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**Mental Health and Wellbeing Policy**

**Introduction**

The School promotes the mental and physical health and emotional wellbeing of all its children and young people. Wellbeing is at the forefront of the school’s PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all.

Mental health issues can be de-stigmatised by educating students, staff and parents. This is done through discussions with the children and young people, through staff training and through parent discussion evenings that take place through the school year.

The policy aims to:

* describe the school’s approach to mental health issues
* increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
* alert staff to warning signs and risk factors
* provide support and guidance to all staff, including non-teaching staff, dealing with students who suffer from mental health issues
* provide support to students who suffer from mental health issues, their peers and parents/carers

This policy has been authorised by the Directors, is addressed to all members of staff and volunteers, is available to parents on request and is published on the school website. It applies wherever staff or volunteers are working with children and young people even where this is away from the school, for example on an educational visit.

**Child Protection Responsibilities**

The Montessori Place is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff and volunteers to share this commitment.

We recognise that children and young people have a fundamental right to be protected from harm and that they cannot learn effectively unless they feel secure. We therefore aim to provide a school environment that promotes self-confidence, a feeling of self-worth and the knowledge that students’ concerns will be listened to and acted upon. Every child and young person should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing (Every Child Matters, 2004, DfES).

The Directors takes seriously their responsibility to uphold the aims of the school and its duty in promoting an environment in which children can feel secure and safe from harm. The Headteacher is responsible for ensuring that the procedures outlined in this policy are followed on a day-to-day basis.

There is a Designated Person responsible for matters relating to child protection and welfare (2017/18: Rob Gueterbock). Parents are welcome to approach the Designated Person if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's guide who will notify the Designated Person in accordance with these procedures.

In addition to the child protection measures outlined in the School’s child protection policy, the School has a duty of care to protect and promote a child or young person’s mental or emotional wellbeing.

**Background**

One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence. See Appendix VI for further reading.

**Identifiable mental health issues**

* Anxiety and Depression
* Eating disorders
* Self Harm

**Signs and symptoms of mental or emotional concerns**

These are outlined at Appendices I, II and III.

**Procedures**

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined at Appendices I, II & III.

There is a procedure to follow if staff have a concern about a child or young person, if another child or young person raises concerns about one of their friends or if an individual child or young person speaks to a member of staff specifically about how they are feeling.

**Procedures following a concern**

Ask, assess, act

Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.

Listen non-judgementally.

Give them time to talk and gain their confidence to take the issue to someone who could help further.

Give reassurance and information.

Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality - it could be a child protection matter.

Enable the young person to get help

Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help. Encourage them to speak to someone - offer to go with them. Encourage self help strategies.

Do not speak about your conversation or concerns with other children and young people/casually to a member of staff. Access support for yourself if you need it via a senior colleague or your line manager.

**High Risk**

If you consider the young person to be at risk then you should follow Child Protection procedures and report your concerns directly to the Designated Person who will decide on the appropriate course of action. This may include:

* Contacting parents/carers Arranging professional assistance e.g. doctor/nurse
* Arranging an appointment with a counsellor
* Arranging a referral to CAMHS - with parental consent
* Giving advice to parents, teachers and other students

**Low Risk**

If you feel that the young person needs a period of 'watchful waiting' communicate this to the Lead Guide. They should pass on the information to the Headteacher who will instigate the appropriate time period of watchful waiting (up to 4 weeks). After a period of watchful waiting, a young person deemed to have continuing symptoms should be referred to a medical professional. This might be the School's counsellor or may be a specialist CAMHS or private referral.

An individual care plan will be drawn up for the young person at this point.

**Individual Care Plans (ICPs)**

Following consultation between the relevant members of the team an ICP would be agreed between the team, the child or young person and their parents (see Appendix IV). This would be available to the relevant teaching staff in order to provide the appropriate level of support for the child or young person.

**Confidentiality and information sharing**

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.

It is likely that a student will present at their doctor in the first instance. Young people with mental health problems typically visit the doctor more than their peers, often presenting with a physical concern. This gives medical professionals a key role in identifying mental health issues early

Parents must disclose to the director of pastoral care any known mental health problem or any concerns they may have about a student’s mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student’s wellbeing.

**Records and reporting**

Further guidance on procedures for specific mental health concerns is given at Appendices I, II and III.

**Staff Roles/Procedures**

Procedures for dealing with specific mental health issues are given as follows:

* anxiety and depression
* eating disorders
* self harm

**Anxiety and Depression**

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their ‘survival skills’ so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child’s day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

* Generalised anxiety disorder (GAD)
* Panic disorder and agoraphobia
* Acute stress disorder (ASD)
* Separation anxiety
* Post-traumatic stress disorder
* Obsessive-compulsive disorder (OCD)
* Phobic disorders (including social phobia)

Symptoms of an anxiety disorder

These can include:

Physical effects

* Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
* Respiratory – hyperventilation, shortness of breath
* Neurological – dizziness, headache, sweating, tingling and numbness
* Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
* Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

* Unrealistic and/or excessive fear and worry (about past or future events)
* Mind racing or going blank
* Decreased concentration and memory
* Difficulty making decisions
* Irritability, impatience, anger
* Confusion
* Restlessness or feeling on edge, nervousness
* Tiredness, sleep disturbances, vivid dreams
* Unwanted unpleasant repetitive thoughts

Behavioural effects

* Avoidance of situations
* Repetitive compulsive behaviour e.g. excessive checking
* Distress in social situations
* Urges to escape situations that cause discomfort (phobic behaviour)

**First Aid for anxiety disorders**

How to help a student having a panic attack

* If you are at all unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
* If you are sure that the student is having a panic attack, move them to a quiet safe place if possible.
* Help to calm the student by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
* Be a good listener, without judging.
* Explain to the student that they are experiencing a panic attack and not something life threatening such as a heart attack.
* Explain that the attack will soon stop and that they will recover fully.
* Assure the student that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

**Depression**

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England if affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys. Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

**Risk Factors**

Experiencing other mental or emotional problems

Divorce of parents

Perceived poor achievement at school

Bullying

Developing a long term physical illness

Death of someone close

Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

**Symptoms**

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

**First Aid for anxiety and depression**

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Designated Person aware of any child causing concern. Following the report, the DP care will decide on the appropriate course of action. This may include:

* Contacting parents/carers
* Arranging professional assistance e.g. doctor, nurse
* Arranging an appointment with a counsellor
* Arranging a referral to CAMHS – with parental consent
* Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a student is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

**Eating Disorders**

**Definition of Eating Disorders**

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

**Risk Factors**

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

**Individual Factors**

* Difficulty expressing feelings and emotions
* A tendency to comply with other’s demands
* Very high expectations of achievement

**Family Factors**

* A home environment where food, eating, weight or appearance have a disproportionate significance
* An over-protective or over-controlling home environment
* Poor parental relationships and arguments
* Neglect or physical, sexual or emotional abuse
* Overly high family expectations of achievement

**Social Factors**

* Being bullied, teased or ridiculed due to weight or appearance
* Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

**Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Designated Person.

**Physical Signs**

* Weight loss
* Dizziness, tiredness, fainting
* Feeling Cold
* Hair becomes dull or lifeless
* Swollen cheeks
* Callused knuckles
* Tension headaches
* Sore throats / mouth ulcers
* Tooth decay

**Behavioural Signs**

* Restricted eating
* Skipping meals
* Scheduling activities during lunch
* Strange behaviour around food
* Wearing baggy clothes
* Wearing several layers of clothing
* Excessive chewing of gum/drinking of water
* Increased conscientiousness
* Increasing isolation / loss of friends
* Believes she is fat when she is not
* Secretive behaviour
* Visits the toilet immediately after meals
* Excessive exercise

**Psychological Signs**

* Preoccupation with food
* Sensitivity about eating
* Denial of hunger despite lack of food
* Feeling distressed or guilty after eating
* Self dislike
* Fear of gaining weight
* Moodiness
* Excessive perfectionism

**Staff Roles**

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Designated Person aware of any child causing concern. Following the report, the DP will decide on the appropriate course of action. This may include:

* Contacting parents/carers
* Arranging professional assistance e.g. doctor, nurse
* Arranging an appointment with a counsellor
* Arranging a referral to CAMHS – with parental consent
* Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality**. If you consider a student is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

**Management of eating disorders in school**

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all children and young people. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the DP deems it appropriate they may liaise with the Guide to monitor the amount of exercise a young person is doing in school, and also advise parents of a sensible exercise programme for out of school hours. All PE teachers at the school will be made aware of which children and young people have a known eating disorder.

The school will not discriminate against children and young people with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

Students Undergoing Treatment for/Recovering from Eating Disorders

The decision about how, or if, to proceed with a student’s schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student. The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

Further Considerations

Any meetings with a student, their parents or their peers regarding eating disorders should be recorded in writing including:

* Dates and times
* An action plan
* Concerns raised
* Details of anyone else who has been informed

This information should be stored in the student’s safeguarding file held by the Designated Person.

**Self Harm**

**Introduction**

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

**Definition of Self-Harm**

Self-harm is any behaviour where the intent is to deliberately cause harm to one’s own body for example:

* Cutting, scratching, scraping or picking skin
* Swallowing inedible objects
* Taking an overdose of prescription or non-prescription drugs
* Swallowing hazardous materials or substances
* Burning or scalding
* Hair-pulling
* Banging or hitting the head or other parts of the body
* Scouring or scrubbing the body excessively

**Risk Factors**

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

**Individual Factors:**

* Depression/anxiety
* Poor communication skills
* Low self-esteem
* Poor problem-solving skills
* Hopelessness
* Impulsivity
* Drug or alcohol abuse

**Family Factors**

* Unreasonable expectations
* Neglect or physical, sexual or emotional abuse
* Poor parental relationships and arguments
* Depression, self-harm or suicide in the family

**Social Factors**

* Difficulty in making relationships/loneliness
* Being bullied or rejected by peers

**Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the director of pastoral care.

Possible warning signs include:

* Changes in eating/sleeping habits (e.g. student may appear overly tired if not sleeping well)
* Increased isolation from friends or family, becoming socially withdrawn
* Changes in activity and mood e.g. more aggressive or introverted than usual
* 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. always wearing long sleeves, even in very warm weather
* Unwillingness to participate in certain sports activities e.g. swimming

**Staff Roles in working with students who self-harm**

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the DP. Following the report, the DP will decide on the appropriate course of action. This may include:

* Contacting parents / carers
* Arranging professional assistance e.g. doctor, nurse, social services
* Arranging an appointment with a counsellor
* Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
* **In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times**
* If a student has self-harmed in school a first aider should be called for immediate help

**Further Considerations**

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

* Dates and times
* An action plan
* Concerns raised
* Details of anyone else who has been informed

This information should be stored in the student’s safeguarding file held by the Designated Person.

It is important to encourage students to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the Lead Guide or the DP.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.