



# **Lincoln Christ's Hospital School**

## **Mental Health Policy**

<b>SLT Link member of staff:</b>	<b>Paul Fragle</b>
<b>Date presented to SLT:</b>	<b>November 2022</b>
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<p style="text-align: center;"><b>Lincoln Christ's Hospital School</b></p> 	Designated Safeguarding Lead (DSL)	Mr Paul Fragle
	Designated Deputy Safeguarding Leads (DDSL)	Mrs Linda Southworth and Mrs Eleanor Garbutt
	Senior Mental Health Lead	Mrs Joanne Godwin
	Safeguarding and Mental Health Governor	Mr Chris Milnes
	Personal Development Coordinator including - SMSC, BV, RSEHE and Citizenship	Mr Jason Stevens
	SENDCo	Mr Robbie Gemmill

### What is this policy?

A school mental health policy explains and sets out the school's commitment to its students' mental health. It outlines how the school will support its students, its ongoing commitment to staff training, and how it will work with the wider community to promote student wellbeing. It will include and have regard for Statutory Guidance including 'Keeping Children Safe in Education' 2022 (KCSIE) [Keeping children safe in education - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/publications/keeping-children-safe-in-education-2022) and 'Relationships and Sex Education (RSE) and Health Education' 2019 (updated 2021) [Relationships and sex education \(RSE\) and health education - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/publications/relationships-and-sex-education-rse-and-health-education-2019).

### Who is in charge of Mental Health?

Mr Fragle, Deputy Headteacher, and Mrs Godwin, Senior Mental Health Lead within school.

Mental Health and Wellbeing is, however, part of a whole school approach.

### Why the need for a Mental Health policy?

The Government's Transforming Children and Young People's Mental Health Provision Green Paper (Department of Health, Department of Education 2017) included a focus on early intervention and prevention and the central role of schools

Young Minds charity reports that **one in five young adults**, and **one in ten children have** a diagnosable mental health disorder. That translates to roughly **three children in every classroom**. Additionally, analysis from the Centre for Mental Health has shown that 1.5 million children and young people will need mental health support as a direct result of the Covid-19 pandemic over the next three to five years. Mental health issues can affect a student's emotional wellbeing, as well as their educational attainment. Developing a Mental Health Policy will establish a whole school approach that addresses student mental health and shows students and their parents that the school is committed to the wellbeing and mental health of the students. Furthermore, it signals to students that the school is understanding of mental health issues and encourages them to come forward with their difficulties. A mentally healthy school is one that has a whole-school approach to

the topic of mental health and sees the mental health of its students, staff, and parents as everybody's responsibility.

## **1. Introduction**

### 1.1 Policy Statement

At Lincoln Christ's Hospital School, we are committed to promoting positive mental health for every member of our staff and student body, their families and Governors. We pursue this aim using universal, whole school approaches and specialised targeted approaches aimed at vulnerable students. Using effective policies and procedures, we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues. We know that everyone experiences life challenges that make us vulnerable, and at times anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

### 1.2 Scope

This policy describes the 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. It should be read in conjunction with other relevant school policies, for example the RSEHE Policy

## **2. Policy Aims**

### 2.1

This policy seeks to do the following:

- Promote positive mental health and wellbeing in our school community, including students, parents, staff and Governors;
- Increase understanding and awareness of common mental health and wellbeing issues;
- Alert staff to early warning signs of mental ill health;
- Provide the appropriate 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 SLT 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.

## **3. Concerns about Positive Mental Health and Wellbeing**

### 3.1

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific relevant remit include:

- Mr P Fragle – Designated Safeguarding Lead, Deputy Head Teacher;
- Mrs L Southworth – Deputy Designated Safeguarding Lead;
- Mrs E Garbutt – Deputy Designated Safeguarding Lead, Assistant Head Teacher;
- Mrs J Godwin – Senior Mental Health Lead;
- Mr R Gemmill – SENDCO;
- Mr J Stevens – Personal Development Coordinator.

### 3.2

All school staff could become aware of changes in behaviour which may indicate a student is experiencing mental health or emotional wellbeing issues.

These changes may include:

- Physical signs of harm that are repeated or appear non-accidental;
- Changes in eating or sleeping habits;
- Increased isolation from friends or family, becoming socially withdrawn;
- Changes in activity and mood;
- Lowering of academic achievement;
- Talking or joking about self-harm or suicide;
- Expressing feelings of failure, uselessness or loss of hope;
- Changes in clothing – e.g. long sleeves in warm weather;
- Secretive behaviour;
- Skipping PE or getting changed secretly;
- Lateness to or absence from school;
- Repeated physical pain or nausea with no evident cause.

### 3.3

Any member of staff who is concerned about the mental health or wellbeing of a student should enter this concern on CPOMS (Child Protection Online Management System). This will flag the concern to the DSL and DDSL, as well as other relevant staff, for example, the Progress Leader and Pastoral Manager. If the student presents as a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting emergency services, if necessary.

### 3.4

At times, a student may choose to tell a staff member concerns that they have about their own mental health emotions or wellbeing. All staff need to know how to respond appropriately to a disclosure.

All staff should respond in a calm, supportive and non-judgemental way.

Staff should listen rather than advise and their first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'

### 3.5

Staff must be honest with regards to the issue of confidentiality. They should never promise the student that they will keep this to themselves, and should inform the student who they are going to talk to, what they are going to tell them and why it is important that they pass these concerns on.

### 3.6

On occasion, a referral to MHST (Mental Health Support Team) or CAMHS (Child and Adolescent Mental Health Service) may be appropriate. This will be led and managed by

Pastoral Managers in the first instance as well as the Progress Leader, DSL and DDSL if appropriate. Guidance about referring to CAMHS is provided in Appendix A.

When a student has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through MHST, CAMHS or another organisation, it is recommended that an Individual Support Plan should be drawn up. The development of the plan should involve the student, parents/carers, and relevant professionals.

#### **4. Teaching about Mental Health**

##### **4.1**

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy are included as part of our Personal Development and RSEHE curriculum and embedded throughout our school. This fulfils the school's statutory requirement from 2020 regarding the teaching of RSEHE.

By the end of secondary school, students should know:

- That mental wellbeing is a normal part of daily life, in the same way as physical health;
- That there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different situations;
- How to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings;
- How to judge whether what they are feeling and how they are behaving is appropriate and proportionate;
- The benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness;
- Simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests;
- Isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support;
- That bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing;
- Where and how to seek support (including recognising the triggers for seeking support), including know who they should speak to in school if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online);
- It is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.

##### **4.2**

Personal Development lessons will also be supported by assemblies throughout the year talking about Mental Health. These may be conducted by staff within school or external agencies, for example, MHST or MenTalk.

There will be weekly form time activities to further promote mental wellbeing, these will include a focus on the creative, practical, emotional and social.

### 4.3

This section should also be read alongside the following policies:

- RSEHE Policy;
- SMSC and BV Policy.

### 4.4 Managing Disclosures

At times, a student may choose to tell a staff member concerns that they have about their own mental health emotions or wellbeing. All staff need to know how to respond appropriately to a disclosure.

All staff should respond in a calm, supportive and non-judgemental way.

Staff should listen rather than advise and their first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' All disclosures should be recorded on CPOMS and shared with Mr Paul Fragle and Mrs Linda Southworth, who will store the record appropriately and offer support and advice about next steps.

### 4.5 Confidentiality

Staff must be honest with regards to the issue of confidentiality. They should never promise the student that they will keep this to themselves, and should inform the student who they are going to talk to, what they are going to tell them, and why it is important that they pass these concerns on.

## 5. Working with parents/carers and the school community

### 5.1

Parents will usually be informed if a child makes a disclosure and staff need to be sensitive when sharing this with parents/carers. It can be upsetting for parents to learn of their child's issues and staff should give the parent/carer time to reflect. A brief record of the meeting should be kept and uploaded onto CPOMS. Staff will provide and highlight further sources of information where possible to offer support to the parent.

### 5.2

If a child gives reason to believe that there may be underlying Child Protection issues, parents may not be informed and Mr Paul Fragle (Designated Safeguarding Lead) and/or Mrs Linda Southworth (Deputy Safeguarding Lead) should be informed immediately so that a referral can be made.

### 5.3

We recognise the family plays an important role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring that all parents are aware of who to talk to if they have any concerns about their child's mental health and wellbeing;

- Highlighting sources of information and support about common mental health issues through our communication channels (school website, Twitter page, ParentMail and ClassCharts);
- Make the school policy easily accessible to parents and carers via the above communication channels;
- Keep parents informed about the topics that children are learning about in school.

## 6. Training

### 6.1

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. All staff within school have a statutory requirement to undertake yearly safeguarding training. This includes being aware of Keeping Children Safe in Education (KCSIE) and any amendments to this document.

### 6.2

The Mental Health Lead has undertaken DfE approved training as a qualified Senior Mental Health Lead.

### 6.3

All staff have the opportunity to undertake training on aspects of mental health. The Mental Health Lead will publish relevant information to staff who wish to learn more about mental health and this policy will be provided to all staff as part of their induction. Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPL will be supported throughout the year where it becomes appropriate.

Sessions will be delivered for all staff to promote learning or understanding about specific issues related to mental health throughout the year and as appropriate.

Suggestions for individual, group or whole school CPL can be discussed with the following:

- Mrs C Owens, Deputy Head Teacher responsible for Teaching and Learning;
- Mrs J Godwin, Senior Mental Health Lead;
- Mr J Stevens, Personal Development Coordinator.

Sources of relevant training and support for individuals as needed can also be signposted by the above.

## 7. Policy Review

### 7.1

This policy will be reviewed every two years as a minimum. The next review date is **November 2024**. In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of Mr Fragle and Mrs Godwin.

## **Appendix A: Guidance about CAMHS referral**

**If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps.**

**Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.**

**You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the student by the school and the impact of this. CAMHS will always ask ‘What have you tried?’ so be prepared to supply relevant evidence, reports and records.**

### General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent/carers and the referred student?
- Has a parent/carers given consent for the referral?
- What are the parent/carers student’s attitudes to the referral?

### Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children;
- Address and telephone number;
- Who has parental responsibility?
- Surnames if different to child’s
- GP details;
- What is the ethnicity of the student/family?
- Will an interpreter be needed?
- Are there other agencies involved?

### Reason for referral

- What are the specific concerns that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the challenges involved.

### Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with CAMHS?
- Has there been any previous contact with social services?
- Details of any known protective factors;
- Any relevant history i.e. family, life events and/or developmental factors;
- Are there any recent changes in the student’s or family’s life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay?
- Are there any symptoms of ADHD/ASD and if so have you talked to the educational psychologist?

## Annex A: Lincoln Christ's Hospital School Mental Health Provision Map

<b>Tier 0: Universal Level Support – pastoral response to general concerns</b> <i>These concerns are categorised as short periods of the student feeling like they are not able to cope. These will be incidents which cause them distress, but do not seem to have a long term or last impact on wellbeing.</i>		
<b><u>Examples of the concerns:</u></b>	<b><u>Who should deal with this?</u></b>	<b><u>What is our response?</u></b>
Minor illness such as headache or feeling sick Death of a pet Friendship problems Conflict/arguments with parents or peers Low level worry before tests, set changes etc. Short term academic stress A past history of mental health concerns and the student requires monitoring	Classroom teacher Form Tutor LSAs Pastoral Managers Progress Leaders SENCO, Deputy SENCOs and SDC (dependent upon student) Need Bright Solutions (dependent upon student) TAC (Turn Around Centre) (dependent upon student)	Listen to the student and reassure them. Classroom teacher or LSA report to Form Tutor/Pastoral Manager/Progress Leader/SDC if required. Dependent upon student, they may access SDC or TAC. Use CPOMS to refer further, including to DSL and Deputy DSL if required. If student has a time out card they may use this. Escalate to Tier 1, if the situation does not resolve itself.
<b>Tier 1</b> <i>Universal Level Support – response to low level incidences and concerns</i> <i>These concerns are categorised as longer term and beginning to impact on the welfare of the student</i>		
<b><u>Examples of the concerns:</u></b>	<b><u>Who should deal with this?</u></b>	<b><u>What is our response?</u></b>
Sustained periods or a series of short periods of not being able to cope/low mood Long term and repetitive friendship problems which are not resolved Anxiety in lessons or a specific aspect of school or home life, which is not resolved or eased through prior support Divorce or separation of parents Extended family bereavement Emotional response to an upsetting event which causes a period of distress, but not a specific safeguarding concern	Classroom teacher Form Tutor LSAs Increased role of: Pastoral Managers Progress Leaders SENCO, Deputy SENCOs and SDC (dependent upon student) Need Bright Solutions (NBS) (dependent upon student) TAC (Turn Around Centre) (dependent upon student) EWO (dependent on student) Counselling services	Ensure student, teachers and form tutor are aware. Complete CPOMS, if necessary. Pastoral team (PM, PL, EWO or DSL) make contact home to discuss with parents. Referral made to SENCO or Need Bright Solutions, or other support agencies, if deemed necessary. Further support from SDC, NBS or TAC if student already accessing these. If issue resolves or reduces, student can be moved to Tier 0. If issue continues or escalates a student can be moved to Tier 2.

<b>Tier 2</b>		
<i>Targeted Support – planned interventions in school to address mental health concerns A sustained concern which is affecting the wellbeing, and possibly, academic progress, of the young person</i>		
<b><u>Examples of concerns:</u></b>	<b><u>Who should deal with this?</u></b>	<b><u>What is our response?</u></b>
<p>Persistent low mood/ongoing emotional difficulties/anxiety</p> <p>Bereavement of a close family member</p> <p>Historic abuse which causes legacy mental health issues</p> <p>Self-harm</p> <p>Suspected eating disorders</p> <p>Risky behaviour</p> <p>Questioning of gender identity or sexual orientation leading to the above</p>	<p>Progress Leader</p> <p>Pastoral Manager</p> <p>DSL or Deputy DSL</p> <p>SENCO (dependent on student)</p> <p>Counselling services</p> <p>MHST</p> <p>Healthy Minds</p> <p>External bereavement support services</p> <p>Think2Speak</p>	<p>PM/PL/DSL or SENCO contact parents.</p> <p>CPOMS is used to document safeguarding concerns.</p> <p>Teachers of students are informed to raise awareness.</p> <p>Time Out card for TAC or SDC may be applicable.</p> <p>Referral made to external agency, for example, MHST, counselling or other appropriate agencies</p> <p>EWO involvement if impacting upon attendance</p>
<b>Tier 3</b>		
<i>Personalised support – professional referral to high level mental health concerns Serious and possibly life-threatening incidents which require professional intervention outside of school</i>		
<b><u>Examples of concerns:</u></b>	<b><u>Who should deal with this?</u></b>	<b><u>What is our response?</u></b>
<p>School refusal because of persistent low mood/ongoing emotional difficulties/anxiety (EBSA)</p> <p>Diagnosed anxiety disorder or depression</p> <p>Disclosure of witnessed abuse</p> <p>Disclosure of direct abuse</p> <p>Sustained self-harm</p> <p>Discussion of suicide or attempts</p>	<p>DSL or Deputy DSL</p> <p>EWO</p>	<p>Any immediate safeguarding issues will be dealt with by the staff member who has received the disclosure by recording on CPOMS and speaking to the DSL or Deputy DSL as soon as possible.</p> <p>We will follow school policy regarding safeguarding incidents.</p> <p>We will contact children’s services.</p> <p>We will increase access to NBS, SDC or TAC.</p> <p>We will allow the use of Time Out card.</p> <p>EWO meeting with parents, if impact on attendance</p> <p>PL (and SENCO if applicable) will meet with parents/carers</p> <p>We may create a reduced timetable either within school, for example, accessing TAC, or outside of school.</p> <p>We may refer to external agencies, for example MHST, CAMHS or other appropriate external agencies.</p>