SIR WILLIAM PERKINS'S SCHOOL

POSITIVE MENTAL HEALTH POLICY

1. 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 Sir William Perkins's School, we are committed to actively promoting the wellbeing of our community and aim to promote positive mental health for every member of our student and staf body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

Student and staff wellbeing is a priority at our school and we aim to promote its importance, educate students and parents/carers about it and provide regular opportunities to practise it. For example, this takes place during regular 'Wellbeing Weeks', PSHCE lessons and as part of special events in the calendar such as concerts, inter house competitions and charitable events. It is also our aim to ensure that wellbeing is promoted through the kindness and respect shown to all members of the school community in all our communications.

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 believe we can promote a safe and stable environment for the school community affected both directly and indirectly by mental ill health.

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

The Policy Aims to:
- Promote positive mental health in all staff and students
- 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 young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers or carers

In line with our Provision of Information policy, this document is available to all interested parties on our website and on request from the school office. It should be read in conjunction with the following school documents:
- Safeguarding and Child Protection policy
- First Aid policy
- SEND policy
- Eating Disorders policy
- The PSHCE course outlines and PSHCE policy

Sir William Perkins's School is fully committed to ensuring that the application of this policy is non-discriminatory, in line with the UK Equality Act (2010). Further details are available in the school's Equal Opportunities policy.

2. Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- H O'Connor: Deputy Head Pastoral, Pastoral Lead, Designated Safeguarding Lead, Mental Health Lead
- K Davis: Pastoral and Wellbeing room Coordinator, Deputy Safeguarding Lead
- D Payne: Pastoral administration, Deputy Safeguarding Lead
- L Nicholls: First Aid Coordinator
- A Stebbings: Head of Year 7, Deputy Safeguarding lead
- T Tyler: Head of Year 8, Deputy Safeguarding lead
- A Clarke: Head of Personalised Learning
- Heads of Year – who coordinate and manage support for students in consultation with all relevant colleagues and who are Mental Health First Aid trained
- M Dodd: Assistant Head i/c PSHCE
- Safeguarding Governor

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the pastoral team in the first instance or record their concern on CPOMS. If there is a fear that the student is in danger of immediate harm then the normal student protection procedures should be followed with an immediate referral to a designated safeguarding lead, the Head or the Safeguarding Governor. If the student presents with a medical emergency, then the normal procedures for medical emergencies must be followed, including alerting the first aid staff and contacting the emergency services if necessary.

3. Supporting Students with a mental health issue

Where appropriate, an individual safety plan and /or risk assessment will be agreed for students causing concern and this is recorded on CPOMS (Child Protection Online Management System). This should be drawn up in consultation with the student, the parents/carers and relevant pastoral staff and health professionals. This may include information about:
- Details of a student's condition
- Special requirements and precautions
- Exit Card provision
- Reduced timetable provision
- Medication and any side effects
- What to do and who to contact in an emergency
- Sessions with one of the peripatetic school counsellors
- Personalised Learning support

The School reserves the right to insist that parents/carers keep a student at home if their mental health condition is so serious that they may be unsafe in school. A student who is too ill to attend school full time may not be able to go on school trips or take part in co-curricular activities.

In such cases, reintegration back into full time lessons will be gradual and carefully managed. Participation in school trips and co-curricular activities should be cautious and can only be undertaken if the risks are mitigated to the satisfaction of Designated Safeguarding Lead, the Educational Visits Coordinator and the Head.

4. Teaching about Mental Health

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

The specific content of lessons will be determined by the specific needs and age of the cohort, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help as needed for themselves or others.

We will follow the PSHCE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

5. Signposting

We will ensure that staff, students and parents/carers are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix A.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum.

6. Warning Signs

School staff may become aware of warning signs which indicate a student 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 via CPOMS or by communicating directly with the pastoral team or designated safeguarding leads.

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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

7 Managing disclosures & Confidentiality

A student 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 student 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 student's emotional and physical safety rather than of exploring 'Why?' All disclosures should be recorded in CPOMS or communicated directly to a member of safeguarding team.

Any member of staff who is unsure about what to do next, or how best to support the student should seek advice from the relevant pastoral staff. Where appropriate, the school will make a referral to CAMHS.

We must be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should inform the student:
- 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 parents/carers, especially if a student is in danger of harm. (Full details to be found in the *Safeguarding and Child Protection policy*).

It is always advisable to share disclosures with a colleague, usually the pastoral team. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support.

Parents/carers must always be informed if a student is at risk of immediate harm and students can be encouraged to tell their parents/carers themselves. We should always give students the option of informing parents/carers for them or with them.

If a student gives us reason to believe that there may be underlying child protection issues, which if disclosed to the parents/carers could put a student at risk, parents/carers should not be informed. Instead, a Designated Safeguarding Lead, children's services or the police should be informed immediately.

8. Working with Parents/carers

Where it is deemed appropriate to inform parents/carers, we will be sensitive in our approach. Before disclosing to parents/carers we should consider the following questions:
- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents/carers, the student, other members of staff.
- What are the aims of the meeting?

It can be upsetting for parents/carers 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 parents/carers time to reflect.

In order to support all parents/carers we will:
- Highlight sources of information and support about common mental health via letters and information evenings
- Ensure that all parents/carers are aware of who to talk to, and how to go about this, if they have concerns about their own student or a friend of their student

9. Supporting Peers

When a student 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 behaviours from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will

be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents/carers.

10. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular Safeguarding and Child Protection training to enable them to keep students safe.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our Professional Development Review process and additional CPD will be sought throughout the year if appropriate.

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

11. Supporting Staff

The School recognises the importance of good mental health for staff. The School promotes a respectful and kind environment and seeks to foster good relationships between all members of the community. If a member of staff is concerned about their wellbeing, or the wellbeing of a colleague, they should discuss this with their Line Manager or the Head, who may consult with the Head of HR to offer appropriate support. The school is a member of the Education Support Partnership and staff can access advice and support for wellbeing by contacting their confidential, 24 hours a day, 365 days a year helpline:08000 856 148. Information about the Education Support Partnership is clearly displayed in the staff room, available via Firefly, and signposted to staff as part of the new staff induction process.

Pastoral staff who may be dealing with upsetting and difficult cases will be offered supervision with qualified counsellors.

12. Monitoring and Review

The Governing Body is ultimately responsible for the effective oversight, review and amendment of this policy and understands its legal obligation to do so.

This document will be reviewed and updated annually by the Deputy Head Pastoral or as events or legislation requires.

Next Scheduled review date: June 2025	
Last reviewed: June 2024	
Key updates in this version	• Updated key personnel

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

A1. General Information
- NHS Mental First Aid help line:
  https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline
- Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).
  https://www.mindworks-surrey.org/

A2. Self-harm
Self-harm describes any behaviour where a 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 students 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: http://www.selfharm.co.uk
- National Self-Harm Network: 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

A3. 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

Books
- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression? : A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

A4. Anxiety, panic attacks and phobias
Anxiety can take many forms in 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

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

A5. 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 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

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/carers and teachers*. San Francisco: Jossey-Bass

A6. Suicidal feelings

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

Online support
- Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- On the edge: StudentLine spotlight report on suicide: www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-studentline-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

A7. 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 person experiences day to day. Some 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 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 student does not have the words to convey. There is a specific policy for Eating Disorders.

Online support
- Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
- Kooth – online text counselling for young people

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