



TERRA NOVA
SCHOOL

MENTAL HEALTH POLICY

This policy applies to the whole school including the Early Years Foundation Stage (EYFS)

All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures, both within and outside of normal school hours, including activities away from school. All employees and volunteers should read this policy in conjunction with Part 1 of the latest version of Keeping Children Safe in Education (KCSIE 2020), our Safeguarding and Child Protection Policy, Staff Handbook and The Teachers' Standards. Our approach at Terra Nova is child-centred and, at all times, we will act in the best interests of the child. This policy takes full account of the child protection procedures agreed by Cheshire East LSCB and statutory guidance *Working Together to Safeguard Children (2018)*.

Introduction

The World Health Organisation has defined Mental Health as 'a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community'.¹ Based on the most recent guidance from KCSIE 2020, recognising the link between mental health and safeguarding, Terra Nova has decided that the DSL will be the school's mental health lead and that the safeguarding governor will take on the governance of mental health too.

Factors that put children at risk

Research has taught us that particular groups and individuals are at increased risk of having mental health problems. Table 1 below highlights these risk factors for the child, family, school and local community and also draws attention to some protective factors that are thought to make developing a mental health problem less likely.²

Longitudinal studies propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems increasing the likelihood of these children developing behavioural

¹ http://www.who.int/features/factfiles/mental_health/en

² Brown, E., Khan, L. and Parsonage, M. (2012) A Chance to Change: Delivering effective parenting programmes to transform lives. Centre for Mental Health.

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problems. Data highlights that five or more risk factors increases eleven times the risks for boys aged 10 or under to develop a mental health disorder compared with boys with no risk factors. For girls of the same age range with five risk factors makes them nineteen times more likely to develop a disorder.³

Table 1⁴ : Risk and protective features for child and adolescent mental health

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ learning and disabilities • Specific Development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual neglect or abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder 	<ul style="list-style-type: none"> • At least one good parent – child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of a severe discord

³ Murray, J. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. *Journal Of Child Psychology & Psychiatry*, 51(11), pp 1198-1207

⁴ Taken from advice published by the Department for Education (March 2016)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf p.9

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	<ul style="list-style-type: none"> • Death and loss – including loss of friendship 	
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown of a lack of positive relationships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider support network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Mentally healthy pupils are able to progress emotionally within the normal scope. Pupils acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

Schools are in a position to influence the mental health of children and young people as well as being best placed to identify the indicators of mental health problems at an early stage. They can increase the social and emotional development of children and nurture their mental wellbeing through their everyday involvement with pupils. At Terra Nova we understand our responsibilities and ensure that such pupils are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the Equality Act (2010).⁵

We aim to offer an empathetic environment that will support and aid pupils and staff with mental health struggles to accomplish their greatest academic potential. We do this by:

- Providing a range of support such as our School Counsellor, Independent Listener and Medical Officer

⁵ For more information visit <https://www.gov.uk/guidance/equality-act-2010-guidance> (June 2015)

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- A Pastoral Team, chaired by the DSL & Mental Health Lead, of four Pastoral Lead teachers as well as Form Tutors and Class Teachers, that oversee the health and wellbeing of all pupils;
- Having an 'open door' policy to encourage pupils with mental health difficulties to seek support; our listening tree (and online listening tree) that signposts where pupils can seek support;
- Promoting understanding and recognition of mental health difficulties, through assemblies, visiting speakers (such as the Self Esteem Team and the NSPCC Stay Safe Team), WellBeing Week;
- Triangulation of pupil information and observations through weekly briefing and weekly Pastoral Team meetings and training emails;
- Providing support and education to staff - there are staff trained as Mental Health First Aiders;
- Having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised); and
- Having an effective Safeguarding and Child Protection Policy to work alongside this policy.

Terra Nova is committed to providing a supportive environment, however it is important to recognise that we are not a mental health facility and there are limits to the extent of support we can provide and in some cases we will need pupils to seek outside support from the NHS and from within the community.

Child and Adolescent Mental Health Disorders

Some examples of such disorders may include:

- Conduct Disorder (aggression, destroying/losing property, theft, running away etc.)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Deliberate Self Harm
- Eating Disorders
- Obsessive Compulsive Disorder (obsessions, compulsions, personality characteristics verging on panic)
- Anxiety Disorders (including panic attacks)
- Soiling and Wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive behaviors)
- Substance Abuse
- Depression and Bipolar Disorder

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- Schizophrenia (abnormal perceptions, delusional thinking)
- Suicidal Thoughts (not a disorder but thoughts based and equally as serious)

Prevention

Terra Nova has the subsequent procedures in place to assist pupils in school life. These procedures support staff to identify and support pupils with mental health problems. This includes but is not limited to: pastoral support team, policies, anti-bullying and safeguarding policies, behaviour management and liaison with external agencies.

Identification of Mental Health Difficulties

It can be very difficult to recognise a pupil with mental health difficulties. However, staff should be alert to changes in a pupil's behaviour, presentation and engagement and should raise any concerns to the Mental Health Lead, Deputy Head or Headmaster. Any immediate concerns such as a pupil at risk of harm to themselves or others must be raised immediately following safeguarding procedures.⁶

Intervention

It is in the best interests of the pupil to offer support for mental health problems when they arise as the longer a pupil struggles, the more complex the problem becomes. Supporting a distressed pupil can take up a lot of time and be challenging, so please follow the guidance below:

- Think cautiously about how you can/are unable to help;
- Do you have the time and expertise to help them - if not, refer on in a timely manner;
- Is there a conflict with other roles you may have?
- Clarify your role/limits to the pupil;
- Be ready to take a definite line about the degree of your involvement; and
- Remember, you are not alone - please refer for some help.

If you are concerned about a pupil:

- Be proactive, don't evade the problem;
- Discuss your concerns in private with the pupil and be willing to listen;

⁶See Safeguarding and Child Protection Policy on <https://drive.google.com/drive/u/0/folders/1OyKSvq0DUEOfyLtafrFNmlCysLFcRxJx>

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- Tell the pupil that you may not be able to maintain confidentiality, explaining you will converse with them if information needed to be shared and who with;
- If you still have concerns that you are not the best person to deal with the pupil's problems, and there is no improvement in spite of your minimal intervention, please notify the Mental Health Lead or Deputy Head for support and guidance;
- The Mental Health Lead or Deputy Head may then collect more information from staff to determine if your concern is shared;
- If unsure, always refer the pupil on, so you are not left to deal with situations you may not be able to manage (see Appendix 1).

Next Steps

The Deputy Head will meet with appropriate staff to discuss the pupil. The aim of the meeting will be to decide whether:

- There are any child safeguarding concerns;
- Who, if anyone, the information should be referred to (other staff, parents, outside agencies);
- The next steps to be taken, which may include referral to outside agencies such as CAMHS and/or emergency care;
- The appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.

Confidentiality

Pupils will be encouraged to tell their parents about their problems or give permission for a member of staff to do so. If it is felt they are at risk to themselves, confidence will be broken and the parents informed. We do recognise that mental health problems may mean a pupil might not have the ability to recognise that they need help, resulting in their wishes for confidentiality to be broken in order to get them the support they need.

Appendix 1: How to help flow chart

Assessing if a pupil has a problem?

- Did the pupil tell you?
- Have other staff/pupils informed you of their concerns?
- Have you noticed an alteration in the pupil's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the pupil's mood (solitary, sad, depressed)?
- Has the pupil's behaviour recently declined?
- Has the pupil's academic accomplishment altered considerably?
- Has the pupil had these issues for a considerable time?

**Deal with the situation. Be ready to listen.
Speak honestly and share only with necessary parties.**

After discussion with the pupil, if you still have concerns or further intervention is required, speak to a member of the team below who will arrange for the team to meet. Ask the pupil for consent to share the information and tell the pupil with whom and what is being shared.

Speak with the pupil's Form Tutor, Mental Health Lead and Deputy Head

A meeting is called to determine:

- If there are any child safeguarding concerns;
- Who, if anyone, the information should be referred to;
- The next steps to be taken, which may include referral to outside agencies;
- The appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.

**Encourage them to tell their parents. Mental Health Lead or Deputy Head to nominate someone to tell parents unless inappropriate/child safeguarding issues.
FOLLOW UP**