



Darlinghurst

ACADEMY

Positive Mental Health and Wellbeing Policy September 2022

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Positive Mental Health and Wellbeing Policy

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)

At Darlinghurst Academy, we aim to promote positive mental health for every member of our community, pupils, staff and parents and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at those in need.

We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events. In 2017, about 1 in 10 children aged 5 to 16 had a diagnosable mental health need and these can have an enormous impact on quality of life, relationships and academic achievement. Following the effect of Covid-19 this is likely to have increased significantly. In many cases poor mental health can be life-limiting.

The Department for Education (DfE) recognises that: "in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy". Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community.

Our role in the academy is to ensure that stakeholders are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that stakeholders learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

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 those affected both directly and indirectly by mental ill health.

Scope

This document describes the academy's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and should be read in conjunction with our Child Protection and Safeguarding Policy as well as our medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a child has an identified special educational need.

Mental health and wellbeing is not just the absence of mental health problems. We want all within our community to:

- feel confident in themselves.
- be able to express a range of emotions appropriately.
- be able to make and maintain positive relationships with others.
- cope with the stresses of everyday life.
- manage times of stress and be able to deal with change.
- learn and achieve

The Policy Aims to:

- Develop protective factors which build resilience to mental health difficulties
- Promote positive mental health in all staff and 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 those with mental health issues
- Provide support to children suffering mental ill health and enable them to talk openly to trusted adults about their problems without feeling any stigma
- Ensure that all children feel valued
- Enable children to have a sense of belonging and feel safe.
- Promote and value positive mental health

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

Lead Members of Staff

Whilst all staff have a responsibility to promote positive mental health of all children within the academy, staff with a specific, relevant remit include:

- Emma Nicholls - Principal
- Tracy Grant - Designated Safeguarding Lead (DSL), Designated Mental Health Lead, (DMHL), Pastoral Lead, Inclusion Leader, Mental Health First Aider (MHFA)
- Leanne Hahn – Deputy DSL, Vice Principal
- Lucy Wheeler – Mental Health First Aider, Pastoral Team, Behaviour Support Manager
- Rebecca Ricks – Mental Health First Aider, First Aider, Pastoral Team, SEND Support
- Rachel Sankey – Mental Health First Aider
- Jackie Bush – Mental Health First Aider

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the DMHL or a MHFA in the first instance. If there is a fear that the child is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL, or in their absence the Deputy or Principal. If none are available the member of staff should make a direct referral to social services, in accordance with our academy's policy, or contact 111 for additional support, as well as arrange for the parents to be contacted immediately. If the child presents with 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 Emotional Wellbeing and Mental Health Service (EWMHS) is appropriate, this will be led and managed by one of the MHFAs, using the Early Help and Family Support Assessment. Parents can also make a direct referral on **0300 300 1600** or using the EHFA (accessible from the Southend-on-Sea Borough website).

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can 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 academy can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum.

The specific content of lessons will be determined by the needs of the cohort, as well as local and national initiatives. However, there will always be an emphasis on enabling the development of skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community, which can be accessed from Livewell, Southend Borough Councils Health and wellbeing website – www.livewellsouthend.com

We display relevant support contacts on our website and highlight sources of support, which increase the chance of a child or parent seeking help. We aim to ensure that families understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate someone 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 a member of the Pastoral Support Team.

Possible warning signs include:

- 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
- 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. long sleeves in warm weather
- Secretive behaviour
- Skipping 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

Managing disclosures

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

If a child 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 their emotional

and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see appendix A.

Confidentiality

We should be honest with regard to the issue of confidentiality. No adult must ever guarantee confidentiality to any individual, including parents/carers and/or colleagues. If it is necessary for us to pass our concerns about a child on, then we should discuss with them:

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

Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent, particularly if we are concerned about the risk of harm. It is always advisable to share disclosures with a colleague, usually the DSL. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it 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 this information with. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL must be informed immediately in accordance with our policy and procedures.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen?
- Who should be present? Consider parents, the child, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information.

We will always finish each meeting with an agreed next step and keep a brief record of the meeting and action steps.

Parents are often very welcoming of support and information from the academy 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 to talk to, and how to go about this, 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

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support, in conjunction with their parents. Support may be provided either in one to one or group settings and will be guided by conversations with the child who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

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 children safe. In addition a number of members of staff have completed the MHFA Youth 2 day programme.

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 developing situations with one or more children.

Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Reviewed May 2022

Appendix A:

Talking to children when they make mental health disclosures

The advice below is from children themselves, in their own words, together with some additional ideas to help you in initial conversations with them when they disclose mental health concerns. This advice should be considered alongside relevant school policies on safeguarding and protection and discussed with the DSL/DMHL or in their absence the Deputy DSL or a MHFA, as appropriate.

Focus on listening

"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."

If a child has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."

The child should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to overanalyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with them. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the child may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then they may interpret this as you being disgusted by them – to the extent that you can't bring yourself

to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the child.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the academy's policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the child to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit to themselves they have a problem, let alone share that with anyone else. If a child chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a child has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they will readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the child.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a child wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the academy's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the child's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

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

Prevalence of Mental Health and Emotional Wellbeing issues (prior to Covid-19 and so the numbers are likely to have increased)

- 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 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, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will enable you to make contact with the most relevant page(s) of the listed website. Some pages are aimed primarily at parents and those in regular contact with the child.

Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk) and Mind (www.mind.org.uk)

Self-harm

Self-harm describes any behaviour where a child 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.

Visit:

SelfHarm.co.uk: www.selfharm.co.uk,

National Self-Harm Network: www.nshn.co.uk

Harmless: www.harmless.org.uk

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.

Visit:

Depression Alliance: www.depressionalliance.org/information/what-depression

National Self-Harm Network: www.nshn.co.uk

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.

Visit:

Anxiety UK: www.anxietyuk.org.uk

No panic: www.nopanic.org.uk

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.

Visit:

OCD UK: www.ocduk.org/ocd

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some never act on these feelings though they may openly discuss and explore them, while others die suddenly from suicide apparently out of the blue. Call HOPELine UK 08000684141

Visit

Prevention of young suicide UK – POPYRUS: www.papyrus-uk.org

Charlie Waller Memorial Trust: www.cwmt.org.uk

Campaign Against Living Miserably (CALM) www.thecalmzone.net

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 will develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Others, 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.

Visit

Beat – the eating disorders charity: www.beat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Drug and alcohol addiction

Addiction can have serious and long-lasting consequences for your mental and emotional wellbeing. It's not easy to admit you have an addiction and it is even more difficult to do something about it. There are services that can help you make positive changes and choices. Get in touch:

Visit

YPDAT@southend.gov.uk Young People's Drug and Alcohol Service (YPDAT) T: 01702 534789

Bereavement

The childhood bereavement network includes support advice and resources on supporting a bereaved child while Hope Again is the youth website of Cruse Bereavement Centre. They provide advice for children dealing with the loss of a loved one

Visit:

www.childhoodbereavementnetwork.org.uk

www.cruse.org.uk

www.theproudtrust.org

Wellbeing support

Emotional Wellbeing and Mental Health Services (**EWMHS**) provides advice and support to children, young people and families who need support with their emotional wellbeing or mental health difficulties. They can help with:

- Low mood, anxiety, obsessional thoughts
- Sleep problems
- Body image and eating difficulties
- Behavioural and emotional difficulties
- Trauma and loss

Services include: CBT, DBT, Lower level talking therapies, trauma focused therapies, play based therapies, art and creative therapies, family therapy, group therapy. T: 0800 953 0222 Out-of-hours: 0300 555 1200

visit:

nelft-ewmhs.referrals@nhs.net

MindEd is a free educational resource from Health Education England on children's mental health.

Visit:

mindehub.org.uk

Specialist Counselling Services for Children & Young People This service can help young people who notice that they have begun to feel low, depressed, or anxious, or feel that Covid-19 has made them more worried or anxious. You can find out more about the help provided by calling 01245 348 707.

Young Minds UK's leading charity for children and young people's mental health. T: 0808 802 5544 for crisis: text YM to 85258

Visit:

www.youngminds.org.uk

South East and Central Essex Mind. A local organisation that offers counselling and other forms of support for young people. T: 01702 601123

Visit:

www.seandcessexmind.org.uk

Kooth is a safe, confidential and anonymous website where children and young people can seek support for their mental health and emotional wellbeing. Visit the Kooth website to find out a little more about how it can help you

Visit:

www.kooth.com

togetherall.com/en-gb [Togetherall Employment support](#)

School Nurses are the lead public health professional for school aged children, taking over from the Health Visitor on the child's fifth birthday. School Nurses work in partnership with families and other professionals to promote the health of all children this includes care planning and services covering health needs such as weight management, bed wetting, hearing and vision assessments, and emotional well-being. 01702 534843

Visit:

sccg.southendpublichealthnurses@nhs.net

Chathealth school nurses

Even when school isn't open, you can contact local ChatHealth school nurses who can offer support and advice on a range of topics such as:

- Relationships
- Drugs
- Bullying
- Alcohol
- healthy eating
- mental health and more

You can contact them by phone (01702 534843) or by text message 07520649895.

Visit:

www.thesource.me.uk/health/chathealth-your-school-nursing-text-service

Kids Inspire provide mental health and trauma recovery support for children, young people and their families.

Visit:

www.kidsinspire.org.uk

Barnardos Children's Charity support families through domestic abuse, mental health problems, prison sentences, asylum seeking and much more.

Visit:

www.barnardos.org.uk

Charlie Waller Trust offers advice and guidance to support children's mental health and wellbeing

Visit:

www.charliewaller.org

Anna Freud have provided tips and information on supporting children's mental health and transitions to secondary school

Visit:

www.annafreud.org

ChildLine is the UK's free. Confidential helpline for children offering advice and support by phone and online 21 hours a day. Call 0800 1111

Visit:

www.childline.org.uk

Anti-bullying Alliance are a unique coalition of individuals and organisations working together to create safer environments and stop bullying

Visit

www.anti-bullyingalliance.org.uk

Samaritans are an organisation that is dedicated to reducing feelings of isolation and disconnection that can lead to suicide. Call 116 123

Visit

www.samaritans.org or email jo@samaritans.org

NSPCC offer counselling sessions about mental health with children

Visit

www.nspcc.org.uk

Mental Health Foundation work to prevent mental health and its effects on individuals and families

Visit

www.mentalhealth.org.uk

SANE is a UK mental health charity working to improve quality of life for people affected by mental illness.

Visit:

www.sane.org.uk

LGBTQ+

Mermaids offer a free and confidential phone and web-chat service designed specifically to support trans, gender-diverse and non-binary individuals. Call 0808 8010 424

Visit:

www.mermaidsuk.org

Educational Action Challenging Homophobia (EACH) offers advice and support online and through their Freephone Helpline for children experiencing homophobic, biphobic or transphobic bullying or harassment. Call 0808 1000 143

Visit:

www.each.education

Switchboard LGBTQ+ helpline is a safe space for anyone to discuss anything including sexuality, gender identity, sexual health and emotional wellbeing. Call 0300 330 0630

Visit

www.switchboard.lgbt or email chris@switchboard.lgbt