



1. Introduction

Mental health is a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. We commit to making it our mission to promote resilience and positive wellbeing for all our students and staff. We understand wellbeing is a state of being comfortable, healthy and happy. We will drive the message forward, to ensure that mental health is “everyone’s business” across the whole school community. We will strive to create an environment that has a whole school approach, in providing excellent mental health support, understanding and intervention. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. This policy helps aid consistency of approach and equality of provision for our pupils and staff. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health. This document describes the school’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and governors. This policy should be read in conjunction with our medical policy in cases where a pupil’s mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

2. Aims

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health, their peers and parents/carers

3. Key members of staff

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

Jonathon Atkinson Designated Safeguarding Lead
Dede Kadila- Deputy Designated Safeguarding Lead
Grace Sheridan - Designated Mental Health Lead
Suzette Brooks- SENDCO

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a member of the lead team in the first instance, and record the concern on the CPOMs system. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection officers. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the DMHL and Deputy DMHL.

4. Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

5. Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in corridors and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupils help-seeking by ensuring that they understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

6. Warning Signs

School staff may become aware of warning signs which indicate that a pupil, or a parent/carer is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the DMHL or Deputy DMHL, via CPOMs.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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
- Abusing drugs or alcohol
- 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

7. Managing disclosures

A pupil or parent may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure. If a pupil or parent chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and

physical safety rather than of exploring 'Why?' All disclosures should be recorded in writing on the CPOMs system.

This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

8. Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil 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. It is always advisable to share disclosures with a colleague, usually the Deputy DMHL or an ACO, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support.

We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. Parents must always be informed if a child is self-harming, talking of self-harm, saying they are being bullied, bullying others, or expressing low mood. We should always give pupils the option of us informing parents for them or with them. If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL and Deputy DSL should be informed immediately, via CPOMs.

9. Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums. We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record. Parents are often very welcoming of support and

information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through sending information and links via edulink.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

10. Supporting Peers

When a pupil 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 pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling
- Training in Peer Support (e.g. Anna Freud Centre resources and training)

11. Staff Mental Health

The Academy understands that good staff wellbeing is essential for cultivating a mentally healthy school, for retaining and motivating staff and for promoting pupil wellbeing and attainment. Towards this end, we will endeavour to provide:

- Teacher appraisal that is encouraging and that concentrates on the 'praise' aspect. Targets should be realistic and concentrate on raising standards of children and young people.
- Training and development possibilities for staff wherever possible.
- A culture of openness and problem- sharing amongst staff and leaders.

Policy Review

The effective date of this policy is 01 January 2022.

The policy was approved by the Board of Governors on 01 December 2021

Appendix: Talking to students when they make mental health disclosures

(Adopted from Charlie Waller Memorial Trust, aimed at students and young people, but useful insights for talking with parents and pupils)

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to overanalyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don’t be afraid to make eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

“I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools’ policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you’re working with them to move things forward.

Acknowledge how hard it is to discuss these issues

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don’t assume that an apparently negative response is actually a negative response

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can.

Don’t be offended or upset if your offers of help are met with anger, indifference or insolence; it’s the illness talking, not the student.

Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next.

Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Useful Web-Sites:

Depression Alliance

Address: East Croydon, Medical centre 59 Addiscombe Rd, CR0 6SD

Email: information@depressionalliance.org

Phone: 0845 123 23 20

Website: www.depressingalliance.org

Kikiwa Counselling Centre

Address: 324 Bensham Lane, Thornton Heath Croydon, CR7 7EQ

Phone: 0208 683 2369

Email: Kikwacounselling@yahoo.co.uk

MIND in Croydon

Address: Mind in Croydon 26 Pampisford Rd, Purley CR8 2NE

Phone: 0208 668 2210

Email: admin@mindincroydon.org.uk

Website: www.mindincroydon.org.uk

Off the Record

Address: 72 Queens Road, Croydon, Surrey, CR0 2PR

Phone: 0208 684 3719

Email: info@offtherecordcroydon.org

Website: www.offtherecordcroydon.org

Rape & Sexual abuse support centre (RASASC)

Address: RASASC, PO BOX 383, Croydon CR9 2AW

Phone: 0208 683 3311

Email: info@rasasc.org.uk

Website: www.rasasc.org.uk

Woodside Bereavement Services

Address: 143 Tennison Road, London SE25 5NF

Phone: 0208 662 1648

Email: wbs@thelisteningear.org.uk

Website: www.thelisteningear.org.uk

CPF Counselling Croydon

Address: Kyle House 4 Frith Road, CRO 1TA

Phone: 0208 760 0665

Email: email@cpfcounselling.org.uk

Website: www.cpfcounselling.org.uk

Croydon Drop in – Support for Young People

Address: 132, Church Street, Croydon, CR0 1RF

Phone: 0208 680 0404

Email: enquiries@croydondropin.org.uk

Website: www.croydondropin.org.uk

Cruse Bereavement Care Croydon

Address: Cruse in Croydon, PO Box 2833, Kenley, CR8 5WS

Phone: 0208 916 0855 (24-hour answer phone)

Website: www.crusecroydon.org.uk

Big White Wall

Phone: 0207 060 1677

Email: theteam@bigwhitewall.com

Website: www.bigwhitewall.com

Care to Listen

Address: St. Mildreds Centre, 30 Bingham Road, Croydon, CR0 7EB

Phone: 07956 891 203/ 07985 343 619

Email: enquiries@caretolisten.co.uk

Website: www.caretolisten.co.uk

Centre of Change Project

Address: Timebridge Youth Centre, Fieldway, New Addington, CR0 9AZ

Phone: 07758702452

Email: centreofchangeproject@hotmail.co.uk