

The City of Leicester College



Mental Health Policy 2021 - 22

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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 The City of Leicester College, we are committed in our pursuit of promoting positive mental health and emotional wellbeing for all. We acknowledge that in the UK today, 1 in 6 young people could be experiencing a mental health difficulty. We, therefore, aim to recognise, respond, and provide ongoing support through using whole school approaches and for our most vulnerable students providing, targeted approaches, support, and specialised interventions. By developing and implementing a practical, relevant, and effective mental health policy, we can promote a safe environment for students affected both directly, and indirectly by mental ill health.

2. Rationale

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

This policy should be read in conjunction with the following policies:

- Keeping Children Safe in Education (2021)
- Child Protection and Safeguarding policy
- Supporting students with medical conditions policy in cases where a student's mental health overlaps with or is linked to a medical issue
- SEND policy where a student has an identified special educational need that is linked to a mental health issue
- Attendance Policy
- Behaviour for learning policy

3. Policy Aims

TCOLC leaders and Governors are committed to championing the efforts to promote emotional wellbeing and positive mental health. This means we aim to:

- Ensure there are opportunities within the curriculum to promote the teaching and learning around emotional wellbeing and positive mental health
- Ensure our Character education promotes resilience and has a strong focus on student wellbeing
- Enable students to use their voice to influence decision making
- Provide professional development for staff so that they know how to recognise, respond, and support their own wellbeing and that of their students
- Signpost the support available for common mental health issues for students, staff, and parents/carers
- Use effective monitoring systems to evaluate the impact of our interventions and targeted programmes
- Work with parents and carers to promote emotional wellbeing and positive mental health
- Provide targeted support and make appropriate referrals for our most vulnerable students
- Ensure an ethos and environment that promotes respect and values diversity

4. TCOLC Mental Health Team

All staff should act in the best interests of the child and have a responsibility to promote the positive mental health and emotional wellbeing of students. Staff with a specific responsibility include:

- Jill Walton - Lead DSL/Senior Mental Health Lead
- Karena Anderson – Senior Deputy DSL
- Ken Vernon – Senior Deputy DSL
- Oksana Mykolysyn-Wright – School Counsellor
- Sindy Soor – Mental First Aider
- Sandra Lloyd – Mental First Aider
- Sally Powell - Mental Health First Aider
- Andrew Parker - Mental Health First Aider

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to a member of the Mental Health Team in the first instance. If there is a fear that the student is in danger of immediate harm, then the school's normal child protection procedures should be followed with an immediate referral to a TCOLC DSL in person or via recording the incident on CPOMS. If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

5. Individual Mental Health Support Plan

It is helpful to draw up an individual mental health support plan for students causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parent/carer and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play in supporting the child
- Signposting to resources and support available

6. 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 PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort and any pertinent local, national, and global issues and challenges. In these PSHE lessons 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 PSHE Association Guidance¹ to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

7. Signposting

We will ensure that staff, students, and parents are aware of sources of support within school and in the local community, who it is aimed at and how to access it.

We will display relevant sources of support in communal areas such as school corridors and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

8. 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 with Jill Walton, Lead DSL, or another member of the TCOLC Mental Health or DSL Team.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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

9. Managing Disclosures

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

Staff should never promise the child confidentiality. We should be honest with regards:

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

However, it is important to reassure the child that passing on this information will help the child get the support they need to keep them safe. All staff should record the incident in detail on CPOMS and follow this record up with speaking to an appropriate member of the Mental Health team and/or TCOLC DSL.

It is always advisable to have a follow up conversation with a member of the Mental Health or DSL 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 must always be informed, and students may choose to tell their parents themselves or may want the support of the school in these often-difficult discussions. If this is the case, the student should be given 24 hours to share this information before the school contacts parents, unless to do so would cause further delay in getting medical help for the young person. We should always give students the option of us informing parents for them or with them. However, if a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed and the Lead and/or Senior Deputy DSL will act accordingly.

10. 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? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, 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 if available, 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. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's CPOMS record.

11. Working with all Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get 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
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

12. 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 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. Support will be provided either in one to one or group settings and will be guided by conversations by the student 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 / saying which may inadvertently cause upset
- Warning signs that their friend needs 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

13. Staff Training

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

Staff will also be able to access relevant information on our Safeguarding Teams area, as well as using their subscription to the National College CPD platform should they wish to develop a deeper knowledge and understanding of how to recognise and respond to mental health issues. Additionally, minded.org.uk provides free online training for staff wishing to learn more about a specific mental health issue.

Internal and external training opportunities for staff who either need or wish to acquire more in-depth knowledge will be considered as part of our appraisal process and college improvement priorities. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group, or whole school CPD should be discussed with either Jill Walton or Charlotte Lamont, (Assistant Headteacher for Teaching and Learning) who can also highlight sources of relevant training and support for individuals as needed.

Annex A: Common Mental Health Issues and Sources of Support

Self-Harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning, or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

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

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

Books

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness, or sadness may invade their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

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

Young Minds. www.youngminds.org.uk

Books

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

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online Support

Anxiety UK: www.anxietyuk.org.uk

Books

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety: A guide for friends, family, and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD: A guide for friends, family, and professionals*. London: Jessica Kingsley Publishers
- Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

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

Online support

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

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating Problems

Food, weight, and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings, and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

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

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

Books

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders? A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks