



The Tiffin Girls' School

MENTAL HEALTH POLICY

APPROVED November 2019

Introduction

“(Good) Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.” (World Health Organization)

“In order to help their children succeed, schools have a role to play in supporting them to be resilient and mentally healthy.” (DFE)

1. At The Tiffin Girls' School, we aim to promote positive mental health for every member of our staff and student body and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that a student's mental health is a crucial factor in overall wellbeing and can affect their learning and achievement. All students go through ups and downs through their school career/life and some face significant life events. We pursue our aims of positive mental health using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.
2. This policy should be read in conjunction with the following policies:
 - Behaviour for Learning
 - Safeguarding
 - Supporting Students with Medical Needs
 - Anti-bullying
 - Special Educational Needs and Disabilities
 - Equality Scheme
3. All references in this policy to 'parents' should be taken to include carers too.

Aims

4. Our aims are to:
 - Promote a school culture of positive mental wellbeing for students and staff
 - Value all students and staff
 - Ensure students have a sense of belonging and feel safe
 - Make sure staff are alert to early warning signs of mental ill health in students or themselves.
 - Provide support to staff working with young people with mental health issues.
 - Make sure that as part of their curriculum entitlement, we help students to learn about how they can stay mentally healthy.
 - Teach students to identify the main risk factors that can adversely affect mental health.
 - Help students understand how they can play a positive role in reducing the stigma surrounding mental health issues.
 - Ensure that children and young people are able to manage times of change and stress in their lives.

- Provide a school environment where there is a trusted adult to whom they can talk.
- Support the parents of students suffering mental ill health, in order for them to support their children.

Staff roles and responsibilities

5. We believe that all staff have a responsibility to promote positive mental health, and to understand protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that students with mental health needs get early intervention and the support they need.
6. We aim that staff should understand about possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (see Appendix 1 on risk and protective factors).
7. While all staff have a responsibility to promote the mental health of students and have had mental health INSET training and some frontline staff have had Mental Health First Aid training, the work is led by:
 - Designated senior mental health lead/s.
 - Designated child protection/safeguarding officers.
 - Pastoral Leads for KS3/4 and 5
 - HoY7, HoY8, HoY9, HoY10, HoY11
 - School Counsellor
 - SEND co-ordinator
 - School Health Practitioner
8. A member of staff who has concerns about a student, whether the student has approached them or whether the concerns arise from observation of a student's demeanour or behaviour, should speak in the first instance to the HoYs 7-11, AHT - Pastoral Leads, or if they are unavailable, to one of the other staff listed above. It may be necessary, where there are serious concerns or a medical emergency, to make a referral to the Child and Adolescent Mental Health Services (CAMHS). The Pastoral Leads have the knowledge of and expertise in the procedures involved to initiate a referral when deemed necessary.

Supporting students' positive mental health

9. We believe we have a key role in promoting students' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including:

Student-led activities

- Campaigns and assemblies to raise awareness of mental health
- Peer mediation and peer mentoring

Transition programmes

- Transition Programme to secondary school which includes an Induction day for Year 6 students to support a smooth transition to secondary school

- Transition programme from Key Stage 3 to 4 including a transition afternoon on entry to Year 10 and advice and guidance on option subjects, study skills etc.
- Transition programme from Key Stage 4 to Key stage 5 including an Induction Day, Induction lessons, coffee mornings and form group activities for team building

Classrooms activities

- Morning and afternoon registration, with tutor oversight of attendance, behaviour and wellbeing
- PSHE provision in Pastoral Hour lessons weekly
- Tutor activities including mental health awareness week
- Mindfulness sessions for students at KS5
- Mental Health teaching programmes, speakers and activities

Whole school

- Whole school assemblies on Safeguarding and Mental Health
- Mental health Day/Wellbeing week
- Mental health Ambassadors
- Form Associates
- School Council
- Time to Talk Day and activities
- Creative whole school projects
- Our form tutors are key to supporting the wellbeing of students and where possible that member of staff will stay with the same form group all the way up the school to Year 11 providing consistent support.
- Displays and information on noticeboards around the school about positive mental health and where to go for help and support both within the school and outside the school
- A Behaviour for Learning Policy that promotes and rewards positive behaviour and tackles low level behaviour
- Provide and promote an extensive extracurricular programme
- Nurture altruism through the charity work conducted through the house system

Teaching and learning about mental health

10. Our PSHE curriculum contains specific modules that give factual information about mental well-being, and the signs of illness. We also help enable students to develop the skills, knowledge, understanding, language and confidence to seek help as needed for themselves or others and to self-manage. We follow the PSHE Association's guidance in preparing our curriculum to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner.

Secondary students learn:

Key Stage 3

- To manage transition to secondary school
- To recognise their personal strengths and how this affects their self-confidence and self-esteem
- To recognise the way in which personal qualities, attitudes, skills and achievements are evaluated by others, and how this affects confidence and self-esteem
- To accept helpful feedback or reject unhelpful criticism
- To understand that self-esteem can change with personal circumstances, such as those associated with family and friendships, achievements and employment

- What mental health is and about types of mental health problems
- Strategies for promoting and managing mental health positively
- Healthy and unhealthy coping strategies
- Emotional literacy and how to manage their emotions
- To be resilient and manage failure positively
- To help others - listening or passing on concerns
- How to deal with a breakdown in friendships/family relationships and the effects of change, including loss, separation, divorce and bereavement
- Healthy relationships including LGBTQ
- About the emotional aspects of relationships
- To recognise bullying and abuse in all its forms (including prejudice-based bullying both in person and online/via text, exploitation and trafficking) and to have the skills and strategies to manage being targeted or witnessing others being targeted
- To reduce and prevent the stigma of mental health

Key Stage 4

- To manage transition to KS4
- Healthy and unhealthy coping strategies
- Healthy relationships including LGBTQ
- Strategies for promoting positive mental health and preventing mental health problems
- The cause and symptoms of stress and managing stress, anxiety and depression
- Strategies for managing strong emotions and feelings
- To evaluate the extent to which their self-confidence and self-esteem are affected by the judgments of others
- To help others - listening or passing on concerns
- The impact of separation, divorce and bereavement on individuals and families
- Where to get help and support
- Preparation for exams

Key Stage 5

- To manage the transition to KS5
- Healthy and unhealthy coping strategies
- About the cognitive development of the brain and how it affects emotions
- Where to get help and support
- To help others - listening or passing on concerns
- The importance of healthy relationships, including LGBTQ and what these look like
- Personal safety and lifestyle choices
- How to manage exam stress

Identifying, referring and supporting students with mental health needs

11. Our approach is to:

- Provide a safe environment to enable students to express themselves and be listened to
- Provide a variety of outlets for students to be able to speak to someone at school
- Ensure the welfare and safety of students is paramount
- Identify appropriate support for students based on their needs
- Involve parents when their child needs support
- Involve students in the care and support they have

- Monitor, review and evaluate the support with students and keep parents updated
- Provide a school culture that promotes fun, altruism and extra-curricular pursuits

Early Identification

12. Our identification system involves a range of processes. We train staff to identify signs of illness, and therefore aim to identify children with mental health needs as early as possible to prevent things getting worse.
13. We do this in different ways including:
 - Providing student drop-in lunchtime sessions with a range of trained staff
 - Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions
 - Staff report concerns about individual students to the Mental Health Leads and Heads of Year
 - Year group meetings for staff to raise concerns
 - A parental information and health questionnaire on entry
 - Biennial student Sheu Survey which audits PSHE understanding and risk taking
 - Gathering information from a previous school at transfer or transition
 - Enabling students to raise concerns or self-refer through school health practitioner, form tutor, class teachers, Head of Year, drop-in sessions or directly to the Pastoral Leads/Mental Health Lead.
 - Enabling parents to raise concerns through form tutors, classroom teachers, Heads of Year, Safeguarding Leads or directly to the Mental Health Lead
14. All staff have had training on the risk and protective factors (see Appendix 1), types of mental health needs and signs that might mean a student is experiencing mental health problems. Any member of staff concerned about a student will take this seriously and talk to the Pastoral staff and Mental Health Lead.
15. These signs might include:
 - Isolation from friends and family and becoming socially withdrawn
 - Changes in activity or mood or eating/sleeping habits
 - Lowering academic achievement
 - Talking or joking about self-harm or suicide
 - Expressing feelings of failure, uselessness or loss of hope
 - Secretive behaviour
 - An increase in lateness or absenteeism
 - Not wanting to do PE or get changed for PE
 - Changes in clothing - wearing long sleeves in hot weather or loose, bulky garments
 - Suspected drug or alcohol misuse
 - Physical signs of harm that are repeated or appear non-accidental
 - Repeated physical pain or nausea with no evident cause
16. Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour that could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

Individual Care Plans

17. If there is a student causing concern or who has received a diagnosis pertaining to their mental health, we will draw up an individual care plan (ICP) for them.
18. This will include:
 - Details of the behaviour causing concern or the diagnosed condition.
 - Any special precautions or requirements.
 - Any medications.
 - What to do or whom to contact in an emergency.
 - The role the school can play in prevention, treatment or support.
 - This will be shared with HoY, form teacher and class teachers

Managing disclosures

19. 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.
20. 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.
21. Staff should listen rather than advise and our first thoughts should be for the student's emotional and physical safety rather than exploring "Why?"
22. Staff must contact the Designated Safeguarding Lead immediately. All disclosures should be recorded in writing and given to the appropriate Safeguarding Lead where it will be held in the student's confidential file.
23. This written record should include:
 - Date and time of disclosure, and date and time of incident
 - The name of the student and staff involved in the disclosure
 - Main points from the conversation, from the student's point-of-view
 - Additional relevant information

Confidentiality

24. Staff must listen, not judge or try to solve. Staff cannot and must not guarantee total confidentiality, but should discuss with the student how, and with whom information will be shared. Normally, it will be the Safeguarding Leads who should be alerted.
25. We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent - this is anything linked to a safeguarding issue. Staff are clear to students that the concern will be shared with the Safeguarding Lead/Mental Health Lead and that it will be recorded in order to provide appropriate support to the student.

26. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parental information

27. Parents should always be informed when disclosures about a student's emotional or mental health or well-being are being made if the child is in Years 7-9, or judged to be emotionally immature Years 10-11. In Years 12-13 students can choose to keep information about themselves private, but will be encouraged to share information with their parents and we will judge what is in the best interest of the student.
28. Students may choose to tell their parents themselves and will be given a limited timeframe in which to tell their parents about the problem before the school contacts them. We should always give students the option of us informing parents for them or with them.
29. Parents can find such revelations upsetting or even shocking and staff should be prepared for initial anger, fear or upset during a first conversation. Staff should be accepting of this reaction (within reason) and give parents the time to reflect. A clear means of getting back in touch with the school will be provided and a follow up meeting should be arranged. Parents may also find literature or sources of support, such as parent helplines, useful and reassuring.
30. If there is a concern that a student is in danger of immediate harm then the school's child protection procedures are followed. If there is a medical emergency then the school's procedures for medical emergencies are followed.

Assessment, Interventions and Support

31. All concerns are reported to the Pastoral Staff /Mental Health Lead and recorded. We then implement our assessment system that is based on levels of need to ensure that students get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.
32. As a school, we have procedures for managing disclosures of self-harm and assessing whether a student's mental health needs can be met within our school context. In such situations, we refer to the guidance in Appendix 2 (Procedures for dealing with self-harm) and Appendix 3 (Mental Health Risk Assessment).

Support for students after inpatient treatment

33. We recognise that some students will need ongoing support and the Mental Health Lead will meet with students on a regular basis. We are careful not to "label" students.
34. We have a duty of care to support students and will seek advice from medical staff and mental health professionals on the best way to support students. We will carry out a risk assessment and produce a care plan to support students to re-integrate successfully back to school.

35. When a child leaves an inpatient provision and is transitioning back to school we discuss with health professionals, parents and students what needs to happen so the transition is smooth and positive.

Working with specialist services to get swift access to the right specialist support and treatment

36. In some cases, a student’s mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. In the first instance, if appropriate, we will advise parents to take students to their GP.
37. In other instances, we have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the student’s Individual Care Plan.
38. School referrals to a specialist service will be made by the Safeguarding Leads and following the assessment process, and in consultation with the student and their parents. Referrals will only go ahead with the consent of the student and parent and when it is the most appropriate support for the student’s specific needs. Parents have a responsibility to refer to specialist services as well.

| Specialist Service | Referral process |
|--|--|
| Child and Adolescent Mental Health Service (CAMHS) | Accessed through school, GP or self-referral |
| School Counsellor | Accessed through the Pastoral Staff or self-referral |
| Educational Psychologist | Accessed through the Pastoral Staff |

SEND and mental health

39. Persistent mental health problems may lead to students having significantly greater difficulty in learning, than the majority of those of the same age. In some cases the child may benefit from being identified as having a special educational need (SEND).

Involving parents

Promoting mental health

40. We recognise the important role parents have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.
41. On first entry to the school, we ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child’s mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see Appendix 1). It is very helpful if parents can share information with the school so that we can better support their child.

42. To support parents:
- We provide information and websites on mental health issues. This can be accessed on the school website.
 - We provide a series of Parent Pastoral talks throughout the year on relevant topics about wellbeing, cognitive development and Mental Health
 - We include the mental health topics that are taught in the PSHE curriculum, on the school website and newsletters
 - We ensure parents are aware of who to talk to and how to go about contacting form tutors, HoYs and Pastoral Leads

Supporting parents with children with mental health needs

43. We are aware that parents react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also help to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.
44. When a concern has been raised, the school will
- Contact parents and meet with them *In most cases, parents will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues. Children over the age of 16 are entitled to consent to their own treatment.*
 - Offer information to take away and places to seek further information
 - Be available for follow up calls
 - Make a record of the meeting
 - Agree an individual mental health care plan together with next steps
 - Discuss how the parents can support their child
 - Keep parents up to date and fully informed of decisions about the support and interventions
45. Whilst the school will do what it can to support the student and parents, it is the parents' responsibility to look after the needs of their children.
46. We make every effort to support parents to access services where appropriate. Our primary concern are students and in the rare event that parents are not accessing services we will seek advice from the Local Authority. We also provide information for parents to access support for their own mental health needs.

Involving Students

47. Every year we train up a group of students as our mental health champions who lead on whole school campaigns on health and wellbeing.
48. We seek students' views about our approach, curriculum and promoting whole school mental health activities.
49. We always seek feedback from students who have had support to help improve that support and the services they received.

Supporting Peers

50. When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents with whom we will discuss:
- What is helpful for friends to know and what they should not be told
 - How friends can best support
 - Things friends should avoid doing or saying which may inadvertently cause upset
 - Warning signs that their friend may need help (e.g. signs of relapse)
51. 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

Supporting and training staff

52. We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in students and know what to do and where to get help. Pastoral Lead staff have all completed the Mental Health First Aid training. All staff have had Mental Health training delivered as part of school continuing professional development.
53. Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.
54. Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing, such as healthy food options, yoga, and physical activities. Staff also have access to Kingston's counselling service and we have a dedicated Staff Wellbeing week to promote the importance of wellbeing and self-management.

Monitoring and Evaluation

55. The mental health and wellbeing policy is on the school website and hard copies are available to parents from the school office. All mental health professionals have a copy before they begin working with the school as well as external agencies involved in our mental health work.
56. The policy is monitored at an annual review meeting led by the Mental Health Lead and involves staff with a responsibility for mental health, including specialist services supporting the school and governors.