POSITIVE MENTAL HEALTH POLICY

Status: Statutory

Member of Staff Responsible: Executive Principal / Principal and Chair of Trust / Governors

Related Policies:

Implementation date: September 2019

Reviewed date: September 2026

Next review date: September 2027

Policy 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 Organization).

At the UTC we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole UTC 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, five or six students will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

Scope

This document describes the UTC'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 Supporting Students with Medical Conditions in cases where a 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 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 or carers.

Lead Members of Staff

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

- Miss Sharon Hunt - Assistant Principal: Mental Health Lead / Designated Safeguarding Lead
- Miss Emma Varney - Mental Health trained
- Mrs Carol Snell - First aider

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Mental Health Lead 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 the Designated Safeguarding Lead (DSL), one of the Deputies (DDSL), or the Principal. 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 Single Point of Access (SPOA) is appropriate, this will be led and managed by the Designated Safeguarding Lead or SENDCO (Miss Kim Coates).

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. Individual Health Plans are completed with parents/students and the Designated Safeguarding Lead or one of the Learning Managers.

This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication
- What to do and who to contact in an emergency

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 developmental Personal Learning curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching 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 PSHE Association Guidance[1] 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, students and parents are aware of sources of support within UTC and in the local community. What support is available within our UTC and local community, who it is aimed at and how to access it is outlined later in the policy.

We will display relevant sources of support in communal areas such as the Dining Room, Student Support, Staff Room, and toilets 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 help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it

Warning Signs

UTC 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 Miss Hunt our Mental Health and Emotional Wellbeing Lead/Designated Safeguarding Lead or one of the Deputy Safeguarding Leads.

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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

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 our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'.

All disclosures should be recorded in writing and held on CPOMS on the student's log. 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

This information should be shared with the Designated Safeguarding Lead/Mental Health Lead and their deputies and/or members of the Safeguarding Team, who will offer support and advice about next steps.

Confidentiality

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

- 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 student 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. The competency of a student to make an informed decision is based on demonstrating they are Gillick competent. The need to share information will follow the Safeguarding policy guidance.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead or member of the Safeguarding Team. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed unless evidence suggests students would be placed at risk from this, students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the UTC contacts parents unless this places the student at risk. We should always give students 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 Designated Safeguarding Lead (Miss Hunt), or one of their Deputies: Mr Schofield or Mr Todd, must be informed immediately.

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 the UTC, online, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, and 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 is being shared. 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 steps and always keep a brief record of the meeting on the child's confidential record (CPOMS).

Working with All Parents

Parents are often very welcoming of support and information from the UTC 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 information evenings
- Keep parents informed about the mental health topics their children are learning about in PL curriculum 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. 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 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 or 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

Support and counselling

Students will be signposted to appropriate services; these may include the following:

- Lunar Mind therapeutic counselling
- School Health Team
- Compass Changing Lives
- Supporting Communities
- Children First
- Sheffield Futures
- Safe & Sound
- Love4Life

On-line counselling - Kooth is an evidence based, free, online support and counselling offer which young people can access at any time. You can find more information about Kooth via www.kooth.com

The Young Minds Crisis Messenger text service provides free, 24/7 crisis support across the UK. Mental health worries - Young Minds - Text SHOUT to 85258 for 24/7 free, confidential support

Child Line 0800 1111

CAMHS duty helpline for any urgent concerns regarding emotional and mental health - 0300 1239164

Supportive apps –
Calm Harm (app to help teenagers manage or resist the urge to self-harm)

Clear Fear (app to help children and young people manage symptoms of anxiety)

Move Mood (app to help teenagers manage low mood and depression)

Combined Minds (app to help families and friends provide mental health support)

The Trust have contracted Sheffield Futures to provide a mental health counselling service one day a week that is in accordance with the following:

- professionally supervised (by a professional body)
- insured (professional indemnity insurance)
- working within agreed policy frameworks and standards
- accreditation with a professional body,
- accountable to a professional body with a clearly articulated complaints procedure.

In relation to individual parent's consent for a child to access counselling, the DfE state if they are Gillick competent parent consent isn't required (see below):

Confidentiality issues will also vary according to the age of the child or young person and whether they are considered Gillick competent. Where they are not, and this will apply to most primary age children as well as to some of secondary age, parents or carer's consent will need to be given before they access counselling.

However, the consultation itself should remain confidential, subject to any safeguarding concerns. The individual UTC will ensure that parents or carers and UTC staff understand the principles of confidentiality and consent. Equally counsellors will recognise when they need to encourage children and young people to share with their parents or carers what is being discussed.

Gillick competence

The Fraser Guidelines set out the criteria that should be met before practitioners provide a service to under 16s without parental consent – the assessment of young people against these guidelines is often referred to as assessing whether the young person is Gillick competent. Young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them to fully understand what is proposed. This was defined in England and Wales by the House of Lords in the case of Gillick vs West Norfolk and Wisbech AHA and DHSS in 1985.

Features of a good counselling service:

- All staff, parents or carers, pupils and school partners are aware that a school based counselling service is being offered.
- Information about the school counselling service should be available and understood by all staff.
- Information and publicity materials have been developed and made available for all the different audiences: staff, parents or carers, pupils.
- Counselling is seen as part of a whole school approach to emotional health and wellbeing and school effectiveness.
- The service is independent as well as integrated into the school.
- The counselling room is accessible, private, secure, safe and welcoming.
- The counsellor is suitably qualified.
- Appropriate clinical and managerial supervision arrangements are in place.
- Continuing professional development opportunities are available and taken up.
- A member of school staff has been appointed to act as liaison.
- Appropriate induction arrangements have been made.
- The counsellor is familiar and works with relevant legislation and procedures, including child protection and safeguarding procedures.
- The counsellor has a knowledge of mental disorders and the evidence base for effective treatments.
- Pupils have been involved in the evaluation of the service.
- There are clear referral, including self-referral procedures in place.
- The equal opportunities policy includes sex, disability, race and sexual orientation.
- The complaints procedure is accessible to all.
- There are protocols in place for working with, and referring onto, other agencies.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding to enable them to keep students safe.

We will host relevant information on our shared drives 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 additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

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

The Charlie Waller Memorial Trust provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions