Mental Health and WellBeing Policy

Reviewed by:	Ed O'Hara, Deputy Headteacher	**Date:** March 2021	
Last reviewed on:	March 2021		
Next review due by:	April 2022 2023	**Frequency**: Annually	
Shared with all staff:	April 2021		

Learning at Stivichall is a passport for life

Mental health is a state of wellbeing 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.

<div align="right">(World Health Organisation)</div>

Policy Statement

At Stivichall, we aim to promote positive mental health and wellbeing for all of our stakeholders. Happy, healthy children are more confident learners and happy and healthy staff are better able to lead teaching and learning. We believe in equipping our pupils and staff with tools and techniques to support their mental health and to celebrate their uniqueness and individuality.

Whilst mental health for the individual is critical, it is also important that children and adults can support each other through a deeper understanding and tolerance of each other's needs and awareness of the wellbeing of those within our school community. This not only meets the basic needs, but also our desire to meet the school motto that *'Learning at Stivichall is a Passport for Life'.*

The best correlate of adult life satisfaction is not income, but physical and mental health. Early intervention focused on child emotional wellbeing is probably the most effective social investment any society could make.

<div align="right">(Professor Peter Fonagy, Anna Freud National Centre for Children and Families)</div>

Context

National statistics from the Mental Health Taskforce to the NHS (February 2016) https://www.england.nhs.uk/2016/02/fyfv-mh/ and Public Health England (PHE, 2014) show the increasing need for supporting children in the realm of mental health, with the former reporting that one in ten children aged 5 to 16 years old has a diagnosable mental health problem (this is 3 children in an average primary class of 30).

Recent research (for example by Barnardos June 2020; PHE August 2020; the COVID-19 Psychological Research Consortium Arpil 2020) has shown that the COVID-19 outbreak has caused an increase in anxiety in young people and that the mental health and well being of their children is of concern to the majority of parents.

Stivichall recognises that vulnerabilities for mental health can exist at any age and across the range of socio economic groups and family circumstances. It also recognises the various impacts that the COVID-19 pandemic may have had on the mental health and wellbeing of children and adults alike.

Scope

This document describes our 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. This policy should be read in conjunction with our Behaviour and Discipline Policy; the Supporting Medical Needs Policy in cases where a student's mental health overlaps with or is linked to a medical issue; and the SEND and Inclusion Policy where a student has an identified special educational need. (It should be noted that a mental health condition is 'considered a disability if it has a long-term effect (12 months or more) on your normal day-to-day activity' as defined under the Equality Act 2010.)

The Policy Aims to:
- ➤ Promote positive mental health in all staff and students and Encourage pupils and staff to look out for each other's wellbeing;
- ➤ Increase staff and pupils' awareness, knowledge and understanding of mental health and wellbeing and the supporting resources available to them;
- ➤ 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;
- ➤ Ensure that EVERY child leaves Stivichall better equipped mentally for Key Stage 3 with confidence in their strengths and abilities as well as resilience to overcome challenges at home or at school.

Lead Members of Staff

All members of staff at Stivichall have a responsibility to promote the mental health of pupils and a responsibility to afford attention to their own wellbeing. Staff with a specific, relevant remit include:
- ➤ Mrs Ferguson - Head teacher and Designated Safeguarding Lead (DSL)
- ➤ Mr O'Hara - Deputy Headteacher, Deputy DSL, CPD lead and lead first aider
- ➤ Miss Hallas – Assistant Headteacher, Deputy DSL, Curriculum Lead
- ➤ Mrs Fuller – Inlcusion Lead & SENCo, Deputy DSL
- ➤ Mrs Deller (currently on maternity)- Mental Health Lead
- ➤ Mrs Whitehouse - Deputy Mental Health Lead, Deputy DSL, Learning Mentor

Any member of staff who is concerned about the mental health or wellbeing of a pupil (See Appendix G for signs and symptoms) should speak to one of the mental health leads in the first instance. If there is a fear that the student is in danger of immediate harm, or has suffered harm, then there is an immediate Safeguarding concern and the member of staff should follow the child protection flowchart and inform one of the school DSLs (as outlined in the school Safeguarding and Child Protection Policy).

If the pupil presents a medical emergency, then the normal procedure for medical emergencies should be followed, including alerting first aid trained staff and contacting the emergency services if necessary. Where a referral to Child and Adolescent Mental Health Services (CAMHS) is appropriate, this will be managed by the SENCo. Guidance about referring to CAMHS is provided in Appendix A the flowchart for the process of raising a mental health concern can be seen in Appendix B.

Individual Care Plans

An individual health care plan can be drawn up for pupils causing concern or who receive a diagnosis. A meeting will be organised with the Mental Health Leads or Deputy Headteacher, pupil (where appropriate), parents and relevant health professionals. The Format of the mental health care plan can be seen in Appendix C and includes:
- Details of the pupil's condition;
- Special requirements and precautions;
- Medication and any side effects;
- What constitutes an emergency (symptoms to look out for); what to do and who to contact in an emergency;
- Further reasonable adjustments and support in place.

Teaching about Mental Health

Since 'Learning at Stivichall is a Passport for Life', our PSHE, We All Belong and Protective Behaviours curricula engage children in learning the skills, knowledge and understanding to keep themselves and others physically and mentally safe and healthy. The specific content of lessons is determined by the specific needs of the cohort being taught, but there is always an emphasis on

enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed for themselves or others.

Stivichall uses the Jigsaw PSHE resource (for more information see Appendix F) which follows the PSHE Association guidance ensuring that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms. The Jigsaw Scheme of Work also focuses on developing mindfulness techniques and enhancing pupils' learning and personal development, therefore supporting the self-regulation of emotion, building of emotional resilience and enhancement of pupil focus and concentration, while building the capacity to learn. Other resources to support the teaching and learning of mental health are accessed as needed – links to example resources can be found at the end of the appendices in 'References and further information'.

Both during and after periods of remote learning, for example during the COVID-19 pandemic, support is given to pupils for mental health and wellbeing in a variety of ways. This is outlined in the school Remote Learning policy, and includes, but not exclusively:
- Critical worker and Vulnerable children offered places for onsite provision
- Continued broad and balanced curriculum learning on our remote learning platform Seesaw
- Fortnightly Zoom small group wellbeing sessions with class teachers
- Regular (thrice weekly) Microsoft Teams whole class sessions with class teachers to help children feel part of their class community
- Contact from class teachers and the learning mentor for chilredn and families who are not engaging in online learning or remote wellbeing meetings.

Internal Support

As well as the day to day teaching and learning about mental health as outlined above and also the reinforcing of and referral to previous learning and experiences to embed the skills of wellbeing, Stivichall also offers a range of timely interventions to further support children.

Staff may have noticed, or have been made aware of by parents, a particular need in a child that suggests specific support would be beneficial. Following this identification of need, staff can make a referral to the Mental Health Lead, Learning Mentor, Deputy Headteacher or SENCo as appropriate and following the Mental Health Referral Flowchart in Appendix B.

Children are also able to make a self-referral to the school Learning Mentor, either via the self-referral child-friendly sheets and post boxes, or in person. The Protective Behaviour curriculum studied every year and in each year group (for more information in Appendix F) engages the children in having a 'Support Network' that they trust and know they could go to to speak about anything, including worries/anxiety about mental health. The Protective Behaviours themes that all children learn and practice are:

1. We all have the right to feel safe all of the time
2. We can talk with someone about anything, even if it feels awful or small.

Signposting to External Support

Sometimes a child's need may be such that external, expert guidance and support is required. Staff receiving a referral for such a need that cannot be met with school intervention alone, should consult the lead practitioners identified above and with reference to the list of local support in the Coventry area (Appendix D), contact the relevant agency (or agencies). A child's immediate need will always be considered, alongside the guidance above and on the Mental Health Referral Flowchart and Child Protection Flowchart to ensure that any risk of harm is identified and any actions needed put in place. Whilst awaiting the requested external support, the mental health leads will consider what interventions and actions *can* be assigned within school to support the child, seeking advice from external contacts already established (e.g. Educational Psychologist).

Signs and symptoms

Symptoms for all mental health conditions can vary from mild to severe and can include a range of physical and emotional signs and changes in behaviour. Staff members who see children routinely are often able to notice marked changes from the child's usual emotions, thinking and behaviour. Signs of concern at different stages of development can be seen in Appendix G.

Staff members are often able to observe when problems with a child's emotions, thinking and behaviour persist and/or identify changes to a child's day-to-day functioning (e.g. in their classroom participation, peer relationships on the playground, lunchtimes and extra curricular activity times and academic performance). Staff, including Teachers, Support Staff, Lunchtime Supervisory Assistants, and staff of 'Fun Club', who become aware of significant changes in a child's behaviour should consider whether the changes may indicate a mental health problem or indeed a safeguarding concern – please see the Flowchart for raising concerns about mental health in Appendix B.

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, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' The member of staff should discuss with the child the fact that they will need to share this information and should include:
- Who they are going to talk to
- What they are going to tell them
- Why they need to tell them.

All disclosures should be recorded in writing and held on the student's confidential CPOMS (digital record keeping) file. This CPOMS record should include:
- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information will be shared with the mental health lead, who will offer support and advice about next steps.

Professional judgement (with support from the school Mental Health leads and/or DSLs) should be used to decide if it is in the child's best interests for parents to be informed (their consent must be sought if external support is needed) and children may choose to tell their parents themselves. If this is the case, the child should be given 24 hours to share this information before the school contacts parents, unless considered to be an emergency and the best interests of the child are for parents to be informed sooner. We should always give children 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, then the school's Safeguarding and Child Protection policy needs to be referred to and followed.

Working with 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.

Where it is deemed appropriate to inform parents of a child's mental health needs (either from staff concerns or from a child's own disclosure), the school will be sensitive in its approach and outline the support being offered/suggested. Staff will consider the range of feelings parents may have in learning of their child's mental health needs and will work with parents in the interests of supporting the child. Staff will refer parents to this policy and the further sources of information in the appendices that may support them in supporting their child.

Supporting Peers

When a child 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 child who is suffering (and their parents if appropriate) 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 could look out for that signify a need for hhelp (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;
- speaking to and seeking support from their parents.

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 in order to enable them to keep students safe. The MindEd learning portal 2 (link in Appendix F) provides free online training suitable for staff wishing to know more about a specific issue.
Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD (Continued Professional Development) will be supported throughout the year as appropriate.

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 the Mental Health Lead who can also highlight/seek sources of relevant training and support for individuals as needed.

Staff Mental Health and Wellbeing

The new focus on children's mental health, serves as an important reminder to us that we must couple support for school staff with the ambitions we have for children's wellbeing.
(Professor Peter Fonagy, Anna Freud National Centre for Children and Families)

At Stivichall we value staff mental health and wellbeing as key to realising our culture of being a mentally healthy school. The high expectations of staff in their approach to teaching is of prime

importance to ensure that children succeed and the expectation that staff look after their own wellbeing and mental health is just as important. We encourage and support staff to identify, take responsibility for, solve and act on their own wellbeing; to look after themselves, to show and speak about what wellbeing looks like to children and to therefore have a positive impact on children's achievement and wellbeing.

Staff who require support in their mental health and wellbeing should speak initially to their line manager or directly to the Headteacher or Deputy Headteacher. Staff may find it useful to refer to the sources of information in Appendix F and/or use the links to seek external support in Appendix D.

Staff wellbeing is considered when assigning the dates/times for wider school events; each time a school policy is reviewed or a new incentive/initiative considered, for example in asking 'what impact could this have on staff mental health?'; as well as asking what impact it can have on pupil outcomes. Staff wellbeing is promoted in various other ways in wider school life (for example through CPD) the 'Things that Make Us Smile' and 'Wellbeing' staffroom displays and staff social events etc.

Throughout periods of remote working, for example during lockdown periods of the COVID-19 pandemic lockdowns, contact is maintained with staff and wellbeing discussed and monitored through: weekly whole staff meetings on Microsoft Teams; weekly phase meetings on Teams; and informal phone calls between colleagues within each teaching team and between staff and their line managers (typically phase leaders). This ensures that all staff feel that they have the contact with others within the school staff team and have various means to seek support as needed.

<u>Appendices</u>

Appendix A - CAMHS referral form

Appendix B - flowchart for the process of raising a mental health concern

Appendix C – mental health care plan

Appendix D – Coventry Local Support contact details

Appendix E – Books to support the teaching and learning of Mental Health and Wellbeing

Appendix F - References/ further information to support Mental Health and Wellbeing

Appendix G – Signs of concern for mental health at different stages of development

Appendix A – CAMHS referral

Coventry & Warwickshire Reach
reaching children and young people together

Coventry and Warwickshire Partnership NHS
NHS Trust
SPECIALIST CAMHS SERVICES

Journeys
making the journey together

CAMHS SINGLE POINT OF ENTRY - REFERRAL FORM

Form to be returned to: CAMHS Single Point of Entry,   Tele: 0300 200 2021
Paybody Building,   Fax: 024 7696 1579
Stoney Stanton Road,
Coventry CV1 4FS

Please note, this referral will be triaged by a clinician to decide the most appropriate commissioned service the CYP should be seen by, from the following services:

- **CWPT Specialist CAMHS Services** (Tier 3) incl Neurodevelopment & Learning Disabilities
  (see Appendix 1 for referral guidance for LD)

- **Reach** (Tier 2)

- **Journey** (Tier 2)

- **Primary Care Mental Health** (Local Authority / Tier 1)

- **Other CWPT services** if deemed appropriate (eg Adult Mental Health if CYP is aged 17 or above or Community Paediatrics)

If the referral does not meet the criteria for any of the above commissioned services, we will reply to you with recommendations of other agencies you could refer to.

It is important that the following information is provided in as much detail as possible, to enable the referral to be comprehensively triaged.

SECTION ONE: (All of section **must be completed by the referrer** to avoid any delay)

Date of Referral: **Urgent** ie CYP at risk of harm to self or others ☐   or **Routine** ☐

Indicate the intended service this referral is for:

Reach (Tier 2) ☐   **Journeys** (Tier 2) ☐   **Specialist CAMHS** (Tier 3) ☐

CHILD/YOUNG PERSON'S DETAILS	
Title:	Date of Birth:
Forename:	Surname:
Also Known As:	Gender:
Address at which CYP is currently living:	
	Post Code:
NHS No:	CYP Email Address:
CYP Phone/Mobile:	Home Phone/Landline:
Ethnic Origin:	1st Language (if not English):
Is an interpreter required? Y/N	School/College:

REFERRER'S DETAILS	
Name:	Job Title/Profession:
GP Practice or Organisation:	Email Address:
Address:	
	Post Code:
Phone No:	Date of Request:

GP DETAILS

Complete if referrer detailed above is not CYP's GP

Name:	GP Practice:
GP Practice Address:	Post Code:
Phone No:	Email Address:

REFERRAL CONSENT

Tick yes or no			If answered no, please give reason
Does the parent/carer know about the referral?	Yes ☐	No ☐	
Does the parent/carer consent to the referral?	Yes ☐	No ☐	
Does the parent/carer consent to a social communication/ASD assessment if the CYP is presenting with symptoms suggestive of ASD?	Yes ☐	No ☐	
Does the CYP know about the referral?	Yes ☐	No ☐	
Does the CYP consent to the referral?	Yes ☐	No ☐	
Does the CYP consent to the parent/carer being contacted?	Yes ☐	No ☐	

FORWARDING CONSENT

Tick yes or no			If answered no, please give reason
Does the parent/carer given consent for the referral to be forwarded to the Paediatrics or Adult Mental Health Teams if appropriate?	Yes ☐	No ☐	
Does the CYP give consent for the referral to be forwarded to the Paediatrics or Adult Mental Health Teams if appropriate?	Yes ☐	No ☐	

PARENT/CARER DETAILS (INCL PARENTAL RESPONSIBILITY)

Parent/Carer (1)	*Parent/Carer (2)*
Full Name:	Full Name:
Address: Post Code:	Address: Post Code:
Relationship to CYP:	Relationship to CYP:
Holds parental responsibility? Yes ☐ No ☐	Holds parental responsibility? Yes ☐ No ☐
Phone (Home/Landline):	Phone (Home/Landline):
Phone (Mobile):	Phone (Mobile):
Email Address:	Email Address:
1st Language (if not English):	1st Language (if not English):
Has/does access mental health services? (Y/N)	Has/does access mental health services? (Y/N)
Support needs (eg access, interpreter, filling in forms):	Support needs (eg access, interpreter, filling in forms):

If parent/carer(s) listed above do not hold parental responsibility, provide details of person who does:

Full Name:	Relationship to CYP:
Address:	Post Code:
Phone (Home/Landline):	Phone (Mobile):

OTHER PERSON(S) WITHIN FAMILY / HOUSEHOLD

First Name	Family Name	DOB	Relationship to CYP	Known to CAMHS? Y/N	Same Address? Y/N

DETAILS OF CYP'S SPECIALIST NEEDS

Does the CYP have a formal diagnosis of ASD?	Yes ☐	No ☐	If yes, mild? ☐	Moderate? ☐	Severe? ☐
Does the CYP have a diagnosed learning disability?	Yes ☐	No ☐	If yes, mild? ☐	Moderate? ☐	Severe? ☐
Does the CYP have any other disability(ies)?	Yes ☐	No ☐	If yes, please provide details:		
Does the CYP have a substance misuse problem?	Yes ☐	No ☐	If yes, alcohol? ☐	Drugs? ☐	Other? ☐
Any other known diagnosis (mental or physical eg diabetes, pregnancy)	Yes ☐	No ☐	If yes, provide details		

CHILD/YOUNG PERSON'S STATUS

Living with parents? ☐	Living with Relatives? ☐	CAF? ☐
Looked After Child? ☐	Subject to Child Protection Plan? ☐	Adopted? ☐
Constant supervision required? ☐	Young carer? ☐	
Other? ☐ *If ticked, provide details*		

If LAC or CPP were ticked, the CYP's allocated Social Worker's details <u>must</u> be completed before the referral is processed

SECTION TWO:

SOCIAL WORKER DETAILS	
Name of Allocated Social Worker:	
Social Workers Team:	
Address:	
	Post Code:
Telephone Number:	
Email Address:	

Child/Young Person's Legal Status

☐ Interim Care Order	☐ Full Care Order	☐ Section 20 Voluntary accommodated
☐ Freed for Adoption/Placement Order	☐ Special Guardianship	☐ Residence Order
☐ Other (please state)		

Is the Child/Young Person part of legal proceedings? Yes ☐ No ☐
(If yes, give details of the guardian and date of hearing):

REASON FOR REFERRAL

Please detail mental health and behavioural concerns for the CYP, including severity/frequency/length of time over which they have been presenting/impact on the CYP's daily life.

Please detail any previous interventions/services accessed (LABS or LAWS, CAF, Education Psychology, NSPCC, SIBS, Counselling, Triple P, Stepping Stones, Autism Parent Training Course, Early Bird etc) and outcome.

Please provide relevant information around functioning – any cognitive deficits/learning difficulties/communication issues

What outcome(s) are you expecting for the CYP?

Improved general physical health ☐	*Improved physical development* ☐	*Improved communication* ☐
Improved emotional/social development ☐	*Improved behaviour* ☐	*Improved self esteem* ☐
Improved family and social relationships ☐	*Improved self care skills* ☐	*Aspirations* ☐
Achievement in learning ☐		

Please provide further details below:

SECTION 4 – FOR CLINICAL TRIAGE USE ONLY

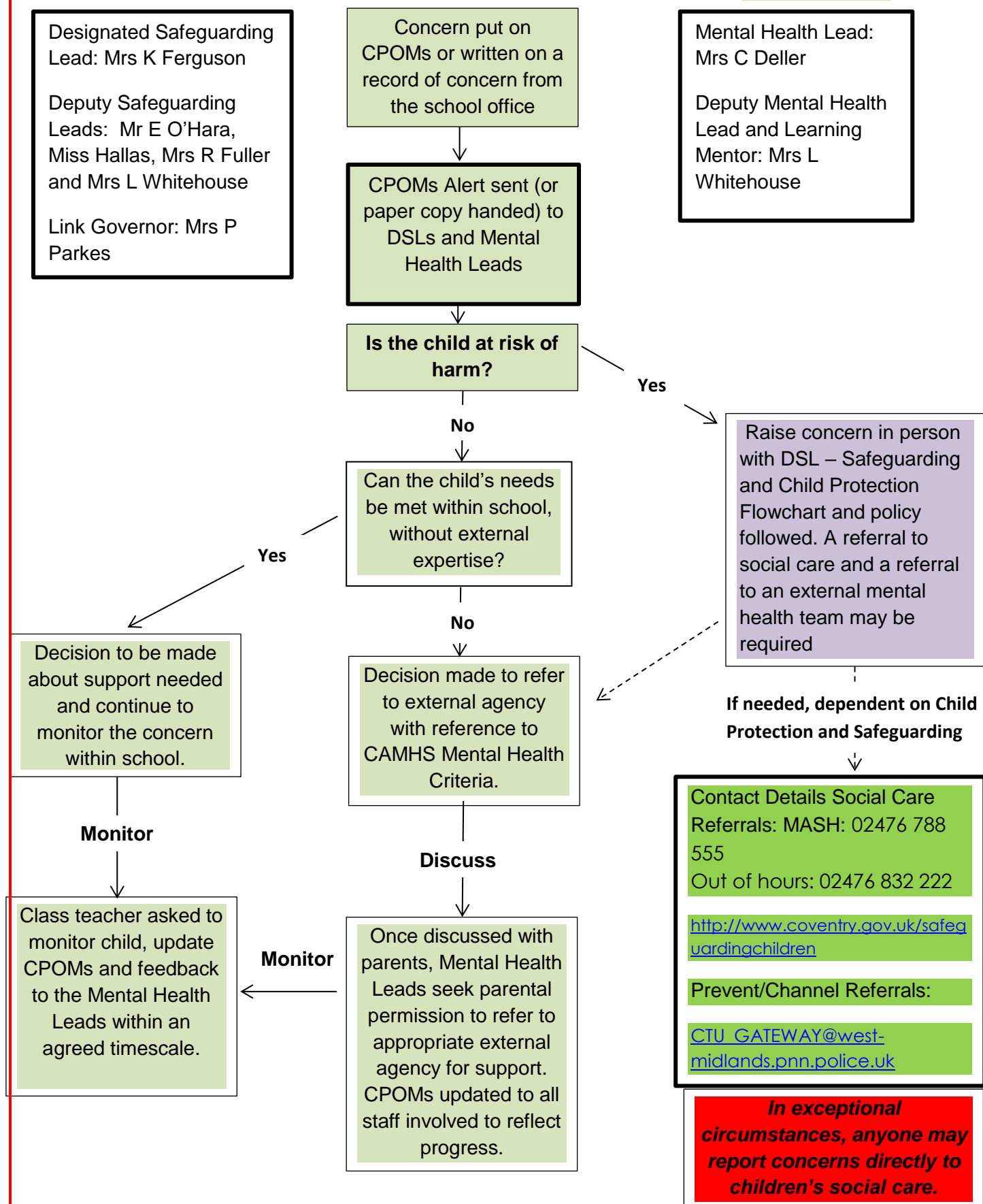| REFERRAL OUTCOME		
Service Type Requested:		
Outcome Date:	Referral Status:	Proposed Pathway/Team:
Priority: Emergency ☐ Urgent ☐	Priority ☐	Routine ☐
Non Acceptance Date:	Referrer Updated Date:	
Reason for Non Acceptance:		
Additional Comments:		

160115 Referral Form_Final

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Level of Learning Disability

Overall, children and young people matching the descriptions in the two right-hand columns will meet the criterion for the CAMHS LD team in terms of having a moderate to severe learning disability.

Typical abilities and needs		Level of Learning Disability		
		Mild learning disabilities	Moderate learning disabilities	Severe/profound learning disabilities
Communication	Expressive language	Often delayed – but usually able to use everyday speech and hold conversations	Delayed and limited – typically acquire the use of only simple phrases/manual signs	Few words only or speech absent
Communication	Comprehension	Often delayed – explanations may need to be simplified to aid understanding	Delayed and limited – typically to understanding simple phrases or requests	Very limited understanding if any
Communication	Non-verbal communication	Good	Limited	Very limited – only family carers would be able to interpret
Adaptive Functioning	Self-care	Fully independent in majority of areas (eating, washing, dressing, continence etc.)	Some supervision required in majority of areas. Mainly continent.	Constant supervision/support always required in all areas. Mainly incontinent.
Adaptive Functioning	Academic	Difficulties with reading, writing and arithmetic common	Limited – may develop basic literacy and numeracy skills	Severely limited – focus is often on acquiring other skills
Adaptive Functioning	Mobility	No delay in development	Delayed but usually full mobility is achieved	Often severely limited with frequent musculoskeletal abnormalities (and sensory impairments common)
Adaptive Functioning	Social	Social immaturity common (more impaired if comorbid ASD)	Limited – but often acquire the basic social skills necessary for interaction	Restricted (and ASD common)
Education		Usually in mainstream school	Usually in a special school	Always in special school
Overall support needs		Limited – intermittent and focused support usually needed (e.g. at times of transition)	Extensive – regular, long term support needed in at least some environments	Pervasive – contact, high intensity support needed across all environments
Mental health needs		Needs and presentation similar to children without learning disabilities	Diagnosis often dependent on third-party reports or observing changes in behaviour	Difficulty diagnosing – severe and chronic behavioural difficulties common
Associated Deficits		No associated deficits	Some increase in Central Nervous System disorders, like epilepsy	Significantly increased health needs, higher rates of epilepsy, sensory impairments and physical disabilities
A comparison of terminology				
CAMHS/Health		Mild learning disabilities	Moderate learning disabilities	Severe/profound learning disabilities
Pre-school		Mild developmental delay	Moderate developmental delay	Severe/profound developmental delay
Education		Moderate learning difficulties	Severe learning difficulties	

This guidance is based on the ICD-10 diagnostic criteria and the DSM-V. Categorising a diverse group of people in this way risks overgeneralisation and the overshadowing of individual needs. No firm conclusions should ever be drawn from a young person's IQ score on its own, and nor whether they access mainstream or special education.

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Appendix B – Flowchart

FLOW CHART FOR RAISING CONCERNS ABOUT A CHILD's Mental Health

Designated Safeguarding Lead: Mrs K Ferguson

Deputy Safeguarding Leads: Mr E O'Hara, Miss Hallas, Mrs R Fuller and Mrs L Whitehouse

Link Governor: Mrs P Parkes

Concern put on CPOMs or written on a record of concern from the school office

Mental Health Lead: Mrs C Deller

Deputy Mental Health Lead and Learning Mentor: Mrs L Whitehouse

CPOMs Alert sent (or paper copy handed) to DSLs and Mental Health Leads

Is the child at risk of harm?

No

Yes

Can the child's needs be met within school, without external expertise?

Yes

Raise concern in person with DSL – Safeguarding and Child Protection Flowchart and policy followed. A referral to social care and a referral to an external mental health team may be required

Decision to be made about support needed and continue to monitor the concern within school.

No

Decision made to refer to external agency with reference to CAMHS Mental Health Criteria.

If needed, dependent on Child Protection and Safeguarding

Monitor

Class teacher asked to monitor child, update CPOMs and feedback to the Mental Health Leads within an agreed timescale.

Discuss

Monitor

Once discussed with parents, Mental Health Leads seek parental permission to refer to appropriate external agency for support. CPOMs updated to all staff involved to reflect progress.

Contact Details Social Care Referrals: MASH: 02476 788 555
Out of hours: 02476 832 222

http://www.coventry.gov.uk/safeguardingchildren

Prevent/Channel Referrals:

CTU_GATEWAY@west-midlands.pnn.police.uk

In exceptional circumstances, anyone may report concerns directly to children's social care.

South Warwickshire **NHS**

NHS Foundation Trust

**Coventry School Nursing
Out of Hospital Care Collaborative**

Healthcare Plan for a Pupil with Mental Health Needs

Surname: **Forename:**   **Sex: M / F**

PHOTO

Date of Birth: **NHS No:**

Address:

Name of School: **Class/Form:**

Date completed: **Date 1st Review:**   **Date 2nd Review:**

Emergency Contact 1   **Emergency Contact 2**

Name_____   Name_____

Relationship_____   Relationship_____

Tel No (home) _____   Tel No (home) _____

Tel No (mobile) _____   Tel No (mobile) _____

Tel No (work) _____   Tel No (work) _____

GP Name & Tel Number

CONDITION:

Describe pupil's individual symptoms:

Describe what constitutes an emergency for the pupil, the action to take and follow up care:

Describe pupil's requirements, precautions, any medication being taken and side effects:

Describe any further reasonable adjustments and support in place:

Agreement and Conclusion:
Both school and parents should hold a copy of this Healthcare Plan. Any necessary revisions will be between the school and parents.

Agreed and Signed:

Parent_____   Date_____

Head Teacher_____   Date_____

School Nurse_____   Date_____

_____

1st Review:
Parent_____   Date_____

Head Teacher_____   Date_____

_____

2nd Review:
Parent_____   Date_____

Head Teacher_____   Date_____

Appendix D – Local Support contact details

<u>Children's Mental Health:</u>

RISE – the 'umbrella' name for all Emotional well-being and mental health services for children and young people in Coventry and Warwickshire. Services that have now integrated to form Rise (with links through the cwrise.com site link below) are:

- Specialist Mental Health Services (formally known as and still refered to as CAMHS)
- Eating Disorders (Coventry only)
- CAMHS Looked After Children (LAC) (Coventry only)
- Neurodevelopment (conditions such as Autistic Spectrum Disorder, Attention, Deficit Disorder)
- Primary Mental Health
- Reach (formerly delivered by CW Mind)

https://cwrise.com/rise

Child and Adolescent Mental Health Services (CAMHS) - The specialist child and adolescent mental health service (CAMHS) supports children/young people with moderate to severe mental health difficulties (including mental illness) using evidenced-based treatments that are consistent with guidance and best practice. This is known as a tier 3 service. Support is accessed through referral through CAMHS Single Point of Entry (or 'Navigation Hub'), via school SENCo or GP. Tel. 0300 200 2021

https://www.covwarkpt.nhs.uk/service-detail/health-service/child-and-adolescent-mental-health-camhs-13

Primary Mental Health Service- Supporting Children and Young people in Coventry offers preventative support and early intervention for children and young people who are struggling with emotional difficulties or low level mental health problems. Advice is available by calling the support number below. Child specific support is accessed through referral through CAMHS Single Point of Entry (or 'Navigation Hub'), via school SENCo or GP. Tel. 02476 961476

https://cid.coventry.gov.uk/kb5/coventry/directory/service.page?id=LO84hIhkxf8

Reach - a community based children and young people's service for 5-18 year olds delivered by Mind and Relate. Reach offers a range of services and self-help tools supporting children and young people to manage their emotional well-being. Services include: Counselling – Face to face or on-line; Therapeutic Group Work; Peer Support Group; On line self-help tools and activities. Download a 'Rise Navigation Hub Referral Form' (link at website below) and posting or faxing to Reach. 02477 712277

https://cwmind.org.uk/reach/

General Health, Medical and SEND needs:

Coventry Local Authority SEND Local Offer – links and contact details to the range of SEND services, including Mental Health, within the Coventry area:

http://www.coventry.gov.uk/sendlocaloffer

Health Services for Children – a list of *all* health services available for children in the Coventry Area

http://www.coventry.gov.uk/directory/59/coventrys_send_local_offer/category/274

Adult Mental Health:

Adult Mental Health Services - Coventry and Warwickshire Partnership NHS Trust provides a range of mental health services for adults, across Coventry and Warwickshire, in both community and an acute settings.

http://www.coventry.gov.uk/directory_record/22519/adult_mental_health_services

For urgent advice: contact the Mental Help Matters helpline - available 24 hours a day, seven days a week - 0800 616171 from a landline or 0300 330 5487 from a mobile phone.

Improving Access to Psychological Therapy (IAPT) - services for people (adults) with mild, moderate and moderate to severe symptoms of anxiety or depression living in Coventry, Solihull and Warwickshire. This support can be accessed through self-referral or via a health or social care professional.

https://www.covwarkpt.nhs.uk/service-detail/health-service/improving-access-to-psychological-therapy-iapt-93

Talking therapy – for adults (e.g. staff)

Counselling, or talk therapy may make all the difference to well-being. If looking for access to talking therapies, the following providers can help:

Free counselling from the NHS (free psychological therapies like cognitive behavioural therapy (CBT) on the NHS. GP referral not needed - self-referral online directly to a psychological therapies service.)

https://www.nhs.uk/conditions/stress-anxiety-depression/free-therapy-or-counselling/

Education Support Partnership (free 24/7 telephone support and counselling – whatever need, we're here for you 24/7. Our trained counsellors will listen to you without judgement and will help you think through the problems you are facing to find a way forwards and feel better. No issue is too big or too small). Tel. 08000 562561

https://www.educationsupportpartnership.org.uk/helping-you/telephone-support-counselling

Insight Healthcare (self-referrals and employee assistance programmes. A not-for-profit organisation providing free NHS talking therapy services across the UK. Also provide a range of employee wellbeing programmes to private, public, and third sector clients.)

https://www.insighthealthcare.org/

Samaritans (telephone support –'We offer a safe place for you to talk any time you like, in your own way – about whatever's getting to you.') Call free any time, from any phone on 116 123.

You can also email jo@samaritans.org or you can visit for a face to face consultation from 10am to 9pm most days at 57 Moor Street, Coventry CV5 6ER.

https://www.samaritans.org/how-we-can-help-you/contact-us

Appendix E – Books to support the teaching and learning of Mental Health and Wellbeing

Alongside PSHE and general teaching pedagogy books available in the school PPA room, the following books are available at school:

1. The Bear Who Stared by Duncan Beedie

2. Silly Billy by Anthony Browne

3. You're a Rude Pig, Bertie! by Claudia Boldt

4. Hello Happy! and No Worries! in association with Child and Family Psychotherapist Sharie Coombes

5. Bob's Blue Period by Marion Deuchars

6. Beyond the Fence by Maria Gulemetova

7. The Huge Bag of Worries by Virginia Ironside and Frank Rodgers

8. Happy, Sad, Feeling Glad by Yasmeen Ismail

9. My Daddy's Going Away by Christopher MacGregor and Emma Yarlett

10. Black Dog by Levi Pinfold

11. Augustus and His Smile by Catherine Rayner

12. Sad Book by Michael Rosen and Quentin Blake

13. Beautiful Oops! by Barney Saltzberg

14. On Sudden Hill by Linda Sarah and Benji Davies

15. My Many Coloured Days by Dr Seuss

Appendix F - References/ further information

NICE (National Institute for Health and Care and Excellence) - Social and emotional wellbeing in primary education (pub. 2008, updated December 2017)

https://www.nice.org.uk/guidance/ph12

This guideline covers approaches to promoting social and emotional wellbeing in children aged 4 to 11 years in primary education and is targeted to school staff, childcare staff and parents. It includes planning and delivering programmes and activities to help children develop social and emotional skills and wellbeing. It also covers identifying signs of anxiety or social and emotional problems in children and how to address them.

PSHE Association

https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and

On Useful Link page – Guidance and lessons plans for schools on preparing to teach about mental health and emotional wellbeing. Our mental health guidance has been produced under a grant from the Department for Education and is accompanied by a set of lesson plans spanning key stages 1-4.

The lesson plans are designed to be used in conjunction with the guidance, with topics including teaching children how to describe emotions, talk about anxiety and worries, and develop coping strategies. Lessons aimed at key stages 3 and 4 also cover eating disorders, self-harm and depression and anxiety.

A Bright Future for All

https://www.mentalhealth.org.uk/publications/bright-future-all

A training pack for teachers wishing to develop activities on mental health promotion across their school. The pack can be used flexibly and at a pace that suits the school. It seeks to affirm work already underway, while providing guidance on what more can be done. The pack features a variety of activities, including the use of peer support and circle time, discussions about teachers' mental wellbeing and a range of handouts.

It has some useful links at the end of the document – resources for parents, resources for children; appendix 3 lists a large range of agencies, sources of guidance regarding policy (legislation, codes of practice and government papers).

DfE's *Mental Health and Behaviour in Schools*[1] (Appendix B)

One list of national organisations is provided within the DfE's *Mental Health and Behaviour (*Look at P28 - 33).

Until 2021 all local areas must publish a multi-agency Local Transformation Plan (LTP), which is refreshed each year and overseen by the Health and Wellbeing Board. The LTP is the strategic document setting out how services for children's mental health are being improved. The LTP should be available on the Local Authority and CCG websites.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

Youth Wellbeing Directory

There are various sources of 'lists of support' to be found; an on-line directory that links local postcodes to local services: https://www.annafreud.org/on-my-mind/youth-wellbeing/

The National Children's Bureau Produces a range of whole school resources for promoting mental health, e.g.: a self-assessment and improvement tool for school leaders:

https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Tool%20FINAL1_0.pdf

further resources to promote whole school developments:

https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Resources%20FINAL.pdf

The DfE's "Counselling in schools: a blueprint for the future"
https://www.gov.uk/government/publications/counselling-in-schools
Its 'Further Information' (p.38) provides links to other useful resources and external organisations. Membership of the British Association of Counselling & Psychotherapy (BACP) requires counsellors to abide by their Ethical Framework for the Counselling Professions, giving some quality assurance to their employers and clients.

MindEd for Professional and Volunteers
https://www.minded.org.uk/
MindEd provided free educational resources containing advice, guidance and information on managing a wide range of mental health issues in children and teenagers.

Anna Freud National Centre for Children and Families
https://www.annafreud.org/what-we-do/schools-in-mind/
Schools in Mind
Schools in Mind is a free network for school staff and allied professionals which shares practical, academic and clinical expertise regarding the wellbeing and mental health issues that affect schools. The network provides a trusted source of up-to-date and accessible information and resources that school leaders, teachers and support staff can use to support the mental health and wellbeing of the children and young people in their care.

Protective Behaviours

https://www.protectivebehaviours.org/
https://www.protectivebehaviours.org/what-does-protective-behaviours-mean

Protective Behaviours is a framework for **personal safety** consisting of **2 Themes** and **7 Strategies**. This is very different from the 'lock your doors', restrictive approach to personal safety - it is a dynamic, confidence building, empowering approach that links safety with having adventures and taking risks.

Jigsaw PSHE
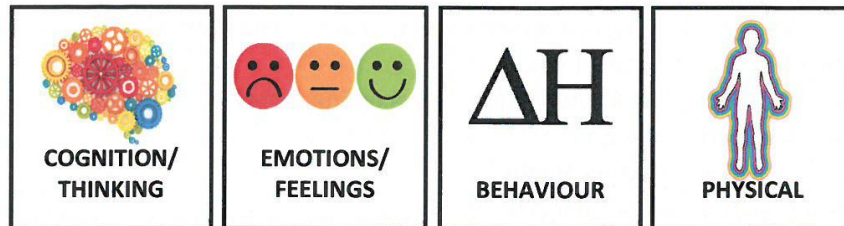
https://www.jigsawpshe.com

Jigsaw PSHE perfectly connects the pieces of Personal, Social and Health Education, emotional literacy, social skills and spiritual development into an easy to use lesson-a-week programme. Jigsaw is a whole school approach providing a comprehensive scheme of learning and a unique, spiral, progressive and effective scheme of work aiming to prepare children for life, helping them really know and value who they truly are and understand how they relate to other people in this ever-changing world.

Signs of Concern at different stages of development:

Student behaviour can be difficult to interpret. With so much going on, sorting out what is 'normal' adolescent behaviour and what is something more concerning can be challenging. When looking at student behaviour through a mental health lens, it's important to remember that young people experiencing mental health difficulties will display different signs and symptoms across four key areas:

| COGNITION/ THINKING | EMOTIONS/ FEELINGS | BEHAVIOUR | PHYSICAL |

Pre-school:	Primary school:
• Behaviour problems	• Difficulties in relationships
• Hyperactivity beyond the norm	• Excessive fears and worries
• Trouble sleeping	• Extreme hyperactivity
• Persistent nightmares	• Sudden decrease in school performance
• Excessive fear, worrying, or crying	• Loss of interest in friends or favourite activities
• Extreme disobedience or aggression	• Loss of appetite
• Lots of temper tantrums	• Loss of motivation
• Persistent difficulty separating from a parent.	• Sudden changes in weight
	• Excessive worry about weight gain
	• Sudden changes in sleep habits
	• Visible prolonged sadness
	• Substance use or abuse
	• Self-harm
	• Contemplating death or suicide
	• Seeing or hearing things that are not there
	• Complaining of physical illness

Secondary school:

The signs listed above are all a concern during adolescence, staff should therefore be aware of these but also consider:

• Destructive behaviours, such as damaging property or setting fires
• Carrying out or threatening to run away
• Withdrawal from family and friends
• Absenteeism
• Comments or writings that suggest a desire to harm self or others
• Substance abuse
• Severe mood swings that cause problems in relationships
• Drastic changes in behaviour or personality
• Risk-taking behaviours
• Unrealistic expectations of self and others