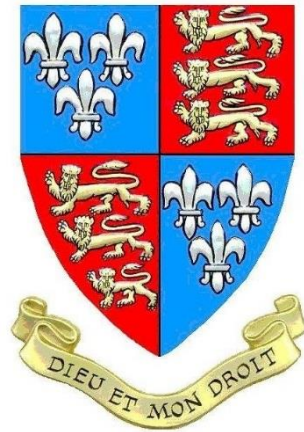


King Edward VI Grammar School



Emotional and Mental Health Wellbeing Policy

Statement of intent

At King Edward's the emotional, mental health and wellbeing of staff and students is as important as their physical health and wellbeing.

This policy outlines the aims of the school to support both staff and students who develop emotional and mental health difficulties, as well.

Through successful implementation of this policy, the school aims to:

- Promote a positive outlook regarding emotional and mental health and wellbeing across staff and students.
- Eliminate prejudice towards emotional and mental health.
- Develop a preventative approach.
- Promote equal opportunities for staff and students with emotional and mental health difficulties.
- Ensure all cases of emotional and mental health difficulties are identified and the person appropriately supported and able to build resilience.

1. Legal framework

1.1. This policy has due regard to legislation, including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

1.2. This policy has been created with regard to the following DfE guidance:

- DfE (2016) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities (SEND) code of practice: 0 to 25'
- DfE (2017) 'Transforming Children and Young People's Mental Health Provision: A Green Paper.'

1.3. This policy also has due regard to the school's policies, including, but not limited to, the following:

- SEND Policy
- Behaviour Policy
- Safeguarding Policy
- Attendance Policy

2. Identifying signs

- 2.1. Staff members will be aware of factors that put pupils at risk of emotional and mental health difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.
- 2.2. Staff members will observe, identify and monitor the behaviour of pupils potentially with EMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.
- 2.3. Staff members will be mindful that some groups of pupils are more vulnerable to mental health difficulties than others. These include, but are not limited to, LAC, pupils with SEND and pupils from disadvantaged backgrounds.
- 2.4. The signs of emotional and mental health difficulties may include, but are not limited to, the following list:
 - Anxiety
 - Low mood
 - Being withdrawn
 - Avoiding risks
 - Unable to make choices
 - Low self-worth
 - Isolating themselves
 - Refusing to accept praise
 - Failure to engage
 - Poor personal presentation
 - Lethargy/apathy
 - Daydreaming
 - Unable to make and maintain friendships
 - Speech anxiety/reluctance to speak
 - Task avoidance
 - Challenging behaviour
 - Restlessness/over-activity
 - Non-compliance
 - Mood swings
 - Impulsivity
 - Physical aggression
 - Verbal aggression
 - Perceived injustices
 - Disproportionate reactions to situations
 - Difficulties with change/transitions
 - Absconding
 - Eating issues

3. Interventions and Support at King Edward's

A range of strategies to promote positive emotional and mental health and wellbeing are in place at King Edward's.

A preventative whole school approach:

- Pastoral support systems in school: teachers, form tutors, Head of Year, Director of Schools, Designated Safeguarding Lead
- Wellbeing and Spirituality lessons each fortnight will:
 - focus on promoting pupils' resilience, confidence and ability to learn.
 - raise awareness about mental health issues by creating an open and non-judgemental dialogue.
 - enable teaching of mindfulness techniques
 - Activities to build character and provide emotional fulfilment such as encouraging team work and healthy living.
 - Allow opportunities for our in-school counsellors to work with whole year groups.
- Positive classroom management and working in small groups will be implemented to promote positive behaviour, social development and high self-esteem.
- Up-to-date research and use of resources through a range of relevant services, e.g. MindEd, Rethink, ThinkTwice, Place2Be, Time to Change.
- Promoting staff health and wellbeing by enhancing staff understanding of mental health issues.

Supportive:

- Students will be encouraged to access online support such as Kooth, Childline, Lincolnshire Healthy Minds Website.
- Peer mentoring will be used to encourage and support pupils. Mentors will act as a confidant with the aim of easing the worries of their mentee. The mentor will be an older, competent and confident pupil. The mentee should report to their mentor about social anxieties, academic concerns, future aspirations and anything else that is appropriate. The meetings will be informal and the mentor should report any significant concerns they may have to the SENCO/HoLS. Mentees will be expected to meet with their mentor at least once a month.
- Requests for a bookable appointment to discuss the student with an Educational Psychologist when appropriate in consultation with HoLS.
- Discussions around attendance and timetables if/when required, with reduced timetables as options. See Emotionally Based School Refusal (EBSR) Policy for more information.
- In-school counselling (see 4.4), in the form of 1-1 sessions, small group sessions and drop ins. The DfE states such support aims to:

“assist the child or young person to achieve a greater understanding of themselves and their relationship to their world; to create a greater awareness and utilisation of their personal resources; to build their resilience; and to support their ability to address problems and pursue personally meaningful goals.”

4. Referral and Assessment

- 4.1. King Edward’s is committed to striving for early identification in regards to pupils with EMH difficulties.
- 4.2. Any member of staff with concerns about the emotional and mental health and wellbeing of any student should speak with the student’s tutor and/or Head of Year.
- 4.3. Issues or concerns which may be reason for a referral include, but are not exclusive to:
 - Family problems and relationships
 - School related issues
 - Relationships with peers
 - Anxiety
 - Depression
 - Anger
 - Physical health
 - Identity issues
 - Sexual behaviours/orientation
 - Bereavement/loss
 - Self-harm
 - Eating disorders
- 4.4. If the HoY feels emotional/mental health support is required it can take the form of one of four paths:
 - 4.4.1. Encourage the student and their parents to speak to their GP
 - 4.4.2. Referral to Lincolnshire Healthy Minds Service, via an Early Help Assessment with parental consent:
 - 4.4.3. Referral to Lincolnshire CAMHS via PALS: 01522
 - 4.4.4. Referral to internal school counselling support:
 - Emotional Behavioural Support (EBS) – Mr David Standing
 - Emotional Literacy Support (ELSA) – Mrs Tracy Challis
 - Formal Counselling: Mr Andrew Walker and Ms Jane Crashley

5. In-School Counselling:

Support in schools follows the Graduated Approach (Assess, Plan, Do, Review).

Once a referral has been accepted the following documents will be sent to student and where appropriate parents:

- Strengths and Difficulties questionnaire (SDQ) (apdx 3)

- Confidentiality and Consent Form. (apdx 4)

Upon receipt of these signed documents and space being available, support will commence.

If a student is accessing a professional support service outside of school, internal support will not be given. However, as a school we will happily liaise with any professionals working with our students to ensure we have an understanding of the support they are given and to help reinforce any strategies etc being suggested.

In school support will be reviewed every 6-8 sessions/on a half termly basis. Students and parents will be required to complete a further SDQ to allow an evaluation of the intervention.

For Formal Counselling, the school will provide and pay for a maximum of 8 sessions per student. Any further requirements for counselling will be up to parents to source and/or a referral to an NHS service, i.e CAMHS.

Staff involved in the emotional and mental health support offered by school may arrange to meet a student after a period of time has passed since support to ensure the student is still able to support their own resilience.

When in-school intervention is not appropriate, referrals and commissioning will take the place of in-school counselling. The school will continue to support the pupil as best it can.

6. Confidentiality

Confidentiality will generally be essential to the in-school emotional and mental health support offered. However, disclosures will be permissible on a 'need to know' basis for the individuals concerned, especially when child protection or safeguarding issues arise. The support counsellor will explain this to the student during their initial session.

7 Consent

7.1 All students must sign the consent form.

7.2 Parental consent is preferred for students under the age of 16. Should a student not wish their parents to be made aware of the support being offered, the 'Fraser Guidelines/Gillick Competency' will be referred to. An initial session will take place for the counsellor to decide if the student is 'Gillick Competent' before further support is offered. 'Gillick Competence' is:

"As a general principle, it is legal and acceptable for a young person to ask for confidential counselling without parental consent providing they are of sufficient understanding and intelligence" (Gillick v West Norfolk AHAH, House of Lords 1985).

Appendices

- ❖ **Definitions**
- ❖ **Best Practice Checklist**
- ❖ **In-School Referral Form**
- ❖ **SDQs**
- ❖ **Consent Form**
- ❖ **EBS QA Form**
- ❖ **Evaluation Form**

Definitions

Anxiety: For the purpose of this policy, anxiety refers to feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn or sustain and maintain friendships. Specialists reference a number of diagnostic categories:

- **Generalised anxiety disorder:** a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
 - **Panic disorder:** a condition in which people have recurring and regular panic attacks, often for no obvious reason.
 - **Obsessive-compulsive disorder:** a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
 - **Specific phobias:** the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as a panic attack (e.g. school phobia).
 - **Separation anxiety disorder:** involves worrying about being away from home or about being far away from parents, at a level that is much more than normal for a pupil's age.
 - **Social phobia:** an intense fear of social or performance situations.
 - **Agoraphobia:** refers to a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.
- **Depression:** For the purpose of this policy, depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:
 - **Major depressive disorder (MDD):** a person who will show a number of depressive symptoms to the extent that they impair work, social or personal functioning.
 - **Dysthymic disorder:** is less severe than MDD, but characterised by a person experiencing a daily depressed mood for at least two years.
 - **Hyperkinetic disorders:** For the purpose of this policy, hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:
 - **Attention deficit hyperactivity disorder (ADHD):** has three characteristic types of behaviour; inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is then called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
 - **Hyperkinetic disorder:** a more restrictive diagnosis but is broadly similar to a severe combined type ADHD, in that signs of inattention, hyperactivity

and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school or home.

- **Attachment disorders:** For the purpose of this policy, attachment disorders refer to the excessive upset experienced when a child is separated from a special person in their life, like a parent. Researchers generally agree that there are four main factors that influence attachment problems, these are:
 - Opportunity to establish a close relationship with a primary caregiver.
 - The quality of caregiving.
 - The child's characteristics.
 - Family context.
- **Eating disorders:** For the purpose of this policy, eating disorders are defined as a serious mental illness which affects an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.
- **Substance misuse:** For the purpose of this policy, substance misuse is defined as the usage of harmful substances.
- **Deliberate self-harm:** For the purpose of this policy, deliberate self-harm is defined as a person intentionally inflicting physical pain upon themselves.
- **Post-traumatic stress:** For the purpose of this policy, post-traumatic stress is defined as recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

Checklist for a successful counselling service:

- All pupils and parents/carers are aware that a counselling service is available.
- Counselling is seen as a whole-school approach to emotional health and wellbeing.
- The service is independent as well as integrated into the school.
- The counselling room is a welcoming environment by being private, secure, and safe.
- The counsellor is suitably qualified, working within an ethical framework, has knowledge of mental disorders and the skills for effective treatments.
- A member of staff is appointed to act as a liaison and appropriate clinical supervision is arranged.
- All child protection and safeguarding procedures are followed.
- Pupils have been involved in the development and evaluation of the service.
- There are clear referral procedures in place which pupils are aware of.
- Pupils understand the aims of the service and the confidential aspect of the service.
- CPD opportunities are available.
- Effective cooperation with other agencies and external services.
- Staff should be sensitive to identifying and supporting vulnerable children.