



**Mental Health and Emotional Wellbeing Policy**  
**WALWORTH SCHOOL**  
**2017 -2018**

**Policy Statement**

At Walworth it is our vision that all children are entitled to develop to their fullest potential academically, socially, emotionally and into healthy well beings, enabling each child to grow in confidence and be able to fully participate in everything that goes on in the wider community with confidence. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. The department for Education recognises that, in order to help their pupils succeed: schools have a role to play in supporting them to be resilient and mentally healthy.

***“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)

At our school, we aim to promote positive mental health for every child, parent / carer and staff. We pursue this aim 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, however at Walworth it is identified that many classrooms have a higher number of children than this. We recognise as a school that by developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable environment for children 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 governors. It should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need and the safeguarding policy in relation to prompt action and wider concerns of vulnerability.

**Ethos**

Walworth School aims to support and teach skills to pupils and staff to increase their awareness of emotional health and wellbeing.

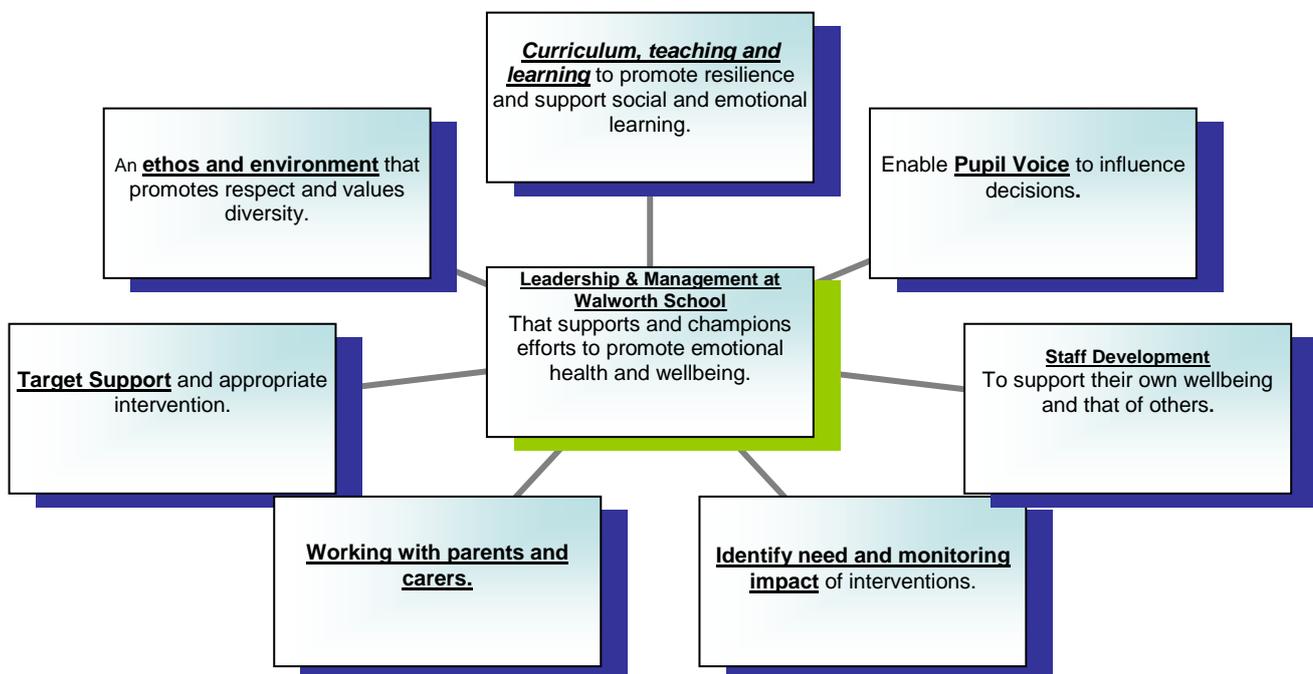
Two key elements to support good mental health are:-

- 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 your life and having a sense of purpose.

To promote first aid for mental health and wellbeing Walworth School aims to:

- To develop a whole school approach for both pupils and staff.
- To create an approach on the principles taken from the national minimum standards (2015) (section 3 pp8,9) and the 8 key principles identified in 'Promoting Children and Young people Emotional Health and Wellbeing' (2015).
- To work together with families.
- To provide a holistic and multi- agency approach that is identified in the children's individual SEN support plans.

The following diagram presents eight principles to promote emotional health and wellbeing in schools and colleges.



**Figure 1.** Eight principles to promoting a whole school and college approach to emotional health and wellbeing.

The eight identified principles will underpin the approaches used to support the development and integration of wellbeing strategies within Walworth. 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 which are 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 with an aim to foster team work and create solidarity. Clear identification, impact and outcomes measures will feed into school based programmes and the target interventions that will be offered to pupils.

All staff has a responsibility to promote the mental health and emotional wellbeing of pupils. Staff with a specific, relevant responsibility includes:

- Mr. Hope and Mrs Coglou - Designated Safeguarding Officers
- Mr Cooke and Miss Bourne - SENCOs (Mental Health Lead)
- Mrs P Coglou and Mrs S Matthews - Lead Mental Health First Aiders
- Miss Bourne - Head of PSHEC

### **Pupil Identification**

Wellbeing measure include staff observations focusing on any changes in behaviour, attention and presentation will feed into the identification process as well as any communication from the pupils regarding their emotions and feelings. Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the SENCO (mental health lead) in the first instance. If there is a fear that the child is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the safeguarding lead staff or the head teacher. If the child 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 Mr Cooke or Miss Bourne, SENCO mental health lead. Guidance about referring to CAMHS is provided in **Appendix 2** Individual SEN support plans will identify an individual support for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil (**one page profile**), the parents and relevant health professionals and recorded in the section (**Individual Health Care Plan In relation to DFE statutory guidance 2015**) having links to individual behaviour plan and risk assessments. 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.

## Pupil Wellbeing Interventions

	<u>Approaches</u>	<u>Intervention</u>
<u>Whole School approach</u>	Curriculum policy re-write focus on wider curriculum	<ul style="list-style-type: none"> <li>• Pupil voice – communication skills (School Council – One page profile – pupil EHCP reviews Class Family Groups)</li> <li>• Emotional literacy skills</li> <li>• Engagement in individual SEN one page profiles and home school contact such as (TAF involvement- PSA support, CAMHS, Emotional Wellbeing LA service, Educational Psychologist).</li> <li>• Self-regulation strategies linked to behaviour management, CPD training and staff meeting updates.</li> <li>• Virtual School Heads are aware of the information and MHEW policy of the school for Looked After Children.</li> </ul>
	Teaching and Learning approaches	
	Holistic/ Multi-agency approach (Individual SEN Support Plans and Parental Support Advisor)	
	Staff training	
<u>Targeted support</u>	Occupational Therapy (Future Steps)	<ul style="list-style-type: none"> <li>• Weekly physical intervention programme based on sensory processing approaches and self regulation.</li> </ul>
	Wellbeing Interventions	<ul style="list-style-type: none"> <li>• 1:1 sessions provided for an afternoon each week focusing on individual wellbeing outcomes. (Connecting With Children, Listening matters, Chatty Chatty drop in sessions)</li> <li>• Class group sessions each week focusing on emotional wellbeing outcomes. (Relax Kids, Family groups)</li> <li>• Identified support linked to pupil premium – (Therapeutic Group Work)</li> <li>• Personalised differentiated learning opportunities.</li> </ul>

Identified pupils will receive bespoke intervention packages delivered by trained staff who has undertaken relevant training in relation to the development of resilience through providing a secure basis, enhancing self – esteem and self - efficiency will underpin all interventions. Virtual School Heads in the LA will be made aware of information about all looked after children’s’ physical, emotional or mental health that may have an impact on his or her learning and educational progress, this will be indicated in their Personal Education Plan (PEP) and the school policy will be shared with the virtual school head, linked to the statutory guidance articulated in the DFE (2015) document.

### Staff Identification

It is recognised at Walworth that promoting staff health and emotional well-being should be an integral part of the whole school approach to mental health and wellbeing. Therefore training and signposting to materials about mental health and emotional wellbeing will be made available for **all** staff. An open door policy to senior leadership is always made available if staff is in need of speaking to someone about any issues of concern and a fully committed supportive governing body. An Emotional Health and Wellbeing file will be made available for every classroom practitioner, Acorn house staff, kitchen and domestic staff, senior leaders and governors. The file will contain informative advice about key factors understanding the important of their own emotional well-being and where to go if they need additional support / advice. Supervision and appraisal will allow for mutual communication about personal health and emotional wellbeing if both felt it is deemed necessary.

## Staff Wellbeing Support and Interventions

<b>Whole School Approach</b>	A senior leadership team and governing body committed to provide all staff with listening support in relation to emotional wellbeing and recognition of this within performance management / appraisal discussions.	<ul style="list-style-type: none"> <li>• Open door policy, contactable governing body and flexible EW appointment planning.</li> <li>• Information sharing from lead practitioners</li> <li>• Posters/ leaflets</li> <li>• Signposting to additional CPD courses</li> </ul>
	Work life Support and Flexibility for personal wellbeing appointments within school time.	
	Library of resources and Online training with Mind Ed and planned CPD opportunities.	
<b>Whole School offer</b>	Emotional Wellbeing Staff meetings and Inset Days	<ul style="list-style-type: none"> <li>• Planned staff meeting with guest speakers from trained professionals.</li> <li>• L.A Employment based incentive for Health and Fitness.</li> <li>• SENCO to provide each class group with a EW advice file.</li> </ul>
	DCC - LA Corporate discounts for Health and Fitness facilities.	
	LA Confidential Counselling Service	
	Emotional Wellbeing information support file for every class group containing appropriate information in relation to emotional wellbeing as a tool for personal review, reflection and private advice.	
<b>Targeted support</b>	Debriefing/support sessions for all staff working in classes for pupils with complex medical needs or challenging behaviour from the Head Teacher, Deputy Head, Head of Care and Team – Teach Coordinator.	
	Significant incidents – debriefing/counselling with a trained professional for all staff involved in a significant incident.	

## Procedure for Concern in relation to mental health issues.

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.

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

All disclosures should be recorded in writing and held on the pupil'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 Head, Deputy Head or the SENCO mental health lead, Mr Cooke or Miss Bourne who will provide store the record appropriately and offer support and advice about next steps.

## Confidentiality

We should be honest with regards to the issue of confidentiality. If we think it is necessary for us to pass our concerns about a pupil on then we should discuss with the child:

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

### **Working with All Parents and Carers**

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 they can talk to, and how to get the support they need 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 review meetings.
- Keep parents informed about the mental health topics their children are learning about in PSHEC and share ideas for extending and exploring this learning at home.

### **Staff Training and CPD**

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. We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The **MindEd** [www.minded.org.uk](http://www.minded.org.uk) 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 due to developing situations with one or more pupils. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with the Head Teacher or Head of Care, who can also highlight sources of relevant training and support for individuals as needed.

This policy will always be immediately updated to reflect personnel changes and legislation.

**Signed** :- *R W Cooke* (**SENCO – Mental Health Lead**) March 2017

## **References**

Bond (2014) Children and Young People with Disabilities – Understanding their Mental Health

DfE (2016) Counselling in Schools: a blueprint for the future

DfE (2016) Mental Health and Behaviour in Schools.

DfE (2015) Minimum Care Standards

DfE (2015) Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England

Department of Health (2014) Promoting emotional wellbeing and positive mental health of children and young people.

Public Health England (2014) The link between public health, wellbeing and attainment.

Public Health England (2015) Promoting children and young people's emotional health and wellbeing.

Tucknott M (2016) Mental Health and Behaviour in schools for Managers.

Mind Ed (n.d) [www.minded.org.uk](http://www.minded.org.uk) Accessed Online.

## **Appendix 1: 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.

Below, I have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

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.

**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, 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.

### **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 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.

### **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 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.

### **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 Conners (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. 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.

## **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 certain people. This can be a way of communicating messages the child 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

**COUNTY DURHAM & DARLINGTON  
CAMHS REFERRAL PROCESS**

*To deliver community based direct and indirect services including advice, assessments, diagnostic service and intervention for children and young people experiencing mental health and emotional problems, or learning disabilities and their carers/families*

Every child and young person in contact with the Service receives the care they need to enable them to fulfil their potential in life.

Care is:

- Designed to be effective in order to attain specified outcomes
- Child or young person at the centre of the care
- Provided through a multi-disciplinary, multi-agency framework
- High quality

High quality encompasses:

- Clinical excellence
- Safety of patient
- As positive a patient experience as possible

**Access to service is via:**

CAMHS Single Point of Access:

Referral Email Address – [tewv.camhscountydurhamdarlington@nhs.net](mailto:tewv.camhscountydurhamdarlington@nhs.net)

**Telephone Number – 0300 123 9296**

**ADDRESSES FOR REFERRALS:**

The Mulberry Centre  
The Rowan Building  
Darlington Memorial Hospital  
Hollyhurst Road  
Darlington  
DL3 6HX

**CONFIDENTIALITY AND CONSENT**

Before discussing a child or young person with a CAMHS practitioner, we would ask that you always gain permission from their parent or guardian. If a young person is aged 16 or over you can get permission from them directly, however it is usually advisable that the parent or guardian is made aware.

You can discuss a child or young person with us without giving their name. However, before making a formal referral, the referrer should gain the consent of the young person and/or responsible parent/guardian.

## **REFERRAL CRITERIA**

Children, young people up to their 18<sup>th</sup> birthday, (and their families) with Mental Health needs or distress which is impacting upon their day-to-day functioning and *cannot be* resolved with appropriate intervention by Universal and Targeted Services within Health, Local Authority Prevention Service; the Common Assessment Framework process; Social Care; Education Services and the Voluntary Sector.

Our Community teams also provide high quality, specialist multi-disciplinary assessment, diagnosis and intervention for children and young people with learning disabilities and their families.

### **Presenting problems may include:**

- Severe deliberate self-harm and/or risk of suicide
- Depression/mood disorders
- Psychosis
- Anxiety Disorders
- PTSD
- OCD
- Eating Disorders
- Significant/complex emotional/behavioural difficulties that have not improved following Universal or Targeted Interventions i.e. conduct disorder
- Neurodevelopmental / hyperkinetic disorders i.e. ADHD & Autism - assessment (depending on local commissioning arrangements)

**PLEASE NOTE REFERRALS FOR THE FOLLOWING WHERE THERE IS NO EVIDENCE IN THE REFERRAL OF MENTAL HEALTH ISSUES WE WOULD NOT ACCEPT THESE REFERRALS INTO SERVICE.**

- Attachment
- Behaviour
- Sleep
- Nocturnal enuresis
- Post Diagnostic interventions for Autism
- Parenting
- Pre School without already been seen by universal services
- Generalised learning problems, without seeing an educational psychologist
- Counselling
- Bereavement Counselling
- Anger Management

PLEASE HAVE A DISCUSSION WITH THE SINGLE POINT OF ACCESS TEAM, IF OTHER INTERVENTIONS HAVE BEEN TRIED.

### **Factors to consider when deciding to refer:**

- duration of problem
- level of distress to child/young person and family
- number of areas of child/young person's life which is affected i.e home, school, friendships, interests and hobbies.
- other agencies that are involved and how their work is progressing.

## Other factors to consider prior to considering CAMHS are:

- If there is a **Safeguarding issue** then Social Care should be consulted.
- If the child has a learning disability is there LD Nursing team involvement or Disabled Children Team?
- If the issue is related to family separation, has the family been offered information regarding Relate or some other mediation service for parents in conflict?
- **Does the family want referral to a mental health service?**
- **Has the referral been discussed with the family, child or young person?**

## WHO CAN REFER?

All CAMHS teams operate an open referral system, i.e. anyone concerned about a child or young person's emotional / mental health can access the services. This includes self-referrals from the child/young person themselves or their parent/carer.

We encourage all referrals to be made using the service's referral form, with these being emailed from a secure email address to the email address on the top of the form; or through a consultation/phone conversation with a member of the CAMHS Single Point of Access Service.