



Mental Health and Emotional Wellbeing Policy

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| Person responsible | Head of Pastoral Care |
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1. Policy Statement

At St Christopher's The Hall School, we are committed to promoting positive mental health and emotional wellbeing to all our pupils, their families and members of staff and governors. Our open culture allows pupils' voices to be heard, and through the use of effective policies and procedures, we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

We take a whole school approach towards the mental health and emotional wellbeing of our pupils. This means working with parents and carers, and with other agencies and partners, where necessary.

2. Policy Scope

This policy is a guide to all staff – including non-teaching and governors – outlining St. Christopher's The Hall's approach to promoting mental health and emotional wellbeing.

It should be read in conjunction with other relevant school policies.

3. Policy Aims

Our aims within this policy are to:

- Promote positive mental health and emotional wellbeing in all staff and students.
- Celebrate both academic and non-academic achievements.
- Promote our school values and encourage a sense of belonging and community.
- Provide opportunities to develop a sense of worth and to reflect.
- Promote our pupils' voices and give them the opportunity to participate in decision making.
- Celebrate each pupil for who they are and make every pupil feel valued and respected.
- Adopt a whole school approach to mental health and provide support to any pupil that needs it.
- Increase an understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to pupils with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst pupils and raise awareness of resilience building techniques.
- Raise awareness amongst staff and pupils about mental health issues, their signs and symptoms.
- Enable staff to respond to early warning signs of mental- ill health in themselves
- Support staff who are struggling with their own mental health.

4. Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

- Head of Pastoral Care (Designated Safeguarding Lead and Mental Health Lead):
- Head of PSHE, EDI and Community Engagement
- Head of Learning Enrichment
- Learning Enrichment TA

If a member of staff is concerned about the mental health or wellbeing of pupils, in the first instance they should speak to the DSL.

If there is a concern that the pupil is at high risk or in danger of immediate harm, the School's child protection procedures would be followed.

If the child presents a high risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

5. Teaching About Mental Health

Our PSHE curriculum, based on the Jigsaw Mindfulness approach, (www.jigsawpshe.com) is developed to give pupils the skills, knowledge and understanding they need to keep themselves - and others - mentally and emotionally healthy.

We will regularly review the curriculum and lesson content to ensure that they are meeting the aims outlined in this policy. We will implement this into our curriculum at all stages to provide pupils with strategies to keep them mentally well.

In addition to the Jigsaw PSHE scheme, we talk openly about mental health in form times, whole school and phase assemblies, as well as celebrating key charity events with a focus on mental health such as 'Odd Socks Day' 'Hello Yellow' and 'Mental Health Awareness Week'.

6. Support at school and in the Local Community

We have a range of support available in school for any pupils struggling as listed below:

- All teachers support and discuss a Growth Mindset ethos in the classroom and celebrate the successes and achievements, however small, of all pupils in their class.
- The school Library is offered to pupils as an alternative to playtime every lunchtimes
- Mentor Focus Group - run by the Mental Health Lead either on an individual or group basis, when required
- The Relaxation Station - use of a quiet sensory room for any children, accompanied by a teacher, when time out is needed.
- Chime Bar mindfulness sessions as an introduction to all PSHE lessons
- Targeted emotional support intervention for extra emotional wellbeing and mental health support for any child who needs it

There are also a lot of support networks available for children in the local community. This includes places such as:

- Bromley Y
- CAMHS

(see Appendix A for further contact details)

7. Signposting

We will ensure that all staff, pupils and parents are aware of the support that is available in our school for mental health via notice boards and on our website.

This includes information on ACES, (Adverse Childhood Experiences) warning signs, advice, who to turn to in school and how to access further support, both inside and outside of school hours. (See Appendix A)

8. Identifying Needs and Warning Signs

All our staff will be made aware of how to recognise warning signs of common mental health problems through staff INSET and poster displays as a reminder in the staff room. This means that they will be able to offer help and support to pupils who need it, when they need it, before referring them to the DSL.

These warning signs should always be taken seriously and staff who notice any of these warning signs should alert our DSL who will communicate any concerns with our trained Mental Health First Aider as appropriate.

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

- Physical signs of harm
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- Clothing suitable for the time of year
- 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 dictation
- family and relationship problems

Finally, staff will be well placed to identify any additional needs arising from difficulties that may impact a child's mental health and wellbeing such as bereavement and health issues

9 . Managing Disclosures

If a pupil discloses concerns about themselves or a friend to any member of staff, ('a critical friend') then all staff will respond in a calm, non-judgemental manner, before then reporting it to the DSL/Mental health lead.

All disclosures will be recorded confidentially on CPOMS/ISAMS and only shared with the appropriate authorities if it is necessary to keep the child safe, in line with our Child Protection and Safeguarding Policy.

The disclosure will contain:

- Date of the disclosure
- Name of the staff member to whom the disclosure was made
- the nature of the disclosure and the main points from the conversation
- agreed next steps

10. Confidentiality

If a member of staff feels it is necessary to pass on concerns about a pupil to either someone within or outside of the School, then this will be first discussed with the pupil. They will be told:

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

Protecting a child's safety is our main priority, so we would share the disclosure if we judge a child to be at risk.

11. Working with Parents/Carers

We aim to support parents and carers as much as possible. This means keeping them informed about their child and offering our support at all times. To support parents and carers we will:

- Highlight sources of information and support about mental health and emotional wellbeing that we have at our school.
- Share and allow parents to access further support
- Ensure that all parents are aware of who to talk to if they have any concerns about their child
- Give parents guidance about how they can support their child/children's positive mental health
- Ensure this policy is easily accessible to parents
- Keep parents informed about the mental health training our staff receive and how mental health is covered in the school curriculum

12. Working with other agencies and partners

As part of our whole-school approach, we will also work with other agencies to support our pupils' emotional health and wellbeing. This might include liaising with:

- The School FAMCO
- paediatricians
- CAMHS
- Counselling Services
- Therapists
- Family Support Workers
- Educational Psychologists

13. Supporting Peers

We understand that, when a pupil is suffering from mental health issues, it can be a difficult time for their friends who may want to support them but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support.

Support will be provided in a one to one or group setting with the Mental Health Lead. These sessions will be guided by the pupil, but they will discuss how peers can access support themselves and healthy ways of coping with any emotions they might be feeling.

14 Training

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 pupils safe. Training records will be held on the safeguarding training record.

We will post all relevant information, and additional information, on our school website and on the staff room notice board so that staff can learn more about mental health. We will consider additional training opportunities for staff and we will support additional CPD throughout the year where it becomes appropriate due to developing situations with pupils.

15 Assessment

We use the GL Assessment online PASS questionnaire for the children during the Spring Term, the results of which inform our Pupil Progress Meetings and emotional support interventions are put in place where deemed necessary. The questionnaire may be revisited in the Summer Term to see if any progress has been made and whether further emotional support interventions are required.

16. Staff Mental Health and Emotional Wellbeing

It is highly important to also safeguard staff mental health and emotional wellbeing. Staff support and wellbeing is everyone's responsibility and we recognise that staff will have trusted colleagues who they will feel happy to confide in.

However, on a formal nature, the management structure is as follows:

The Head of Pastoral Care (DSL/Mental Health Lead) is available to staff at any time to support their own mental health and to discuss strategies. Additionally, for any HR matter or personal concern, the Bursar and the Head are also another staff point of contact.

A counsellor is also available for staff if required, available on request.
This information is displayed in the staffroom.

Sharing a child's disclosure with an appropriate colleague also ensures that one single member of staff is not solely responsible for the pupil. This also ensures continuity of care should staff absence occur and also provides opportunities for ideas and support.

Other supportive measures put in place to promote positive staff mental health and emotional wellbeing are:

- breakfast every Friday morning at the staff briefing
- a paid day off at some point during the academic year booked in advance
- ' KARMA COLLEAGUE' Encouraging all staff to nominate others, either electronically or by hand, for acts of kindness and support. This will provide a termly opportunity for three members of staff to win a small raffle prize.
- Sponsored tickets to SCA events
- Christmas Meal
- Secret Santa

17 Policy Review

This policy will be reviewed every year. This is so that it remains up to date, useful and relevant. We will also regularly review it in accordance with local and national policy changes.

APPENDIX A - Mental Health Support for St Christopher's Community



SUPPORT FOR ST. CHRISTOPHER'S THE HALL COMMUNITY

PRIMARY CONTACT:

DSL- VANESSA CORNISH - safeguarding@stchristophersthehall.org.uk

SECONDARY CONTACT:

MENTAL HEALTH LEAD- VANESSA CORNISH-
safeguarding@stchristophersthehall.org.uk

BROMLEY Y: BROMLEY COMMUNITY MENTAL HEALTH AND EMOTIONAL WELLBEING SERVICE FOR CHILDREN AND YOUNG PEOPLE

<https://bromley-y.org/>

- Partnered with NHS OXLEAS CAMHS
- Free emotional wellbeing support for young people from Early Years up to 18 years old and their families
- SEND or EHCP - up to 25 years old
- Self referrals possible

DIGITAL INTERVENTION- 'THE SIGNPOST'- THE BROMLEY Y TEXT SUPPORT SERVICE:

An accessible, confidential platform giving advice and support for young people who are struggling but do not require a full intervention from a Wellbeing Service.

YOUNG MINDS:

<https://youngminds.org.uk/>

- Mental Health Charity for young people, and parents and staff working with young people
- Parents helpline: 0808 802 5544 Mon - Fri 9.39am- 4pm

KOOTH:

<https://www.kooth.com/>

- Online (digital) mental wellbeing community for children and young people.
- Free, safe and anonymous support.

STAFF SUPPORT:

- Independent counsellor available - information in the staffroom

ADULT SUPPORT:

Bromley Locality Mental Health Services :(Mon- Fri 9am-5pm)

Bromley West: Beckenham Beacon hospital - 020 8659 2151

Bromley East: Orpington Community Mental Health Centre - 01689 892300

CRISIS SUPPORT:

- OXLEAS NHS Foundation Trust - Bromley Mental Health Services
Emergency 24 hour Mental Health Crisis Line 0800 330 8590
- SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
Emergency 24 hour MENTAL HEALTH CRISIS LINE 0800 731 2864 (option 1)
- CAMHS (Child and Adolescent Mental Health Services)
PARENT HELPLINE - Mon- Fri 9am-5pm 0208 315 4430
CRISIS LINE - Mon- Fri 5pm-10pm, Sat, Sun 9am- 10pm 020 3228 5980
ALL OTHER TIMES: OXLEAS URGENT ADVICE LINE- 0800 330 8590
- KOOTH - <https://www.kooth.com/>

APPENDIX B-

YOUNGMINDS

NHS

Health Education for England

Addressing childhood adversity and trauma

WHAT IS ADVERSITY?

Adverse Childhood Experiences (ACEs) are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence



It can be a single event, or prolonged threats to, and breaches of, a young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaptation.

Adaptations are children and young people's attempts to:

**Survive in
their immediate
environment**

**Find ways of mitigating or
tolerating the adversity by
using available resources**

**Establish a
sense of safety
or control**

**Make sense of
the experiences
they have had**

Forms of ACEs include:



Maltreatment

i.e. abuse or neglect



Violence & coercion

i.e. domestic abuse, gang membership, being a victim of crime



Adjustment

i.e. migration, asylum or ending relationships



Prejudice

i.e. LGBT+ prejudice, sexism, racism or disablism



Household or family adversity

i.e. substances misuse, intergenerational trauma, destitution, or deprivation



Inhumane treatment

i.e. torture, forced imprisonment or institutionalisation



Adult responsibilities

i.e. being a young carer or involvement in child labour



Bereavement & survivorship

i.e. traumatic deaths, surviving an illness or accident

WHAT PROTECTS YOUNG PEOPLE FROM ACES?

Not all young people who face childhood adversity or trauma go on to develop a mental health problem.

There are personal, structural and environmental factors that can protect against adverse outcomes, as shown in the protection wheel opposite.



WHAT CAN WE DO ABOUT IT?

Be prepared

Ensure that Senior Leaders and Governors are aware of ACEs and that addressing these is a strategic priority. Analyse the available data regarding children and young people in the school, identifying needs and possible resources to meet them.



"When you notice, or I tell you that I need help, you should already know what the next step is"

Be aware

Ensure that the whole school community has an awareness and understanding of childhood adversity and trauma, has a common framework for collating information and identifying need and can respond appropriately to the cultural and personal characteristics of the children and families.



"Recognise all of my needs"

"Don't label me with the experiences I've had"

"Understand my behaviour"

Be flexible

Use the data to target children who live in adverse and traumatic environments and provide interventions and groups that these children can easily access.



"Shape your support around me"

"Find a way that we can both understand each other"

Be safe and responsible

Intervene as early as possible, avoid re-traumatising and stigmatising children. Ensure that staff have the right skills and training to be empathetic, knowledgeable and trustworthy.



"The way you treat me matters"

"Know where I'm coming from"

"Keep me safe and don't betray my trust"

Be collaborative and enhancing

Involve children in decisions about interventions and support they receive and focus on assets of the children and their communities.



"Include me in decisions about my life"

"I want to talk to someone who has been through the same thing"

"I've survived this long"

Be integrated

Ensure that services are as joined up as possible, allowing for children and families to feel held by the system and not passed around from one agency to another.



"Stop asking me to repeat myself"

"Don't pass me from person to person"

HOW COMMON ARE ACES?

Around half of all adults

living in England have experienced at least one form of adversity in their childhood or adolescence

Of all children and young people:

52% experienced 0 ACEs

23% experienced 1 ACE

16% experienced 2-3 ACEs

9% experienced 4+ ACEs



HOW DOES IT IMPACT THE LIVES OF YOUNG PEOPLE?

ACEs impact a child's development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood. Compared with people with no ACEs, those with 4+ ACEs are:



2x
more likely to
binge drink and
have a poor diet



3x
more likely to
be a current
smoker



4x
more likely to have
low levels of mental
wellbeing & life satisfaction



5x
more likely
to have had
underage sex



6x
more likely to
have an unplanned
teenage pregnancy



7x
more likely
to have been
involved in violence



11x
more likely
to have used
illicit drugs



11x
more likely
to have been
incarcerated



WHAT CAN WE DO ABOUT IT?

skills

Commissioners can address childhood adversity and trauma by:

Making childhood adversity and trauma a local commissioning priority



Creating a common identification and enquiry framework for identifying need



Investing in adversity and trauma-informed models of care



WHERE IS THE EMERGING GOOD PRACTICE?

- Enquiring about childhood adversity and trauma (Lancashire)
- Family-based interventions from an ACE perspective (Birmingham)
- Specialist and liaison services (Oxfordshire)
- Youth-led approaches to tackling adversity (London)
- Embedding a trauma-informed approach in the community and voluntary sector (Sussex and Surrey)
- Education and alternative approaches (Bath)
- Trauma-informed approaches in substance misuse (Cornwall)

