

**WINDLESHAM HOUSE SCHOOL
POLICY: MENTAL HEALTH & WELLBEING**

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**POLICY: MENTAL HEALTH &
WELLBEING**



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**Responsible Member of Staff: Head of Personal Development, Diana Evans
Responsible Governor: Sarah Kerr-Dineen**

Statement of Policy: Windlesham is committed to promoting the mental health and wellbeing of its pupils. This policy aims to recognise and support those pupils with mental health problems and educate the school community on mental health issues.

1. Policy Statement

- 1.1 Windlesham House School ('the School') promotes the mental, physical and well-being of its pupils. This policy aims to help recognise and support those pupils with mental health problems and educate the School community on mental health issues. This policy has been drafted in light of the DfE departmental advice on mental health and behaviour in schools.
- 1.2 In keeping with the School's values, this policy aims to recognise and support pupils with mental health problems and educate pupils, staff and parents on mental health issues.
- 1.3 This policy also applies to our Early Years Foundation Stage and after school care.

2. Links to Other Policies

- 2.1 This policy is available on the School website and hard copies will be available from the Bursar's office on request.
- 2.2 This policy should be read and understood alongside our other relevant school policies including Safeguarding, Anti-Bullying, SEND, Online Safety and Behaviour Management

3. Clarification of Terms

- a) **Mental health** in young people is defined as "The strength and capacity of our minds to grow and develop, to be able to overcome difficulties and challenges, and to make the most of our abilities and opportunities" (YoungMinds, 2006)
- b) A **Mental health problem** is "A disturbance of function in one area of relationships, mood, behaviour, or development that is severe enough to require professional intervention". (The Education Network, 2020).

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- c) A **Mental health disorder** is “A severe problem (commonly persistent) or the co-occurrence of a number of problems, usually in the presence of several risk factors”. (The Education Network, 2020)
- d) Research has found that 1 in 8 children have a diagnosable mental health disorder – that’s roughly 3 children in every classroom (NHS Digital, 2017)
- e) Good mental health is the foundation of young people’s emotional and intellectual growth, underpinning the development of confidence, independence and a sense of worth. Young people who are mentally healthy will have the ability to:
 - Develop psychologically, emotionally, creatively, intellectually and spiritually
 - Initiate, develop and sustain friendships
 - Become aware of others and empathise with them
 - Play and learn
 - Face setbacks and learn from them
 - Enjoy and protect their physical health
 - Make a successful transition to adulthood.

4. Aims

- 1) **Promoting positive mental health and emotional wellbeing in all students by encouraging and helping children:**
 - Feel comfortable sharing any concerns and worries
 - Form and maintain relationships
 - Be confident and help to promote their self-esteem
 - Develop resilience and ways of coping with setbacks
 - Understand their emotions and experiences.
- 2) **Promoting positive mental health and emotional wellbeing of staff and their ability to identify and address mental health issues by:**
 - Increasing their understanding and awareness of mental health issues
 - Developing their knowledge of mental health warning signs and risk factors
 - Having procedures in place to enable staff to respond to early warning signs of mental-ill health problems
 - Providing support and assistance to staff with their own mental health.
- 3) **To provide a whole school approach to mental health including:**
 - Support to all pupils including those who suffer from mental health issues, their peers and parents
 - Opportunities for pupils to develop a sense of worth and to reflect
 - Regular pastoral care meetings and information sharing opportunities amongst staff
 - Guidance, training and range of support services for staff
 - Culture and structures in place to promote mental health including the PHSE programme and the Mental Health and Wellbeing working group.
 - Raising awareness amongst staff and students about mental health issues and their signs and symptoms.
- 4) **To provide a supporting environment that will promote positive mental health including:**
 - Celebrating both academic and non-academic achievements
 - Promoting our school values and encouraging a sense of belonging and community

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- Promoting our students' voices and giving them the opportunity to participate in decision making
- Celebrating each pupil for who they are and making every pupil feel valued.

5. Responsibilities

- a) All staff are
- Responsible for fostering and promoting a culture which encourages pupils to openly discuss their problems, including any mental health concerns. All staff are therefore expected to:
 - Respond to pupils with mental health difficulties in a non-discriminatory, non-stigmatising and positive manner
 - Access and act upon the information provided in the Individual Care Plan. If staff are in any doubt about the implications of this information for their own area of practice, they must seek advice from pastoral head, houseparent or head nurse
 - Be aware of their own personal and professional limitations. If they are concerned that a pupil has a mental health problem they must follow the procedure contained in this policy and intervention flow diagram
 - Keep a record of all incidents and the support / treatment given.
 - Completing an online mental health and wellbeing on appointment
- b) The Designated Safeguarding Lead ('DSL') is
- Responsible for matters relating to child protection and welfare.
- c) The Head is responsible for
- Ensuring that the procedures outlined in this policy are followed on a day-to-day basis.
- d) Governors are responsible for:
- Complying with their safeguarding duties under legislation
 - Ensuring that mental health and wellbeing policies and procedures are effective
 - Reviewing this policy and its effectiveness at least every two years
 - Receiving reports on mental health and wellbeing as part of the termly report on safeguarding.
- e) Parents are responsible for:
- Sharing with the school any information regarding a pupil's background or circumstances which would assist the school in ensuring appropriate support is in place and any required reasonable adjustments made
 - Disclosing any known mental health problem or any concerns they may have about a pupil's mental health or emotional wellbeing
 - Sharing with the school any changes in family circumstances that may impact the pupil's wellbeing
 - Pupils and their families can share their relevant health information on the understanding that the information will be shared on a strictly need-to-know basis.

6. Signs and Indicators of Mental Health Issues

6.1 Identifiable mental health issues could include:

- Anxiety and depression
- Suicidal thoughts and feelings
- Eating disorders

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- Self-Harm

6.2 Staff are referred to *Appendix 1* which provides more information of signs and indicators of mental health issues.

7. Prevention

7.1 The School has the following in place for recognising, educating and supporting pupils cope with school life:

- Whole-school organisation – policies, curriculum, tutors, communication with parents
- Pastoral Provision: Regular pastoral team meetings and houseparent meetings
- Mental Health and Wellbeing Working Group.
- Classroom practice: Teaching, guidance and PSHE
- Traffic light warning in pupil planners
- Peer listeners and Buddies
- All new children to be flagged as mental health concern within 3 weeks of starting at the School to ensure early intervention
- Health and wellbeing disclosure on admission to ensure reasonable adjustments can be made where required
- Online learning programme where a pupil requires some time out of a classroom setting.

8. Procedure and Intervention following a concern (see Appendix 2 for flowchart)

- a) When staff have a welfare concern about a pupil they should immediately report their concerns and/or a pupil disclosure to the Designated Safeguarding Lead (DSL), without informing other staff/pupils. Where the member of staff believes that the child is at immediate risk of serious harm to themselves or others, they may also wish to inform the Medical Centre. The School will take all reports of concerns over the mental health and wellbeing of its pupils seriously and will not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking immediate steps to safeguard a pupil.
- b) Following a welfare concern referral, the DSL will decide on the appropriate course of action. Where a concern about a pupil's mental health is identified, the DSL will assess the risks to that pupil's welfare and will consult with the pupil, his or her parents (where appropriate) and other members of staff and the Medical Centre (as necessary) to determine appropriate action to be taken to safeguard, support and monitor that pupil. If the pupil also has special educational needs, the DSL will liaise with the Head of Learning Development to agree on the appropriate course of action. A pastoral flow chart outlines the various levels/stages of pastoral support and who is responsible

An assessment of immediate risk will also consider whether any further action is required, which may include:

- Immediate medical assistance and/or
- Contacting parents/guardians where appropriate
- Arranging professional assistance e.g. doctor/nurse
- Arranging an appointment with the School counsellor
- Giving advice to parents, teachers and other pupils
- The DSL discussing the matter with the pupil to develop a strategy to support and assist them
- Support for the friends of the affected pupil, where appropriate.

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- c) Where it is decided that support and/or intervention is required, the DSL will ensure that the pupil is monitored and that the effectiveness of support (including the pupils' welfare plan) is regularly reviewed. The DSL will seek advice from the Head and the pupil's houseparent and Head of Pastoral as necessary. The assessment will include consideration as to whether further medical intervention and/or a CAMHS referral should be sought.
- d) Parents are welcome to approach the DSL at any time if they have any concerns about the welfare of any child in the School, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the Head who will notify the DSL in accordance with these procedures.
- e) If a member of staff has concerns that a pupil is at risk of **suicide**, they must assess the immediate risk, take whatever urgent action is necessary which may include immediately calling 999 in an emergency and immediately report the matter to the DSL.
- f) The DSL will undertake a full risk assessment in conjunction with the Head which will include a decision as to whether further medical intervention and support is needed and informing the pupils' parents at the earliest opportunity, where appropriate and following any advice sought from external agencies.

9. Confidentiality and Information sharing

- a) A pupil may choose to confide in a member of staff if they are concerned about their own mental health or that of a peer. Pupils should be made aware that it may not be possible to offer complete confidentiality. If a member of staff considers a pupil is at serious risk of causing himself or herself harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on the member of staff to do so.
- b) If a pupil confides in a member of the school nursing team then they should be encouraged to speak to the pastoral head or houseparent. After assessment any immediate concern for a pupil's mental health would be reported to the School doctor and an appointment made. The School nurses have a code of conduct, which they are obliged to follow, it ensures medical confidentiality to all patients. However, confidentiality will be maintained within the boundaries of safeguarding the pupil. In consultation with the School doctor it will be decided what information is appropriate to pass on to parents and pastoral head. This information can then be shared on a need to know basis.
- c) The School will balance a pupil's right of confidentiality against the School's overarching duties to safeguard pupils' health, safety and welfare and to protect pupils from suffering significant harm.
- d) Where a pupil withholds consent and/or in any other circumstances where the School considers it necessary and proportionate to the need and level of risk, confidential information may be shared with staff, parents, medical professionals and external agencies on a need to know basis.
- e) The School will ensure that the pupil and their parents participate fully as possible in decisions affecting the pupil and are provided with relevant information and support. The pupil's views, wishes and feelings will always be taken into account, in light of their age, understanding and maturity.

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- f) The School asks for a confidential reference from a pupil's previous school and specifically asks whether there are any welfare or medical issues of which the School should be aware in order to discharge our duty of care.

10. Pupil Absence

- 10.1 Should a pupil require some time out of school, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. The DSL will draw up an appropriate welfare plan. The pupil should have as much ownership as possible with regards to the welfare plan so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents and medical professionals.

11. Mental Health First Aid

- 11.1 In order to ensure adequate mental health first aid provision and awareness it is the school policy that:

- There are sufficient numbers of trained personnel to support those pupils who are experiencing mental and /or emotional difficulties
- A qualified youth mental health first aider is always available at school.
- A qualified youth mental health first aider is responsible for
- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical health as necessary
- Recording details of support given.

12. Reporting on Compliance and Effectiveness

- 12.1 A termly report on the implementation of this policy will be submitted to the Governing Body from the Responsible Member of Staff as part of a termly report on Safeguarding.

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Appendix 1 – Signs and Indicators of Mental Health Issues

Anxiety and Depression

All children and young people get anxious at times; this is a normal part of their development. Welfare concerns are raised when anxiety is impairing their development, or having a significant effect on their schooling or relationships.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder can include:

- **physical effects**, such as palpitations, chest pain, rapid, heartbeat, flushing, dizziness, headache, sweating, tingling and numbness
- **psychological effects**, such as unrealistic and/or excessive fear and worry, irritability, impatience, anger, tiredness
- **behavioural effects**, such as repetitive compulsive behaviour.

A high level of anxiety over a long period can lead to depression and long periods of depression can provide symptoms of anxiety.

Symptoms of depression can include:

- **effects on emotion**: sadness, anxiety, guilt, anger, mood swings, self-blame, worry, pessimism, thoughts of death or suicide
- **effects on behaviour**: crying, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances
- **physical effects**: chronic fatigue, lack of energy, overeating or loss of appetite, constipation, weight loss or gain, unexplained aches and pains.

Suicidal thoughts and feelings

Any suggestion that a pupil may be considering suicide should always be taken very seriously. Pupils are instructed to inform a member of staff immediately if they are feeling low or suicidal, or if another pupil confides suicidal thoughts to them.

Eating Disorders

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people

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with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

School staff may become aware of warning signs, which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously.

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Sore throats / mouth ulcers
- Tooth decay
- Restricted eating / Preoccupation with food / Skipping meals / Excessive exercise / Sensitivity about eating
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes/ Wearing several layers of clothing
- Visits the toilet immediately after meals
- Excessive perfectionism.

Taking part in sports and activities is an essential part of school life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the DSL and medical team deem it appropriate they may liaise with PE staff to monitor the amount of exercise a pupil is doing in school. The School will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

Self Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body by, for example, cutting, scratching, scraping or picking skin; taking an overdose of prescription or non-prescription drugs; swallowing hazardous materials or substances; burning or scalding; hair-pulling; and banging or hitting the head or other parts of the body.

Possible warning signs include:

- Changes in eating/sleeping habits
- Increased isolation from friends or family
- 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
- Changes in clothing e.g. always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g. swimming.

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Appendix 2

ALGEE

Ask, assess and ask

Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk present

Listen non –judgmentally

Give them time to talk and gain their confidence to take the issue to someone how could help further. Avoid asking ‘Why’

Give Reassurance and information

Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality – it could be a child protection matter.

Enable the young person to get help

Offer support. Explain that you would like to share their thoughts with someone else so that they can get the best help. Encourage them to speak to someone – offer to go with them.

Encourage self-help strategies

Do not speak about your conversation or concerns with another pupil/
casually with a member of staff.
Access support for yourself if you need it via a senior colleague or your line manager

High Risk

If you consider the pupil to be at risk then you should follow Child protection procedures and report directly to the DSL

In Consultation with the Head, houseparent’s and Pastoral lead the most appropriate course of action will be decided. This may include:

- Contacting parents / guardians
- Arranging professional help. E.g. GP / nurse
- Arranging an appointment with a counselor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

If medical intervention is deemed necessary, a pupil may benefit from time at home until such can be arranged. A letter from a health professional should be given to the school following the appointment with advice on ongoing care and support including potentially an Individual Care Plan.

Medium Risk

If you feel the pupil isn’t at immediate risk but needs urgent attention, check traffic light board and write concerns. Email houseparent / head of pastoral care.

The Tutor will pass on houseparent’s who will instigate the appropriate time period of watchful waiting and information gathering from traffic light board – maximum 4 weeks. The Head of pastoral head and medical Centre should be informed. Pastoral meeting to be arranged at the 4-week point to discuss appropriate course of action.

After a 4-week period if a pupil is deemed to have continuing symptoms they should be referred to a medical professional.

Low Risk

If you feel the pupil needs a period of ‘watchful waiting’ communicate this to the pupils tutor