

MENTAL HEALTH & WELLBEING POLICY

Adopted by Governors:

Signed:

Date:

This policy is reviewed every two years by the Curriculum & Standards Committee

Review date:

POLICY INFORMATION

Date of last review	May 2023	Review period	Two years
Date ratified by		Governors'	C&S
governors		committee	
		responsible	
Policy owner	Laura Yates	SLT member	Laura Yates
		responsible	
Date of next review	May 2025		

Reviews/revisions

Review date	Changes made	By whom
May 2023	Change made to broaden the scope of the students the SENCO monitors and reports on regarding mental health. Addition to the mental health curriculum delivered in Y9 to cover suicide and the impact on male mental health	Laura Yates

Dates of linked staff training (if applicable)

Date	Course title	Led by

EQUALITY AND GDPR

All Yardleys' policies should be read in conjunction with our Equal Opportunities and GDPR policies.

Statement of principle - Equality

We will take all possible steps to ensure that this policy does not discriminate, either directly or indirectly against any individual or group of individuals. When compiling, monitoring and reviewing the policy we will consider the likely impact on the promotion of all aspects of equality as described in the Equality Act 2010.

Statement of principle - GDPR

Yardleys School recognises the serious issues that can occur as a consequence in failing to protect an individual adult's or child's personal and sensitive data. These include emotional distress, physical safety, child protection, loss of assets, fraud and other criminal acts.

Yardleys School is therefore committed to the protection of all personal and sensitive data for which it holds responsibility as the Data Controller and the handling of such data in line with the data protection principles and the Data Protection Act (DPA)/GDPR.

This policy should be read in conjunction with the Equal Opportunities and GDPR policies.

Contents

I.0 Policy S	Statement
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- 2.0 Scope
- 3.0 Policy Aims
- 4.0 Key Staff Members
- 5.0 Referral procedure and actions for students
- 6.0 Monitoring and evaluation
- 7.0 Teaching about Mental Health
- 8.0 Signposting
- 9.0 Training
- 10.0 Staff mental health and wellbeing
- Appendix I SDQ Longer form with an impact supplement and scoring criteria.

I.0 Policy statement

At Yardleys School, we are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and governors. Our 'working together for a better future' ethos allows students' 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.

The Yardleys Charter incorporates the key aims, values and ethos of the school and is applicable to all staff and pupils alike. It therefore informs all of our policies and procedures including Mental Health and Wellbeing Policy. As part of the Yardleys Charter, all policies are written with the 3R's and the school values in mind.



2.0 Scope

This policy is a guide to all staff – including non-teaching and governors – outlining Yardleys School approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other relevant school policies.

3.0 Policy Aims

- Promote positive mental health and emotional wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues and to normalise talking about mental health.
- 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 students with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from Governors and the Head teacher that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4.0 Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students and staff; however, key members of staff have specific roles to play when dealing with student issues:

- Pastoral Deputy Head teacher and Assistant Head teacher Their main role is to develop and maintain the strategic overview of the mental health policy, ensuring resources are assigned appropriately. They will ensure appropriate training of staff occurs where needed and ensure mental health features in the SDP as a consistent feature. They will review the Mental Health and Wellbeing policy periodically, in line with whole school procedures.
- Designated Safeguarding Lead (DSL) Their main role is to ensure all mental health concerns raised for students via CPOMS are looked at and dealt with appropriately. This can be through referral to the DMHL, HOY, SENCO, external agencies etc. and does not have to be dealt with personally (unless circumstances warrant this approach).
- Designated Mental Health Lead (DMHL) Their main role is to assess the needs of the students referred to them and if required find an appropriate pathway for them to gain support. They will, in conjunction with the HOY/DSL, work with students, parents and external agencies where appropriate.
- Pastoral Staff (including HOY/Assistant HOY and Form Tutors) Their main role will be to monitor and report any mental health concerns seen by the students in their care. The HOY/Assistant HOY will support the DMHL and DSL in their duties and will (at times) implement pathways set by the DMHL designed to support the potential/diagnosed mental health issue.
- SENCO Their main role will be to monitor and report any mental health concerns seen by SEND students on the Code of Practice. The SENCO will support the DMHL and DSL in their duties and will (at times) implement pathways set by the DMHL designed to support the potential/diagnosed mental health issue.
- Head of Personal Development Their main role will be to design and develop the Personal Development Curriculum to ensure that mental health is taught at every year, through a spiralised curriculum. The curriculum will have many features including ways to identify mental health issues, healthy coping strategies etc.
- Mental health mentor/external counsellor Their main role will be to support students highlighted by the DMHL, their support may include one to one sessions or group sessions.

5.0 Referral procedure and actions for students

Referrals for mental health support for students can be made in one of two ways, a whole school referral and a pastoral referral.

Whole school referrals

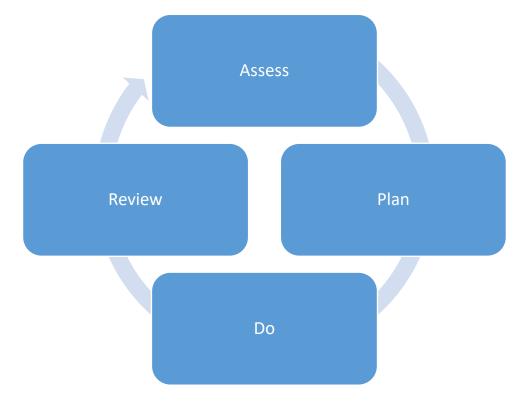
If any member of staff is concerned about the mental health or wellbeing of student it should be treated as a safeguarding issue and a referral made on CPOMS using the 'cause for concern' classification. This referral should be made on the same day as the cause for concern arose and should include as much detail as possible. The DSL is then responsible for looking at the CPOMs referral and deciding the course of action. The DSL will then refer any relevant students to the DMHL, ensuring the HOY is also informed. (Please note – all panic attacks should also be logged via CPOMs in this way as this may be a warning sign for further issues.)

Pastoral referrals

Pastoral staff are also able to refer students directly to the DMHL, reasons for referral include (but are not exclusive) to:

- A death in the family
- Bullying
- Divorce or separation within the home

- Long term illnesses experienced by the students
- Home displacement
- Traumatic experiences



When a student has been referred to the DMHL the following protocol will be followed:

Assess

The student referred will be assessed via the completion of a Strengths and Difficulties Questionnaire (SDQ). The SDQ is a brief emotional and behavioural screening questionnaire for children and young people. The tool can capture the perspective of children and young people, their parents and teachers.

There are currently three versions of the SDQ: a short form, a longer form with an impact supplement (which assesses the impact of difficulties on the child's life) and a follow-up form. The 25 items in the SDQ comprise 5 scales of 5 items each. The scales include:

- I) Emotional symptoms
- 2) Conduct problems
- 3) Hyperactivity/inattention
- 4) Peer relationships problem
- 5) Prosocial behaviour

The SDQ form used here at Yardleys School is the SDQ longer form with an impact supplement for pupils. This form will be completed alongside the DMHL to ensure no language or understanding barriers cause students to incorrectly complete the questionnaire. This process can be instigated without parental knowledge or consent, however, parental participation and compliance with the process will be encouraged. The questionnaire can be found in Appendix I, alongside the scoring criteria.

<u>Plan</u>

Once the SDQ has been completed a score is generated which helps to categorise the students responses and compare them to the 'average responses' of their peers, this helps to highlight if a students responses signify a potential clinical problem. The scores are divided into the following categories:

- Close to average
- Slightly raised
- High
- Very high

At this stage of the process all parents will have been informed that their child has been highlighted as potentially needing support, however, any student whose scores put them in the 'high' and 'very high' category will have parents informed immediately and the guidance given that they may need to seek professional help from their GP. The results of the SDQ will be recorded on CPOMs to ensure all relevant parties can access the information when needed.

Once the score has been generated the relevant support pathways will be put in place, these can include (but are not exclusive) to:

- Counselling
- Peer mentoring
- Mental health mentoring

- Sign posting
- External referrals
- Enrichment opportunities

Where needed, consent will be sought from the parents for some of these designated pathways.

Do and Review

The support pathway will then be completed and reviewed after an appropriate length of time has passed. The review process may involve completing the SDQ again or may just include a review meeting with the student (and parents where appropriate). If necessary, the student will re-start the cycle or will be signed off as needing no further support.

6.0 Monitoring and evaluation

All meetings, assessments and pathways will be recorded using CPOMs. These records will be audited routinely throughout the year (approximately once every half term) by the pastoral team this may include the DSL, DMHL, HOY, SENCO and SLT.

Case studies will be kept for training and monitoring purposes, all case studies will be anonymised.

7.0 Teaching about mental health

The skills, knowledge and understanding our students need to keep themselves (and others) physically and mentally healthy and safe are included as part of our Personal Development Curriculum. This is taught in a spiralised curriculum and features in every year's Personal Development Program. Some of the content covered includes:

<u>Year 7</u>

- Confidence building
- Anger management

- How to recognise the early signs of mental wellbeing issues

- The positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress

- Mental health awareness for young people (where do you find help)
- Common types of mental ill health

<u>Year 8</u>

- Self harming
- How to talk about their emotions accurately and sensitively, using appropriate vocabulary
- Triggers for mental health issues

- How to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health

<u>Year 9</u>

- Influence of social media on mental health
- The impact of bullying on mental health
- Interacting with others suffering mental health issues
- Eating disorders
- Mindfulness and dealing with stress
- Suicide and the impact on male mental health

<u>Year 10</u>

- How drugs and alcohol link to mental health issues (with links at addiction and the impacts of dependency)
- Unpicking the stigma getting people to talk and share experiences
- How to recognise the early signs of mental wellbeing issues and anxiety (level 2)

<u>Year 11</u>

- Getting ready for life securing good future mental health
- That happiness is linked to being connected with others
- The benefits of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness
- Dealing with mental health issues caused by exam stress

8.0 Signposting

We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services. This information will be displayed in a prominent noticeboard in our main atrium and on our VLE page. Information is also included within the Personal Development Curriculum. The information provided will give details on both local and national support services and events, alongside information on the school based support offered.

9.0 Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. In addition to this, form tutors and pastoral staff will receive yearly training for delivering the content covered in the Mental Health unit of the Personal Development Curriculum.

The DMHL will also receive professional Mental Health First Aid training or equivalent.

10.0 Staff mental health and wellbeing

The School as employer has a duty to ensure the health, safety and welfare of its staff, as far as reasonably practicable. It is also required to have in place steps to manage those factors that could harm staff members' physical and mental wellbeing, which includes work related stress. This duty extends only to those factors which are work related and within the School's control.

The factors which are monitored and managed here at Yardleys School include:

<u>Demands</u> – Workload, work patterns and anything within the work environment that adds to the demands that staff face, including deadlines, student behaviour and parents.

<u>Control</u> – How much say a staff member has in what they do and how they are able to do their work.

<u>Support</u> – Including the sponsorship and resources provided by the school, and encouragement of leaders, line managers and colleagues.

<u>Relationships</u> – Including how positive working behaviours are promoted to avoid conflict and effectively dealing with unacceptable behaviour.

<u>Role</u> – Including the extent to which staff understand their role within the school, how this fits with that of their department or function and the aims of the school and whether leaders ensure they do not have conflicting roles.

<u>Change</u> – Includes how well organisational change (large or small) is managed and communicated within the school.

To support the physical and mental wellbeing of our staff, Yardleys School also offers external support through Benenden Health. All staff are automatically enrolled (but can opt out if requested) on the Health care scheme and membership costs for the scheme are covered by the school. The scheme provides support for a variety of issues, however, with regards to mental health it provides a Mental Health Helpline 24 hours a day, seven days a week. For staff who have been a member for over 6 months it can also provide Mental Health counselling support.

Appendix I

Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name		1	Male/Female
	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others (food, games, pens etc.)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to myself			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, down-hearted or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often volunteer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Scoring the Strengths & Difficulties Questionnaire for age 4-17 or 18+

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. 'Somewhat True' is always scored as 1, but the scoring of 'Not True' and 'Certainly True' varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all items were completed. These scores can be scaled up pro-rata if at least 3 items were completed, e.g. a score of 4 based on 3 completed items can be scaled up to a score of 7 (6.67 rounded up) for 5 items.

Note that the items listed below are for 4-17-year-olds, but the scoring instructions are identical for the similarly-worded '18+' SDQ

Table 1. aconing symptom scores on the abig for 4-17 year olds	Not	Somewhat	Certainly
	True	True	True
Emotional problems scale	True	True	True
			2
ITEM 3: Often complains of headaches (I get a lot of headaches)	0	1	2
ITEM 8: Many worries (I worry a lot)	ő	-	
ITEM 13: Often unhappy, downhearted (I am often unhappy)	-	1	2
ITEM 16: Nervous or clingy in new situations (I am nervous in new situations)	0	1	2
ITEM 24: Many fears, easily scared (I have many fears)	0	1	2
Conduct problems Scale			
ITEM 5: Often has temper tantrums or hot tempers (I get very angry)	0	1	2
ITEM 7: Generally obedient (I usually do as I am told)	2	1	0
ITEM 12: Often fights with other children (I fight a lot)	0	1	2
ITEM 18: Often lies or cheats (I am often accused of lying or cheating)	0	1	2
ITEM 22: Steals from home, school or elsewhere (I take things that are not	Ō	1	2
mine)	_		_
Hyperactivity scale			
ITEM 2: Restless, overactive (I am restless)			2
	0	1	2
ITEM 10: Constantly fidgeting or squirming (I am constantly fidgeting) ITEM 15: Easily distracted, concentration wanders (I am easily distracted)	ŏ	1	2
	2	1	0
ITEM 21: Thinks things out before acting (I think before I do things)	2		0
ITEM 25: Sees tasks through to the end (I finish the work I am doing)		1	U
Peer problems scale			
ITEM 6: Rather solitary, tends to play alone (I am usually on my own)	0	1	2
ITEM 11: Has at least one good friend (I have one goof friend or more)	2	1	0
ITEM 14: Generally liked by other children (Other people my age generally	2	1	0
like me)			
ITEM 19: Picked on or bullied by other children (Other children or young	0	1	2
people pick on me)			
ITEM 23: Gets on better with adults than with other children (I get on better	0	1	2
with adults than with people my age)			
Prosocial scale			
ITEM 1: Considerate of other people's feelings (I try to be nice to other	0	1	2
people)	-		-
ITEM 4: Shares readily with other children (I usually share with others)	0	1	2
ITEM 9: Helpful if someone is hurt (I am helpful is someone is hurt)	0	1	2
ITEM 17: Kind to younger children (I am kind to younger children)	0	1	2
ITEM 20: Often volunteers to help others (I often volunteer to help others)	0		2

Table 1: Scoring symptom scores on the SDQ for 4-17 year olds