



theHammond

**EMOTIONAL AND MENTAL WELLBEING
POLICY
2023-24**

THE HAMMOND SCHOOL LTD., MANNINGS LANE, CHESTER, CH2 4ES

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The Hammond School Limited is registered in England and Wales Number 838325. Registered office is above. Charity Number 1022427 incorporating the Betty Hassall Foundation. The school is accredited by the I.S.A and C.D.E.T. and is a member of the B.S.A and I.S.I.

“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 Organization)

At The Hammond, 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. 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.

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 directors. The policy was put together using guidance from The Charlie Waller Memorial Trust. Further Guidance and advice documents and Data Sources can be found in Appendixes.

This policy should be read in conjunction with our Medical Protocol Policy and First Aid Policy in cases where a pupil’s/student’s mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all staff and pupil/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 their peers and parents/carers
- Provide support to staff to manage their own and colleague’s well-being.

Lead Members of Staff

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

- Designated Safeguarding Lead
Jennifer Roscoe
- Deputy Designated Safeguarding Leads
Emma Coupe, Catherine Broadhurst
- Link Director for safeguarding
Anna Sutton
- Special Educational Needs Co-ordinator
Zillah Edwards

Jennifer Roscoe, Emma Coupe, and all degree tutors are Mental Health First Aid qualified.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the DSL in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to one of the safeguarding officers. 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 the Child & Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the DSL. See the following

Individual Care Plans

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

- Details of a pupil's/student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupil/students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSCHÉ and RSE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort taught but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow the ISI Guidance along with Think You Know and Young Minds guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, pupils, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to staff in the staffroom and to students within relevant parts of the curriculum. The PSCHÉ and RSE lead sends out regular support information to staff and parents via email. Whenever we highlight sources of support, we will increase the chance of pupil/student help-seeking by ensuring pupils/students understand:

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

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 with the DSL via CPOMS. CPOMS will also highlight this to the Special Educational Needs Co-ordinator (SENCO). 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
- An increase in lateness or absenteeism

Managing disclosures

Disclosures by pupils/student and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who disclose a concern about themselves or a friend. The emotional and physical safety of pupils/students is paramount and staff should listen rather than advise. Staff are clear to pupils/students that the concern will be shared with the DSL and recorded in order to provide appropriate support to the pupil/student. All disclosures are recorded and held on the pupil's/student confidential CPOMS file, including date, name of pupil and member of staff to whom

they disclosed, summary of the disclosure and next steps. All disclosures will be managed in accordance with the school's Child Protection and Safeguarding Policy.

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 student, 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 are 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.

Working with All Parents

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 – Think you know, MindEd, NSPCC, Young minds, Childline
- Parents/carers/staff may also require specific relevant support information regarding self-harm, eating disorders, psychosis, anxiety, depression and more. The DSL can signpost individuals further when necessary. Some of these sources are included in Appendix C
- 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 planned information evenings

- Keep parents informed about the mental health topics their children are learning about in PSICHE and RSE and share ideas for extending and exploring this learning at home

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. Pastoral support will be offered to children impacted by friend's problems and/or behaviours. The school also uses a 'buddy' system with 'big brothers/sisters' to help support peers when deemed suitable. Advice and help is also gained from Lesbian, gay, bisexual and transgender (LGBT) Champions and SPACE charity. 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 by the student 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 may need 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

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 in order to enable them to keep students safe. Training opportunities for staff who require more in depth knowledge will be considered as part of our performance review process and additional continuing professional development will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Monitoring & Review

Monitoring of mental health issues and policy implementation will be via:

- Continuing professional development (CPD) sessions delivered to staff relating to mental health

- PSHE and RSE topics relating to mental health

Three Wellbeing weeks and weekly assemblies

- An annual report of the number of CPOMS logs and referrals to the Child & Adolescent Mental Health Services
- An annual review of mental health at the Hammond Parliament

There will be a full policy review every 3 years as a minimum. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to: Robert Searles via phone 01244 305350 or email contact@thehammondschool.co.uk. This policy will always be immediately updated to reflect personnel changes.

The following is designed to support staff, pupils, students and parents to develop healthy emotional and mental wellbeing.

5 steps to mental wellbeing

Evidence suggests there are 5 steps you can take to improve your mental health and wellbeing. Trying these things could help you feel more positive and able to get the most out of life.

1. Connect with other people

Good relationships are important for your mental wellbeing. They can:

- help you to build a sense of belonging and self-worth
- give you an opportunity to share positive experiences
- provide emotional support and allow you to support others

There are lots of things you could try to help build stronger and closer relationships:

Do

- if possible, take time each day to be with your family, for example, try arranging a fixed time to eat dinner together
- arrange a day out with friends you have not seen for a while
- try switching off the TV to talk or play a game with your children, friends or family

- have lunch with a colleague
- visit a friend or family member who needs support or company
- volunteer at a local school, hospital or community group. [Find out how to volunteer](#) on the GOV.UK website
- make the most of technology to stay in touch with friends and family. Video-chat apps like Skype and FaceTime are useful, especially if you live far apart
- search and download [online community apps](#) on the NHS apps library

Don't

- do not rely on technology or social media alone to build relationships. It's easy to get into the habit of only ever texting, messaging or emailing people

2. Be physically active

Being active is not only great for your physical health and fitness. Evidence also shows it can also improve your mental wellbeing by:

- [raising your self-esteem](#)
- helping you to set goals or challenges and achieve them
- causing chemical changes in your brain which can help to positively change your mood

[Find out more about getting active](#)

Do

- find [free activities to help you get fit](#)
- if you have a disability or long-term health condition, find out about [getting active with a disability](#)
- start running with our [couch to 5k podcasts](#)
- find out [how to start swimming, cycling or dancing](#)
- find out about [getting started with exercise](#)

Don't

- do not feel that you have to spend hours in a gym. It's best to find activities you enjoy and make them a part of your life

3. Learn new skills

Research shows that learning new skills can also improve your mental wellbeing by:

- boosting self-confidence and [raising self-esteem](#)
- helping you to build a sense of purpose
- helping you to connect with others

Even if you feel like you do not have enough time, or you may not need to learn new things, there are lots of different ways to bring learning into your life.

Some of the things you could try include:

Do

- try learning to cook something new. Find out about [healthy eating and cooking tips](#)
- try taking on a new responsibility at work, such as mentoring a junior staff member or improving your presentation skills
- work on a DIY project, such as fixing a broken bike, garden gate or something bigger. There are lots of free video tutorials online
- consider signing up for a course at a local college. You could try learning a new language or a practical skill such as plumbing
- try new hobbies that challenge you, such as writing a blog, taking up a new sport or learning to paint

Don't

- do not feel you have to learn new qualifications or sit exams if this does not interest you. It's best to find activities you enjoy and make them a part of your life

4. Give to others

Research suggests that acts of giving and kindness can help improve your mental wellbeing by:

- creating positive feelings and a sense of reward
- giving you a feeling of purpose and self-worth
- helping you connect with other people

It could be small acts of kindness towards other people, or larger ones like volunteering in your local community.

Some examples of the things you could try include:

- saying thank you to someone for something they have done for you
- asking friends, family or colleagues how they are and really listening to their answer
- spending time with friends or relatives who need support or company
- offering to help someone you know with DIY or a work project
- volunteering in your community, such as helping at a school, hospital or care home

5. Pay attention to the present moment (mindfulness)

Paying more attention to the present moment can improve your mental wellbeing. This includes your thoughts and feelings, your body and the world around you.

Some people call this awareness "mindfulness". Mindfulness can help you enjoy life more and understand yourself better. It can positively change the way you feel about life and how you approach challenges.

Read more about [mindfulness](#), including steps you can take to be more mindful in your everyday life.

Appendix A:

Guidance and advice documents

Supporting mental health in schools and colleges – GOV.UK Surveys and case studies with schools on activities to support pupils’ mental health and wellbeing (2017)

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015).

PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2021)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children’s Bureau (2015)

Data Sources

Children and young people’s mental health and wellbeing profiling tool collates and analyses a wide range of publicly available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing 22.

Health behaviour of school age children is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people’s health and wellbeing

Appendix B:

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

Source: Young Minds

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too. Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk)

- Mind (www.mind.org.uk)

and (for e-learning opportunities) Minded (www.minded.org.uk)

SELF-HARM

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most

frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support:

www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

www.selfinjurysupport.org.uk

www.harmless.org.uk

Books - Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

DEPRESSION

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

www.depressionalliance.org/information/what-depression

www.mind.org.uk

www.mindfull.org

www.youngminds.org.uk

www.childline.org.uk

www.getconnected.org.uk

www.therelationshipcentre.co.uk/talkdontwalk

www.depressioninteenagers.co.uk

www.thestudentsagainstd Depression.org

www.thecalmzone.net

www.youthhealthtalk.org

www.youth2youth.co.uk

Books - Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

ANXIETY, PANIC ATTACKS AND PHOBIAS

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

www.nopanic.org.uk

www.ocdaction.org.uk

www.ocduk.org

www.getselfhelp.co.uk

Books - Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

OBSESSIONS AND COMPULSIONS

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

www.ocduk.org/ocd

In addition see list under Anxiety heading.

Books - Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

SUICIDAL FEELINGS

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

www.samaritans.org

www.cwmt.org

www.stampoutsuicide.org.uk

www.asist.org.uk

Cruse Bereavement Care: www.cruse.org.uk or www.rd4u.org.uk

Survivors of Bereavement by Suicide: www.sobs.org.uk

Sane/Saneline: www.sane.org.uk

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/researchand-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

DISORDERED EATING

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of

primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat: the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficultiesin-younger-children

Anorexia and Bulimia Care (ABC): www.anorexiaandbulimiacare.org.uk

Boy Anorexia: www.boyanorexia.com

Student Run Self Help: www.srsh.co.uk

Men Get Eating Disorders Too: www.mengetedstoo.co.uk

<http://www.nhs.uk/conditions/anorexia-nervosa/pages/lynsey-and-helen-stories.aspx>

<http://guidance.nice.org.uk/CG9>

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

OTHER ISSUES

Rethink Mental Illness: www.rethink.org

IRIS: www.iris-initiative.org.uk

Hearing Voices Network: www.hearing-voices.org

bipolarUK: www.bipolar.org.uk

Voice Collective: www.voicecollective.co.uk

Mental Health Care: www.mantalhealth.org.uk

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