




# The Heys School

## Mental Health Policy

Prepared By:	H Pickavance
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Role (COG/CEO Trust)	I Mclaughlin
Signed:	

## **Rationale**

The Heys School fully recognises its responsibilities for students with mental health and wellbeing needs.

At The Heys School, we want our students to:

- Be motivated and enjoy learning
- Develop a range of skills and be mentally and physically fit to equip them for a successful adult life, be independent and ambitious
- Be confident, happy and feel safe
- Be determined, respectful and kind in line with the school's core values
- Experience success every day

## **Aims**

The Heys School aims to increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with anxiety, self-harm, eating disorder, anxiety, depression, loss and bereavement.

The school aims to detect and address problems in the earliest stages and to promote positive attitudes to self/image, self-esteem and self-control.

The school aims to increase the appropriate level of support available to students with mental health issues in partnership with outside health agencies and child support groups.

The school aims to continue to promote positivity around emotional wellbeing and reduce the stigma associated with mental health.

There is a fine line between appropriate responsiveness and inappropriate intrusiveness into the personal lives of students and families. However, all staff must respond to their responsibility to ensure the well-being and welfare of all students, progress and achievement in school depends on this.

Early intervention is paramount to success. All referrals will be made to Helen Pickavance (DSL and lead for mental health) or a member of the safeguarding team.

This policy and guidance should be read with close reference to our Safeguarding and Child Protection Policy. It has been written with reference to the DfE Guidance on [Mental Health and Behaviour in schools](#) (November 2018).

## **Mental Health Conditions**

Please see Appendix 2 for more information on some of the more common mental health concerns that we have experience of as a school.

## **Referral process**

Any member of staff who is concerned about the mental health and wellbeing of a student should report this via the school's safeguarding system so the concerns can be followed up and an appropriate response made. As well as recording this electronically, they should also have a direct conversation with the DSL, one of the DDSLs or a member of the school's safeguarding team.

If any member of staff feels that the student is in any immediate danger of harm, normal child protection procedures should follow.

If a student has seriously self-harmed, staff should follow the normal procedures for medical emergencies, ensuring that appropriate first aid can be given and if necessary, contact made with the emergency services if further treatment is needed.

All referrals or concerns will be discussed at weekly RADAR / inclusion meetings.

If the school is unable to meet the needs of the young person, a referral to external services should be made.

## **Supporting students with mental health issues.**

School is able to offer a number of services to young people who require support with their mental health:

### **In School support:**

- Mental Health First Aiders with trained staff
- Pastoral Care from form teacher and / or year team
- School counselling service
- School nurse drop in session
- Safety planning
- Signposting to online support including the school website
- PSHE sessions
- Awareness raising assemblies and sessions

### **Outside Agencies:**

- GP
- Child and Adolescent Mental Health Services (CAMHS) / Healthy Young Minds (HYM)
- Referral to school nurse
- Children's Services
- Online Services such as Kooth
- Bury Mental Health Support Programme
- Early Break

## **Opportunities to learn and talk about mental health**

At the Heys School, we recognise the importance of providing supportive opportunities to learn about mental health and explore the issues associated with it, as well as how to maintain positive mental well-being. For at least one half term per school year, the PSHE focus will be on mental health and will use their tutorial time to learn about different mental health issues and how to develop resilience and coping strategies to support themselves through any difficulties or challenges they may face now or in the future. Please see appendix 1 for more information.

### **School approach to mental health**

The theme of mental health is explored within year group assemblies and within the classroom environment where appropriate and relevant to learning. The school planner contains information regarding mental health and how to access support.

Information concerning mental health support is regularly shared via the school Twitter feed and around the school site on notice boards. Every classroom has a poster on display which signposts young people to agencies, charities and organisations who offer support with mental health.

We have several staff who are trained as mental health first aiders who can offer immediate support to young people who present as being in crisis. We also have good links with local mental health services who can advise and support in an emergency. Posters are displayed around school so that students know who the mental health first aiders are.

The Heys School keeps detailed records in relation to pupil mental health needs on our secure CPOMS system. We encourage parents to keep us informed about any issues relating to mental health so that we can provide the best and most appropriate support to students, including keeping us informed of any involvement by other agencies. We work collaboratively with other agencies, providing reports or other information to inform their assessments and interventions with young people who attend the school.

### **Staff who support children with mental health issues**

The Heys School recognises that staff who are working closely with distressed students exhibiting mental health problems like self harm, eating disorders and depression can themselves be placed under emotional strain.

The school will provide a range of training in dealing with students with mental health problems. The training will be undertaken during directed time but may also be requested on a voluntary basis.

### **Staff CPD**

Mental Health is a regular focus within staff CPD sessions and briefings. Sessions are delivered to raise awareness of specific mental health conditions so they are attuned to identifying changes in behaviour or presentation which may indicate a mental health need that requires support.

Further CPD opportunities (such as online courses) to develop their own awareness are regularly shared with staff.

### **School Counselling Service**

The Heys School has its own counsellor based in school five days a week. Students can self-refer. They can also be referred by parents or staff. Counselling takes place as a one to one session with students and notes are kept on our secure safeguarding system (CPOMS). The details of safeguarding sessions are not shared with parents or other staff within the school unless there is any indication of risk to the young person, in which case the safeguarding lead is informed. Appointments initially take place weekly over a 6 week period. This may be extended or cut short dependent on outcome. The school counsellor will recommend external referrals if a child's needs cannot be addressed by the service. The school counsellor will not work with any children who are already accessing mental health services to ensure that there is no conflict of approach.

Students who self-refer can choose whether to keep this information confidential from parents though we do always encourage students to inform parents if they are working with the school counsellor.

The name of our school counsellor is: Miss L Gordon

### **Monitoring, evaluation and accountability.**

This policy will be reviewed annually by Helen Pickavance (DSL & Mental Health Lead)

### **Linked Policies**

- Child Protection Policy
- Anti- Bullying Policy
- SEND Policy
- Supporting students with medical needs policy

## Appendix 1:

### Mental Health Tutorial Plan

The importance of good mental health, spotting the signs of poor mental health and signposting is included within our PSHCE tutorial programme at various stages throughout our students' education. Please see the tutorial plan below for when this will be happening within each year / stage.

NC Year	Theme	When
Yr 7	Making a positive transition	Term 1
Yr 8	Healthy Self	Term 1
Yr 9	Drugs, alcohol and tobacco and their impact on mental health	Term 1
Yr 10	Healthy Self Revisited	Term 3

### PSHCE Objectives mapping

NC Year	PSHCE Health Objectives met within each theme
Yr 7	H9, H12, H15, H31
Yr 8	H1, H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H14
Yr 9	H23, H24, H25, H26, H27, H29
Yr 10	H2, H3, H4, H5, H6, H7, H8, H9, H10, H11, H12, H13,

**CORE THEME 1: HEALTH AND WELLBEING**

<b>KS3 Learning opportunities in Health and Wellbeing</b> <i>Students learn...</i>	<b>KS4 Learning opportunities in Health and Wellbeing</b> <i>Students learn...</i>
Self-concept	
<p><b>H1.</b> how we are all unique; that recognising and demonstrating personal strengths build self-confidence, self-esteem and good health and wellbeing</p> <p><b>H2.</b> to understand what can affect wellbeing and resilience (e.g. life changes, relationships, achievements and employment)</p> <p><b>H3.</b> the impact that media and social media can have on how people think about themselves and express themselves, including regarding body image, physical and mental health</p> <p><b>H4.</b> simple strategies to help build resilience to negative opinions, judgements and comments</p> <p><b>H5.</b> to recognise and manage internal and external influences on decisions which affect health and wellbeing</p>	<p><b>H1.</b> to accurately assess their areas of strength and development, and where appropriate, act upon feedback</p> <p><b>H2.</b> how self-confidence self-esteem, and mental health are affected positively and negatively by internal and external influences and ways of managing this</p> <p><b>H3.</b> how different media portray idealised and artificial body shapes; how this influences body satisfaction and body image and how to critically appraise what they see and manage feelings about this</p> <p><b>H4.</b> strategies to develop assertiveness and build resilience to peer and other influences that affect both how they think about themselves and their health and wellbeing</p>
Mental health and emotional wellbeing	
<p><b>H6.</b> how to identify and articulate a range of emotions accurately and sensitively, using appropriate vocabulary</p> <p><b>H7.</b> the characteristics of mental and emotional health and strategies for managing these</p> <p><b>H8.</b> the link between language and mental health stigma and develop strategies to challenge stigma, myths and misconceptions associated with help-seeking and mental health concerns</p> <p><b>H9.</b> strategies to understand and build resilience, as well as how to respond to disappointments and setbacks</p> <p><b>H10.</b> a range of healthy coping strategies and ways to promote wellbeing and boost mood, including physical activity, participation and the value of positive relationships in providing support</p>	<p><b>H5.</b> the characteristics of mental and emotional health; to develop empathy and understanding about how daily actions can affect people's mental health</p> <p><b>H6.</b> about change and its impact on mental health and wellbeing and to recognise the need for emotional support during life changes and/or difficult experiences</p> <p><b>H7.</b> a broad range of strategies – cognitive and practical – for promoting their own emotional wellbeing, for avoiding negative thinking and for ways of managing mental health concerns</p> <p><b>H8.</b> to recognise warning signs of common mental and emotional health concerns (including stress, anxiety and depression), what might trigger them and what help or treatment is available</p>
<p><b>H11.</b> the causes and triggers for unhealthy coping strategies, such as self-harm and eating disorders, and the need to seek help for themselves or others as soon as possible <i>[NB It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for pupils who are more vulnerable (e.g. personal accounts of weight change).]</i></p> <p><b>H12.</b> how to recognise when they or others need help with their mental health and wellbeing; sources of help and support and strategies for accessing what they need</p>	<p><b>H9.</b> the importance of and ways to pre-empt common triggers and respond to warning signs of unhealthy coping strategies, such as self-harm and eating disorders in themselves and others <i>[NB It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/ inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for pupils who are more vulnerable (e.g. personal accounts of weight change).]</i></p> <p><b>H10.</b> how to recognise when they or others need help with their mental health and wellbeing; to explore and analyse ethical issues when peers need help; strategies and skills to provide basic support and identify and access the most appropriate sources of help</p>
Healthy lifestyles	Health-related decisions
<p><b>H13.</b> the importance of, and strategies for, maintaining a balance between school, work, leisure, exercise, and online activities</p> <p><b>H14.</b> the benefits of physical activity and exercise for physical and mental health and wellbeing</p> <p><b>H15.</b> the importance of sleep and strategies to maintain good quality sleep</p> <p><b>H16.</b> to recognise and manage what influences their choices about physical activity</p> <p><b>H17.</b> the role of a balanced diet as part of a healthy lifestyle and the impact of unhealthy food choices</p> <p><b>H18.</b> what might influence decisions about eating a balanced diet and strategies to manage eating choices</p> <p><b>H19.</b> the importance of taking increased responsibility for their own physical health including dental check-ups, sun safety and self-examination (especially testicular self-examination in late KS3); the purpose of vaccinations offered during adolescence for individuals and society.</p>	<p><b>H11.</b> to make informed lifestyle choices regarding sleep, diet and exercise</p> <p><b>H12.</b> the benefits of having a balanced approach to spending time online</p> <p><b>H13.</b> to identify, evaluate and independently access reliable sources of information, advice and support for all aspects of physical and mental health</p> <p><b>H14.</b> about the health services available to people; strategies to become a confident user of the NHS and other health services; to overcome potential concerns or barriers to seeking help</p> <p><b>H15.</b> the purpose of blood, organ and stem cell donation for individuals and society</p> <p><b>H16.</b> how to take increased personal responsibility for maintaining and monitoring health including cancer prevention, screening and self-examination</p> <p><b>H17.</b> to assess and manage risks associated with cosmetic and aesthetic procedures, including tattooing, piercings and the use of sunbeds</p> <p><b>H18.</b> the ways in which industries and advertising can influence health and harmful behaviours</p>

<p><b>H20.</b> strategies for maintaining personal hygiene, including oral health, and prevention of infection</p> <p><b>H21.</b> how to access health services when appropriate</p> <p><b>H22.</b> the risks and myths associated with female genital mutilation (FGM), its status as a criminal act and strategies to safely access support for themselves or others who may be at risk, or who have already been subject to FGM</p>	
Drugs, alcohol and tobacco	
<p><b>H23.</b> the positive and negative uses of drugs in society including the safe use of prescribed and over the counter medicines; responsible use of antibiotics</p> <p><b>H24.</b> to evaluate myths, misconceptions, social norms and cultural values relating to drug, alcohol and tobacco use</p> <p><b>H25.</b> strategies to manage a range of influences on drug, alcohol and tobacco use, including peers</p> <p><b>H26.</b> information about alcohol, nicotine and other legal and illegal substances, including the short-term and long-term health risks associated with their use</p> <p><b>H27.</b> the personal and social risks and consequences of substance use and misuse including occasional use</p> <p><b>H28.</b> the law relating to the supply, use and misuse of legal and illegal substances</p> <p><b>H29.</b> about the concepts of dependence and addiction including awareness of help to overcome addictions</p>	<p><b>H19.</b> the consequences of substance use and misuse for the mental and physical health and wellbeing of individuals and their families, and the wider consequences for communities</p> <p><b>H20.</b> wider risks of illegal substance use for individuals, including for personal safety, career, relationships and future lifestyle</p> <p><b>H21.</b> to identify, manage and seek help for unhealthy behaviours, habits and addictions including smoking cessation</p>
Managing risk and personal safety	
<p><b>H30.</b> how to identify risk and manage personal safety in increasingly independent situations, including online</p> <p><b>H31.</b> ways of assessing and reducing risk in relation to health, wellbeing and personal safety</p>	<p><b>H22.</b> ways to identify risk and manage personal safety in new social settings, workplaces, and environments, including online</p> <p><b>H23.</b> strategies for identifying risky and emergency situations, including online; ways to manage these and get appropriate help, including where there may be legal consequences (e.g. drugs and alcohol, violent crime and gangs)</p>
<p><b>H32.</b> the risks associated with gambling and recognise that chance-based transactions can carry similar risks; strategies for managing peer and other influences relating to gambling</p> <p><b>H33.</b> how to get help in an emergency and perform basic first aid, including cardio-pulmonary resuscitation (CPR) and the use of defibrillators</p>	<p><b>H24.</b> to increase confidence in performing emergency first aid and life-saving skills, including cardio-pulmonary resuscitation (CPR) and the use of defibrillators</p> <p><b>H25.</b> to understand and build resilience to thinking errors associated with gambling (e.g. 'gambler's fallacy') the range of gambling-related harms , and how to access support for themselves or others</p>
Puberty and sexual health	Sexual health and fertility
<p><b>H34.</b> strategies to manage the physical and mental changes that are a typical part of growing up, including puberty and menstrual wellbeing</p> <p><b>H35.</b> about the purpose, importance and different forms of contraception; how and where to access contraception and advice (see also Relationships)</p> <p><b>H36.</b> that certain infections can be spread through sexual activity and that barrier contraceptives offer some protection against certain sexually transmitted infections (STIs)</p>	<p><b>H26.</b> the different types of intimacy – including online – and their potential emotional and physical consequences (both positive and negative)</p> <p><b>H27.</b> about specific STIs, their treatment and how to reduce the risk of transmission</p> <p><b>H28.</b> how to respond if someone has, or may have, an STI (including ways to access sexual health services)</p> <p><b>H29.</b> to overcome barriers, (including embarrassment, myths and misconceptions) about sexual health and the use of sexual health services</p> <p><b>H30.</b> about healthy pregnancy and how lifestyle choices affect a developing foetus</p> <p><b>H31.</b> that fertility can vary in all people, changes over time (including menopause) and can be affected by STIs and other lifestyle factors</p> <p><b>H32.</b> about the possibility of miscarriage and support available to people who are not able to conceive or maintain a pregnancy</p> <p><b>H33.</b> about choices and support available in the event of an unplanned pregnancy, and how to access appropriate help and advice</p>



## Appendix 2: Mental Health Conditions

### Self-Harm

Self-Harm describes a wide range of behaviours that people use to cope with difficult feelings and distressing life experiences. Self-harm in itself is not a mental health condition; however, it is often linked to mental distress. Some people have described self-harm as a way to express suicidal feelings and thoughts without taking their own life.

Examples:

- Cutting
- Burning
- Severe scratching
- Biting
- Scalding
- Pulling out hair
- Picking at skin or re-opening wounds

It is estimated that 1 in 15 young people in the UK have deliberately self-harmed at some point and the most common age is between 11-25. It's almost impossible to say how many young people are self-harming. This is because very few teenagers tell anyone what's going on, so it's incredibly difficult to keep records or have an accurate idea of scale. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher.

<https://selfharm.co.uk/get-information/the-facts/self-harm-statistics>

Young people who have self-harmed have said they do it for a distraction, as self-punishment, as a way to symbolically cleanse themselves and to gain control, as a way to communicate without words, as a release of tension or as a form of comfort, to make themselves unattractive, to make them feel real or alive and because they may see it as a ritual or rite of passage into a group.

### Eating disorders

While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional problems. Eating disorders include but are not exclusive to Anorexia Nervosa, Bulimia Nervosa, and Binge -Eating Disorder. Disordered eating affects the physical and emotional well- being of an individual and also leads to changes in behaviour. Very often masked by the eating disorder there is usually an underlying reason this can be a coping mechanism and this is a way of gaining control.

Young people may display the following behaviours

- Loss of concentration

- Skipping meals
- Disappearing to the toilet after meals
- Preoccupation with body image, dieting.
- Excessive exercise
- Secretive behaviour
- Becoming irritable and withdrawing from social activities particularly those involving food.

### **Anxiety**

Some people will experience levels of anxiety from time to time. Most people can relate to feeling tense, uncertain fearful for example before an exam. These in turn can lead to sleep, problems, loss of appetite and ability to concentrate. This kind of anxiety can be useful because it makes you more alert and enhance performance. However, if anxiety overwhelms a child they may not be able to deal with daily activities. If the anxiety stays as a high level the young person may feel powerless, out of control and sometimes this can lead to a panic attack.

Examples:

- Phobias
- Obsessive Compulsive disorder
- Generalised Anxiety disorder, (GAD)
- Post -traumatic stress disorder, (PTSD)
- Panic Disorder

### **Depression**

In its mildest form depression can be being in low spirits, it doesn't stop you leading a normal life but it does make things harder to do and seem less worthwhile. At its most severe, depression can be life threatening. Some young people need medication to alleviate their symptoms.

Examples;

- Change in normal pattern of behaviour
- Withdrawal from institutions(school), social activities and friendship groups
- Seasonal Affective Disorder (SAD)
- Bipolar disorder or Manic Depression.

### **Loss and Bereavement**

Students who experience a loss may require intervention and support. However, it is important to note that for any loss, a natural process of grieving will take place. It is therefore not the policy of

the school to offer support or intervention immediately after a bereavement unless the circumstances have been traumatic.