

# THE ALTERNATIVE SCHOOL GROUP LTD

## Mental Health Policy



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*The Alternative School Group is inspired by a belief that we can make a difference to every young person we work with by listening, raising aspirations and tailoring what we do to meet the needs of the individual. We believe that everyone has the potential to succeed and with our more holistic approach of nurture, academic achievement, vocational opportunities and inclusion for all, we aim to ensure that time spent with TAS Group is both enjoyable and successful.*

## **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 Organisation)*

At our school, we aim to promote positive mental health for every member of our staff and pupils. 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. 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 school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and advisory board members.

This policy should be read in conjunction with our Safeguarding and Child Protection, and Medical Conditions Policies in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

## **The Policy aims to:**

- Promote positive mental health in all staff and pupil
- Increase understanding, awareness and identification 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 pupils suffering mental ill health, their peers and parents/carers by having clear routes to escalate and refer

If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead, deputy designated safeguarding lead or the headteacher. If the pupil presents a medical emergency the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

## **Individual Health Care Plans**

It is helpful to draw up an individual health 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 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 pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

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 pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## Signposting

We will display relevant sources of support in communal areas such as common rooms 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 pupils 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 pupil 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 to their Headteacher.

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
- Refusal to take part in 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

A pupil 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 pupil 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 pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix A.

All disclosures should be documented on Behaviour Watch. 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 Headteacher who will offer support and advice about next steps such as referral support to CAMHS etc.

### **Confidentiality**

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

- 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 pupil 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.

It is always advisable to share disclosures with your Headteacher, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. Parents must always be informed, and the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead 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 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 are accepting of this (within reason) and give the parent time to reflect.

It maybe necessary to highlight further sources of information and signpost parents to where further information can be found. It is possible that parents may find it hard to take much in whilst coming to terms with the news about their child. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We will 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 aim to 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.
- Ensure that all parents are aware of who to talk to, and how to access this support, 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.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

### Supporting Peers

When a pupil 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 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 needs 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 safeguarding training in order to enable them to keep students safe.

The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue.

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 school CPD should be discussed with your Headteacher.

### Appendix A: Talking to pupils when they make mental health disclosures

The advice below is from pupil themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice is alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate. Both pupils and staff use the agreed approach ALGEE approach to dealing with concerns:

- A = Approach (Have a conversation and be sensitive)
- L = Listen (Do not interrupt, let the other person speak and don't judge)
- G = Give Support (Treat with respect and give practical help)
- E = Encourage (To speak to a staff member)
- E = Encourage (To speak to family/friends and other agencies/helplines)

## **Focus on listening**

*“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”*

If a pupil has come to you, it is because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they are thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

## **Don’t talk too much**

*“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”*

The pupil should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they have touched on more deeply, or to show that you understand and are supportive. Do not feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you are listening!

## **Don’t pretend to understand**

*“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you have never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you will slowly start to understand what steps they might be ready to take in order to start making some changes.

## **Don’t be afraid to make eye contact**

*“She was so disgusted by what I told her that she couldn’t bear to look at me.”*

It is important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it does not feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

## **Offer support.**

*“I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools’ policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you are working with them to move things forward.

### **Acknowledge how hard it is to discuss these issues.**

*“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”*

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

### **Don’t assume that an apparently negative response is actually a negative response.**

*“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”*

Despite the fact that a pupil has confided in you and may even have expressed a desire to get on top of their illness, that doesn’t mean they will readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Do not be offended or upset if your offers of help are met with anger, indifference or insolence, it is the illness talking, not the student.

### **Never break your promises**

*“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”*

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you cannot then you must be honest. Explain that, whilst you cannot keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you do not have all the answers or are not exactly sure what will happen next. Consider yourself the pupil’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

## **Appendix B: Guidance and advice documents**

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

<https://www.gov.uk/government/publications/counselling-in-schools> - departmental advice for school staff and counsellors. Department for Education (2015)

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and> (2019). PSHE Association. Funded by the Department for Education (2015)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2> - statutory guidance for schools and colleges. Department for Education (2018)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

- statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

[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)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/958151/Promoting\\_children\\_and\\_young\\_people\\_s\\_emotional\\_health\\_and\\_wellbeing\\_a\\_whole\\_school\\_and\\_college\\_approach.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf)

<https://www.nice.org.uk/guidance/ph12>

<https://www.mentalhealth.org.nz/assets/ResourceFinder/What-works-in-promoting-social-and-emotional-wellbeing-in-schools-2015.pdf> - Advice for schools and framework document written by Professor Katherine Weare. National Children’s Bureau (2015)

<https://mindfulnessinschools.org/> - Training and support

<https://www.beingwellagenda.org/> - Resources and ideas- ten themes

<https://youngminds.org.uk/> - Dealing with safeguarding, bullying and mental health issues Y5/6

<https://www.minded.org.uk/> - Online training

<https://mindedforfamilies.org.uk/> - Useful resources for children, parents and staff

<https://www.mindful.org/meditation/mindfulness-getting-started/> - types of meditation

<https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities/> - mindfulness techniques

<https://riseabove.org.uk/> - lesson plans and materials