Disclosure**

A pupil may choose to disclose concerns about their own mental health or that of a friend to a member of staff, and therefore all staff need to know how to respond appropriately to a disclosure.

The member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and first thoughts must be of the pupil's emotional and physical safety, rather than asking any leading questions or exploring 'why?'

All disclosures are to be recorded in writing and held on the pupil's confidential file. This written record is to include:

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

The DSL must be informed without delay and will offer support as well as advice about next steps.

## **Confidentiality**

See the Le Hérisson School Safeguarding and Confidentiality Policies. We have to be honest regarding the issue of confidentiality. If we think it is necessary for us to pass on our concerns about a pupil e.g. to an external agency, we must explain to the child:

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

## **Realistic Expectations**

Mental health issues can be ongoing for a long time. They may be highly impactful on the pupil's ability to access school. We need to ensure that all members of staff are realistic in their expectations of affected pupils; to ensure those pupils are not placed under undue expectations which may exacerbate the mental health issues. Expectations should always be led by what is appropriate for the specific pupil. Expectations to consider addressing include:

- Ability to access teaching and learning
- Academic achievements
- Absence and/or lateness
- Access to extra curricular activities
- Duration and pace of recovery
- Ability to interact and engage with others

## **Working with parents**

Parents very often welcome support and/information from the school regarding their child's emotional and mental health.

In order to support all parent/carers of children at Le Hérisson School we will:

- Ensure that our mental health policy is easily accessible to parents/carers
- Update our school resources to provide information about common mental health issues
- Ensure all parent/carers know who to talk to if they have any concerns regarding their own child or a friend of their child
- Share ideas with parents/carers on how to support positive mental health through regular review meetings
- Keep parent/carers informed about the topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

## **Training**

All staff will receive training and guidance regarding recognising and responding to mental health issues as part of the safeguarding programme.

Signed : Maria Frost, November 2018  
Policy review date: November 2019

## Appendix:

Further information and sources of support about common mental health issues

### Prevalence of Mental Health and Emotional Wellbeing Issues

1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class. Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.

There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.

More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.

Nearly 80,000 children and young people suffer from severe depression.

The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.

Over 8,000 children aged under 10 years old suffer from severe depression.

3.3% or about 290,000 children and young people have an anxiety disorder.

72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

The following information and guidance concerns the issues most commonly seen in school aged children. The links are to the most relevant page of the listed website. Some pages are aimed primarily at parents but are also useful for school staff.

Support on all of these issues can be accessed via:

Young Minds [www.youngminds.org.uk](http://www.youngminds.org.uk)

Mind [www.mind.org.uk](http://www.mind.org.uk)

Minded [www.minded.org.uk](http://www.minded.org.uk)

Childline [www.childline.org.uk](http://www.childline.org.uk)

## **Self-harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

## **Online support**

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk) National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)

## **Books**

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

## **Depression**

Ups and downs are a normal part of life for all of us. However, for someone who is suffering from depression the ups and downs may feel more extreme. Feelings of failure, hopelessness, numbness or sadness may invade a person's day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour, ability or motivation to engage in day-to-day activities.

## **Online support**

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

## **Books**

- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

## **Anxiety, panic attacks and phobias**

Anxiety can take many forms in children and young people and is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several

weeks or months and/or beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

### **Online support**

Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

### **Books**

- Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

### **Obsessions and Compulsions**

Obsessions describe intrusive thoughts or feelings which are disturbing or upsetting.

Compulsions are the behaviours we carry out in order to manage those thoughts or feelings e.g. a young person may be constantly worried that their house will burn down if they do not turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so.

Obsessive compulsive disorder (OCD) can take many forms – it is not only about cleaning and checking.

### **Online support**

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

### **Books**

- Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

### **Suicidal feelings**

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Most young people never act on these feelings although they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

### **Online support**

- Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)
- On the edge: Child Line spotlight report on suicide: [www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/)

## **Books**

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

## **Eating problems**

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with specific people. The child can use issues around food as a way of communicating messages that she/he does not have the words to convey.

## **Online support**

- Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)
- Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eatingdifficulties-in-younger-children](http://www.inourhands.com/eatingdifficulties-in-younger-children)

## **Books**

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders? A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky KnightSmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky KnightSmith (2012) *Eating Disorders Pocketbook. Teachers' Pocketbooks*

Information Regarding Child and Adolescent Mental Health Services in Hammersmith and Fulham can be found here:

<https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/camhs-information-for-children-and-young-people/>



## INDIVIDUAL CARE PLAN FOR A PUPIL WITH HEALTH/EMOTIONAL CONCERNS

Name

Date

Symptoms

Referral to CAMHS Yes/No

Receiving treatment Yes/No

Advice for staff

Goal/s

Parental involvement

Review arrangements

Signed