



## Positive Mental Health and Emotional Wellbeing Policy

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Inspire, Respect, Flourish.

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## 1. Aims

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

## 2. Policy Statement

At Impact Multi Academy Trust we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole-school approaches and specialised, targeted approaches aimed at vulnerable pupils.

Our culture is supportive, caring, and respectful. We encourage pupils to be open and we want each pupil to have their voice heard.

We recognise that everyone experiences different life challenges, and that each of us may need help to cope with them sometimes. We understand that anyone and everyone may need additional emotional support. In our schools, positive mental health is everybody's responsibility. We all have a role to play. 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 pupils affected both directly and indirectly by mental health.

At Impact Multi Academy trust we commit to working with external agencies and training providers. This includes regular attendance at the Mental Health and Wellbeing (MHWB) leads' forum. We value sharing

## 3. Policy Scope

This policy is a guide to all staff, including teachers, governors, and non-teaching staff. It outlines our approach to promoting **pupil** mental health and wellbeing. It should be read and understood alongside our other relevant school policies.

## 4. Policy Aims

The aim of our policy is to demonstrate our commitment to the mental health of our staff and pupils. In our schools, we will always:

- Help children to understand their emotions and experiences better
- Ensure our pupils feel comfortable sharing any concerns and worries
- Help children to form and maintain relationships
- Encourage children to be confident and help to promote their self-esteem
- Help children to develop resilience and ways of coping with setbacks

We will always promote a healthy environment by:

- Promoting positive mental health and emotional wellbeing in all pupils and staff
- Celebrating both academic and non-academic achievements
- Promoting our school values and encouraging a sense of belonging and community
- Providing opportunities to develop a sense of worth and to reflect
- Promoting our pupils' voices and giving them the opportunity to participate in decision making
- Celebrating each pupil for who they are and making every pupil feel valued and respected
- Adopting a whole school approach to mental health and providing support to any pupil that needs it
- Raising awareness amongst staff and pupils about mental health issues and their signs and symptoms
- Enabling staff to respond to early warning signs of mental-ill health in pupils
- Supporting staff who are struggling with their mental health

## 5. Confidentiality and Information Sharing

We should be honest with regard to the issues with confidentiality. If it is necessary to pass our concerns about a pupil on then we should discuss this with the pupil by informing them:

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

Ideally, we should receive pupil consent, although there are certain situations when information should always be shared with another member of staff and/or a parent/carer. If a pupil is at risk or is in danger of harm, no promises of confidentiality should be made and a referral to safeguarding lead should follow immediately.

All disclosures should be shared with the safeguarding lead (or member of the safeguarding team where relevant); this helps to safeguard our own emotional wellbeing and share the responsibility for the pupil to ensure continuity of care in our absence.

Parents/carers must always be informed when disclosures regarding a pupil's emotional and mental health and wellbeing are made.

If a child gives us reason to believe that there may be underlying child protection issues parents/carers should not be informed, the safeguarding lead should be informed immediately and guidance within the safeguarding policy should be followed.

All external agencies, including school-based counsellors/psych therapists, are expected to follow the school's safeguarding policies and are required to report any safeguarding disclosures to a member of the safeguarding team, in line with school policy.

## 6. Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing 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 the safeguarding team and the school safeguarding system (MyConcern/CPOMS), in line with our Child Protection and Safeguarding Policy.

Staff will be able to identify a range of behaviour and physical changes, including:

- 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
- Talking or joking about self-harm or suicide
- Misuse of drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope.
- Changes in clothing- e.g. long sleeves in warm weather
- Changes in general appearance and general hygiene
- Secretive behaviour
- Missing PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause
- Negative behaviour patterns, e.g. disruption

Staff will also be able to identify a range of issues, including:

- Attendance and absenteeism.
- Punctuality and lateness
- Changes in educational attainment and attitude towards education
- Family and relationship problems

## 7. Guidance to Staff

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

If a pupil chooses to disclose concerns about either 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.

Staff should listen rather than advise and our first thought should be of the pupil's emotional and physical safety rather than exploring reasons why.

All disclosures should be recorded on the school safeguarding system (MyConcern/CPOMS) and should include date, member of staff to whom the disclosure was made and main points from the conversation. The safeguarding team will offer support and advice about next steps.

## 8. Key Members of Staff

All staff members have a responsibility to promote the mental health of pupils and each other. However, certain staff members have a specific role in the process. These are:

|                        |   |
|------------------------|---|
| Sarah Arney            | Assistant Principal, Designated Safeguarding Lead, Mental Health and Wellbeing Lead, Designated Mental Health Lead, YMHFA |
| Katie Bradley          | Inclusion Manager, Youth Mental Health First Aider  |
| Nicholas Christodoulou | Achievement Coordinator, Youth Mental Health First Aider  |
| Elizabeth McNamara     | Sixth Form Learning Mentor, Youth Mental Health First Aider   |
| Kathryn Moulton-Brady  | Achievement Coordinator, Youth Mental Health First Aider  |
| Carol Wotton           | Assistant Principal, Mental Health First Aider  |
| Stephen Whittle        | Principal, Mental Health First Aider  |
| Victoria McDonnell     | Inclusion Support Assistant, Emotional Literacy Support Assistant   |

## 9. Teaching About Mental Health

The Personal Development curriculum in our Schools is developed to give pupils the skills, knowledge, and understanding they need to keep themselves mentally healthy. This includes resilience techniques and training. We will regularly review our Personal Development curriculum and lesson content to ensure that they're meeting the aims outlined in this policy. We'll also implement this into our wider Personal Development curriculum at all stages to provide pupils with strategies to help keep them mentally well.

## 10. Support Available in School for Pupils with Mental Health Needs

Early Intervention **may** include:

- Identifying appropriate adult to share concerns with
- Pupil mentor
- Provision of time out card

- Provision of safe and calm space
- Consider workload of pupil
- Access to an onsite Wellbeing Hub
- School based counsellor
- School based psychotherapist
- Local Authority Wellbeing project
- Mindfulness
- Pupil Development Curriculum
- Access to a school dog
- Access to a sensory room
- Assemblies

*(The support available to pupils is dependent on the school site, resources and primary/secondary phases)*

10.2 Family support workers/Pastoral teams in schools will be mindful of the impact MHWB has on Siblings and friendship groups and ensure appropriate support is provided and/or signposted.

10.3 First Aid and Medical Intervention (Low level)

First aiders available where appropriate to clean, dress and assess any wounds or injuries

10.4 Signposting

Signposting parents/carers and pupils to external services available to meet their needs. This may include Bromley Wellbeing, GP, parenting support, national services (e.g. NSPCC, Young Minds) and online services (all of which are available on school's website).

## **11. School Based Counselling/Psychotherapy**

School based counselling/Psychotherapy is the provision of professional assistance and guidance in resolving personal or psychological problems. Mental Health and wellbeing staff and first aiders may not be trained counsellors and their work should not be referred to as counselling. A clear distinction between students receiving support and students receiving counselling will be made.

All Impact Multi Academy Trust permanent school-based counsellors/Psychotherapists will:

Hold a current accreditation with the British Association for Counselling & Psychotherapy (BACP) or UK Council for Psychotherapy

Have experience of working with children and young people

School based counsellors/Psychotherapists will provide a high-quality counselling service to students experiencing a wide range of emotional problems. This can include guidance and advice to parents, carers and the school.

Support can be offered in the form of one-to-one sessions with pupils. Some School based counsellors/Psychotherapists will also undertake targeted group work with pupils. In primary schools, much of the one-to-one counselling work also incorporates play or art-based methods but might also include family work or group work.

School based counsellors/Psychotherapists will observe confidentiality whilst fully observing with the Trust Child protection and safeguarding policy. They will liaise with the Designated Safeguarding Lead and/or Mental Health and wellbeing lead on a frequent basis, any incidents where there are concerns for a pupils Safety and welfare will be reported straightaway.

### **11. 1 Supervision for School based counsellors/Psychotherapists**

Supervision means that a counsellor uses the services of another counsellor or psychotherapist to review their work with pupils, their professional development, and often their personal development as well.

All school-based counsellors/Psychotherapists will have access to at least fortnightly supervision from an accredited counsellor (BACP or UKCP). Requests for records of supervision will be made on a termly basis.

### **11.2 School based counselling/Psychotherapy referrals**

School based counselling/psychotherapy is time limited. Pupils do not need a clinical diagnosis to access school-based counselling/Psychotherapy. Parents/carers should contact the class teacher or pastoral team to make a referral.

A referral process is in place in our schools. Parent/carer consent should be recorded, alongside the date and reason for the referral.

Appropriate and confidential records will be maintained. Regular audit information such as numbers, age range and types of problems will be recorded. This will support in evaluating the service in school and demonstrating impact. This will also ensure equity of access to young people who are currently under-represented, for example those from Black and Minority Ethnic (BME) backgrounds.

Schools will ensure School based counsellors/Psychotherapists are equipped to meet the needs of vulnerable children and young people, including looked after children and children and young people with SEND, through the sharing of information.

### **11.3 School based work experience for Counsellors.**

As a teacher training provider ourselves we are keen to support the training and development of Mental Health and wellbeing professionals in our schools. We recognise that Counsellors will need experience in organisations in order to qualify. When providing counselling experience opportunities, we will ensure that:

- The school liaises directly with the BACP or UKCP training provider and the placement is time limited
- Section 11.1 of this policy applies regarding Supervision provided by the school
- Section 11.2 of this policy applies regarding referrals and the sharing of information
- The school informs parents/carers that their child will receive counselling from an unqualified Counsellor

This provision is in addition to a school-based Counsellor/Psychotherapist.

## **12. Referrals to External Agencies**

There will be occasions where it is appropriate for staff to make referrals to external agencies (e.g. Bromley Wellbeing). This will always be in consultation with parents/carers.

## **13. Working with External Agencies**

Our Schools where possible, liaises and refers into local external agencies for support and guidance for pupils and parents/carers. This can include Bromley Wellbeing, Bromley Well, CAMHS and other voluntary agencies.

## **14. What Parents/Carers Can do:**

- Access the school's website for information, guidance and sign posting for external agencies and information
- Seek advice from GP or mental health services within Bromley (i.e. Bromley Wellbeing)
- Notify their child's School of any concerns that they may have about their child's emotional health and wellbeing
- Continue to work with the school as a partnership when addressing their child's emotional health and wellbeing

## **15. What Pupils Can do**

### **15.1 For themselves**

- Participate and engage in wellbeing sessions, assemblies, lesson activities which address matters relating to emotional health and wellbeing
- Reflect upon their own emotional health and wellbeing and areas of resilience that they can use to improve their emotional health and wellbeing
- Speak to parent/carers or teacher/trusted adult when recognising the need for emotional health and wellbeing support
- Be open and honest about any emotional health and wellbeing challenges that they are facing in order to ensure that the support offered is early and appropriate.

### **15.2 For other pupils**

- Consider the consequences of their actions and words when communicating with peers both face to face and across social media
- Be aware of the emotional health and wellbeing of peers and friends; report to a trusted adult any concerns or worries that they may have about another child and be aware that staff will handle this sensitively.



## Appendices:

### Appendix A: Further information and sources of support about common mental health issues

Below, we have sign-posted information about the issues most commonly seen in school aged children. 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)) and (for e-learning opportunities) MindEd ([www.minded.org.uk](http://www.minded.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.

#### Depression

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

*Source: Young Minds*

#### Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it 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 they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Obsessions and compulsions Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't 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 just about cleaning and checking.

#### Suicidal feelings

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

#### 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 certain people. This can be a way of communicating messages the child does not have the words to convey.