

# Mental Health and Wellbeing Policy

## Camborne Science and International Academy



Approved by: The Principal

Date: 27 March 2023

Last reviewed on: 1 April 2022

Next review due by: April 2024

### **Meeting your communication needs:**

We want to ensure that your needs are met. If you would like this information in Braille, large print, any other format or interpreted in a language other than English, please contact the HR office, telephone: 01209 712280 or email: [enquiries@cambornescience.co.uk](mailto:enquiries@cambornescience.co.uk)

## Contents

1. Statement	Page 1
2. Scope	Page 1
3. Aims	Page 2
4. Lead Members of Staff	Page 2
5. Individual Care Plans	Page 2
6. Teaching about Mental Health	Page 3
7. Signposting	Page 3
8. Warning Signs	Page 3
9. Managing Disclosures	Page 5
10. Confidentiality	Page 5
11. Working with Parents	Page 5
12. Supporting Peers	Page 6
13. Training	Page 6
14. Policy Review	Page 6
15. Appendix 1 – Mental Health and Wellbeing Flow Chart	Page 7

### 1. Statement

“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 her or his community (World Health Organisation)”.

At Camborne Science and International Academy, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue (WHO). In our school based on MyConcern referrals we believe, this number is proportionally higher. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for staff and students affected both directly and indirectly by mental ill health.

### 2. Scope

This document 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.

This policy should be read in conjunction with our First Aid Policy in cases where a student’s mental health overlaps with or is linked to a medical issue and the SEN policy where a student has an identified special

educational need. It is also to be read in conjunction with our Safeguarding Policy where applicable (especially regarding the process of handling disclosures), and the Staff Wellbeing Charter.

### 3. Aims

The aims of our Mental Health and Wellbeing Policy are to:

- Promote positive mental health in all staff and students
- 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 students suffering mental ill health and signpost support and guidance for parents or carers

### 4. Lead Members of Staff

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

- Mrs Emma Haase - Principal
- Mr Fenlon – Vice Principal and Designated Safeguarding Lead
- Mrs Rowles – Jane – Assistant Principal and Designated Mental Health Lead
- Mrs Peel – Senior Deputy Designated Safeguarding Lead
- Mrs Greet - Assistant Principal: SENCo
- Mrs Gellatly- Assistant Principal: PSHE Lead
- The Assistant Principals of Year
- Directors of Year
- The Pastoral Care Officers in each Year Group
- The Designated Safeguarding Team

Any member of staff who is concerned about the mental health or wellbeing of a student should verbally speak to a Designated Safeguarding Lead and submit a MyConcern. The Designated Safeguarding Team will then include other members of staff in responding to the referral; DMHL, Year Teams, SENCo, Form Tutors, the School Nurse and External Agencies. If the student 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 schools Designated Mental Health Lead (Mrs Rowles – Jane), Designated Safeguarding Team or SENCo (Mrs Greet).

### 5. Individual Care Plans

It is helpful to draw up an individual care plan for students causing significant concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the students, the parents and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Safety plan (If required)
- Medication and any side effects

- What to do and who to contact in an emergency
- The role to be fulfilled by the School
- Risk assessment for the individual

## 6. Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE days and Preparation for Life lessons.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence both to seek help and to self-regulate, as needed, for themselves or others. We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## 7. Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas, tutor rooms and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student seeking help by ensuring students understand:

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

Students can self – refer for support by speaking with the Year Team or the Designated Safeguarding Team. The member of staff will then speak with Mrs Rowles –Jane who will use the flow chart (See Appendix 1). If the student does not feel able to speak to a member of staff they can complete a google form [https://docs.google.com/forms/d/e/1FAIpQLSe9o\\_zF5Y0Yx1S3TMctM4\\_T9O9bWhi970YqTr9zdUaXnt-qMQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLSe9o_zF5Y0Yx1S3TMctM4_T9O9bWhi970YqTr9zdUaXnt-qMQ/viewform) or a paper-based form which goes directly to the Designated Mental Health Lead. This form will then be entered into MyConcern and the Designated Safeguarding Team will triage and allocate key staff to support the individual.

## 8. Warning Signs

School staff may become aware of warning signs which indicate a student 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 verbally with the Designated Safeguarding Team and then submit a MyConcern.

Possible warning signs 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
- 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
- An increase in lateness or absenteeism

If you are concerned about a student please ensure that you verbally speak to a member of the Designated Safeguarding Team and then complete a MyConcern. Please include where able the following information:

- What interventions have been implemented so far? (Please provide as much detail as possible – tutor mentoring, trusted adult, reports, lunchtime support)
- Why are you referring this person (Please provide as much detail as possible)
- Which category does this referral fall into
  - Anger
  - Bullying or Bully
  - Bereavement
  - Family
  - OCD behaviour
  - Self-harm
  - Young carer
  - Anxiety
  - Depression
  - Eating disorders
  - Friendships
  - Low self-esteem
  - Substance misuse
  - Other .....
- In your opinion what do you think they would benefit from
  - Group work intervention
  - One-to-one sessions
  - Same-sex mentor
  - Extracurricular style intervention
  - Other .....

## 9. Managing Disclosures

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.

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. Staff should

listen rather than advise and their first thoughts should be of the student's emotional and physical safety rather than of exploring reasons behind concerning behaviour.

All disclosures should be verbally passed onto a member of the Designated Safeguarding Team in the first instance and then a written record on MyConcern.

This information will be shared with the Designated Mental Health Lead (Mrs Rowles - Jane), who will review the concern and offer support and advice about next steps.

## 10. Confidentiality

Our students understand that "confidentiality" does not equal "secrecy". Any disclosure will be reported to the Designated Safeguarding Team, and further steps will be taken at the discretion of the Designated Safeguarding Team.

Parents will be informed of any disclosure at the discretion of the Designated Safeguarding Team, and if this is deemed appropriate, students may choose to tell their parents themselves. If this is the case **and the risk of harm is not imminent**, the student may be given 24 hours to share this information before the school contacts parents. Students will be given the option of the school informing parents for them or with them.

## 11. Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach.

Where appropriate, we will always offer advice (and recommend places to find further help), both during meetings and subsequently (see below).

We should always provide clear means of contacting the school 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. We will finish each meeting with agreed next steps and always keep a brief record of the meeting on the student's record on MyConcern.

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 go 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 our regular information evenings

## 12. Supporting Peers

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 to do so properly. In the case of self-harm or eating disorders, it is possible that young people 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 and signpost where necessary.

### 13. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. This will also be an agenda item on link meetings and through staff briefing. We will host relevant information on the learning lab for staff who wish to learn more about mental health.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and CPD will be supported throughout the year where it becomes appropriate to due developing situations with one or more students.

Suggestions for individual, group or whole school CPD should be discussed with link managers who can also highlight sources of relevant training and support for individuals as needed.

### 14. Policy Review

This policy will be reviewed every year as a minimum. This policy will always be immediately updated to reflect personnel changes.

## Appendix 1 - Mental Health and Wellbeing Concern Flowchart

