



**THE CHERWELL SCHOOL**  
OPPORTUNITY, RESPONSIBILITY, EXCELLENCE

# **THE CHERWELL SCHOOL**

## **MENTAL HEALTH POLICY**

<b>Mental Health Lead</b>	<b>Matt Barnard – Lead Counsellor</b>
<b>Adopted</b>	<b>November 2018</b>
<b>Agreed by</b>	<b>Student Impact Committee</b>
<b>Next policy review date</b>	<b>November 2020</b>

## **The Cherwell School Mental Health Policy**

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### **Mental Health is defined as:**

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)*

### **Wellbeing is defined as:**

Wellbeing can be defined as the quality of our lives – how we are, and how our lives are going (Children’s Society, 2017). There is subjective wellbeing which looks at how we think we are doing, and objective wellbeing which look at a range of external indicators such as poverty and so on to get an overall measure of wellbeing.

This Policy is written in reference to the summary report from the DfE ‘*Supporting Mental Health in Schools and Colleges*’ 2017

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/634725/Supporting\\_Mental-Health\\_synthesis\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634725/Supporting_Mental-Health_synthesis_report.pdf)

### **Policy Statement**

We believe that Mental Health is an ever changing state. Just as we feel physically poorly at times we can also feel mentally low. In this way, everyone has a mental health. The promotion of positive mental health for children and young people is everyone’s business and we recognise that we cannot do it all on our own. We believe that however progressive and high quality any school provision might be, it is the quality of relationships which young people witness both at home and at school which will influence the quality of their own relationships.

We promote a caring, supportive environment in which each individual is valued and respected. We have high expectations for all and aspire to achieve excellence.

We know that everyone needs the foundation of positive mental health to benefit fully from all of the opportunities available to them and that everyone experiences life challenges that can make us vulnerable. At times, anyone may need additional support to maintain or develop good mental health.

All students and adults have the right to learn and work in an environment that supports and promotes positive mental health for everybody. The Cherwell School recognises these needs and rights and is committed to raising awareness, increasing understanding and ensuring that we make a difference by providing an environment where all students and adults feel safe, secure and are able to achieve success and experience well-being. As a result of this we believe that mental health problems can be minimised.



Healthy relationships underpin positive mental health and we provide a learning environment that promotes and enhances positive relationships between all members of our community. All members of the school community (parents, school staff, young people) learn together how best to role model respectful and tolerant relationships with others, where differing viewpoints can co-exist, in the ever-changing world in which we live and work. This means that the school environment and school ethos all promote positive mental health for everyone.

### **Our Aims:**

- To increase understanding and awareness of mental health issues across both the student, staff and parent population so as to provide preventative and early intervention training and support.
- To provide training and education for all staff including Support Staff and Governors in Mental Health First Aid.
- To provide support to students and staff who suffer from mental health issues

### **Key Members of Staff:**

All members of staff (paid/voluntary/teaching/support) have a responsibility to promote good mental health of students. Those with a specific remit of mental health and promoting good wellbeing are listed here:

**Designated Safeguarding Leads:** Barb Timms, Chris Price, Kim Young, Martha Hawes, Jermaine Jarvis and Lorraine Hunt.

**Mental Health Lead:** Matt Barnard

**Pastoral Leaders:** Sherry Knight, Coralie Goble, Dan Ormrod, Janet Kidd, Jacqui Wells, Dajana Trzin and Helen Fisher.

**School Health Nurse:** Janette Dixon

**CPD Lead:** Tracey Parish

### **Teaching about Mental Health**

Through this policy we accept the importance of teaching about mental health.

We have a Social Wellbeing programme comprising timetabled lessons in Key Stage 3 and 4 and weekly sessions in year 12. Lessons are age appropriate and cover a range of mental health issues and are designed to ensure positive wellbeing and encourage the students to build resilience and develop their knowledge as well as developing the confidence to seek help and support when they need it.



Assemblies also take place throughout the year for all ages focussing on the aspects of mental health and wellbeing most relevant to them.

There are noticeboards round the school giving information about mental health issues as well as support agencies and help lines.

## **School systems**

We believe that is important to have school systems which support good mental health.

Our Pastoral system ensures that each student is known well by their form tutor who they see at the start of every day. Their Year Leader and Deputy Year Leader oversee the cohort and liaise with parents and colleagues about all issues regarding wellbeing. Deputy Year Leaders do not have a teaching commitment and so are available throughout the day.

- A strong focus on supporting vulnerable students and those with SEND
- A varied range of extra-curricular events and trips
- A balanced curriculum with opportunities for intellectual, physical and expressive development
- Encouraging independence in learning
- Careers advice
- Opportunities for student leadership for instance through school council, Duke of Edinburgh, Sports Leaders, Peer Support, Community Support programme, Student Hosts, Ambassadors and more
- An emphasis on praise and reward

Anti Bullying Policy – We deal with all reported incidents of bullying promptly and thoroughly. Our restorative approaches help to reduce repetition of bullying behaviour.

Behaviour for Learning – Our Rewards and Consequence system is clearly understood by all members of the community and works to ensure a calm and safe environment free from bullying

Routines - We have established routines for the start and end of lessons which enable lessons to start calmly and promptly

Attendance – Our focus on excellent attendance means that students are able to join in, be successful and as a result have a positive self-image

## **Support for students**

We believe that is important that the school provides support for students who may be suffering with issues related to their mental health. We approach mental health issues with kindness over judgement since the causes of another's wellbeing may not always be fully obvious.



All staff and students are informed about where they can access help and support within the school and local community:

- Through posting relevant material in communal areas such as the staff rooms and boards located in student's areas such as The Sixth Form Common Room.
- During assemblies and appropriate lessons such as Social Wellbeing.
- Through online resources and information for the whole school community via the school's website - <http://www.cherwell.oxon.sch.uk/student-wellbeing/mental-health>
- We have developed and continue to maintain a directory of local resources that are available to both students and staff. It is known as 'Mental Health and Mentoring Services in Oxfordshire and Online Resources Guide'. This can be downloaded from – *T: Staff Shared Docs/Cherwell Whole School/Counselling Service/ Mental Health and Mentoring Services in Oxfordshire Resource Guide' - 03\_02\_2018*
- Referral Flow Chart ('First Steps to Accessing Help for Physical and Mental Health') – staff can access a referral diagram signposting staff where it is best to refer students to.

## Support for staff

The school seeks to develop a culture which is both supportive and inclusive. It promotes positive mental health and wellbeing for all staff through:

- Wellbeing groups for all staff members
- Whole school training events, including Safeguarding
- Access to appropriate external training
- Involving all staff in decision making and proposed change.
- Generous provision of non-contact time to allow for planning
- Rarely asking staff to cover lessons for others
- 'No meetings weeks' to allow staff to leave promptly.
- Consultation on training and support needs through regular review
- Flexible working practices open to all staff, at all stages and levels
- Effectively run meetings and a conscious consideration of wellbeing in the production of our whole school calendar
- Close adherence to ACSL's guidance on making assessment and feedback 'meaningful, manageable and motivating' and curriculum design that reduces teacher planning workload
- Administration support
- Recognition of and support and training for work-based stress
- Monitoring of staff workload and wellbeing through:
  - SLT meetings (weekly) and fortnightly middle leader faculty link meetings
  - In regular discussion with union reps
  - In regular discussion with Resources committee and Student Impact Committees of the governing body

- Through external validation (Keele Survey, bi-annually)
- Links with Employee Assist to support staff with work related stress issues
- Supportive 'return to work' process after an extended health related absence
- Links with HR at the River Learning Trust to support staff with a range of employment issues

### **Outside Agencies:**

We recognise that it is not possible to do all of this on our own and so it is important to work with external agencies to ensure that students receive expert support when it is required. Examples of such agencies are:

GP  
Child and Mental Health Services (CAMHS) SPA  
Educational Psychologist  
School nurse  
Counsellor  
LCSS  
MASH  
Police  
Aquarius  
Kingfisher Team  
OSCB  
SeeSaw

### **Specific Mental Health Issues**

**Anxiety** – anxiety is an ordinary part of life that can impact us all in different ways and at different times. Whereas stress, which is often confused with anxiety, has an external factor and comes and goes. Whereas anxiety can persist and sometimes the cause can be unknown to the sufferer.

Symptoms of anxiety are: -

- Increased heart rate
- Tension in the muscle
- Heart Palpitations
- Shaking
- Dry Mouth
- Hot flushes
- Tightness of the chest
- Feeling sick – (butterflies in the stomach)
- Hyperventilating
- Dizziness
- Tingling in the hands or legs (jelly-legs)
- Hyper vigilance
- Increased need to go to the toilet

It's important to recognise that these symptoms are a biological response to feeling under threat that prehistorically enabled us to be on the lookout for danger and respond to it. This response is often referred to as the 'Flight, Fight or Freeze Response', as our brain is preparing our body by releasing adrenaline as a way to react to the threat. In anxiety, this response can be activated when there is a perceived threat, rather than a physical threat.

The person can imagine that their problems are far worse than they actually are, and will take steps to avoid situations that make them feel anxious. Below is a list of psychological symptoms in periods of anxiety that students and staff may describe –

- A loss of control.
- A feeling of panic, and that they may die.
- Feeling as though they are being looked at, and others judging them.
- Feeling detached from the world around them.
- Wanting to run away or escape from the situation. Unable to stay in the situation.

The most common way of managing these physical and psychological symptoms as listed above, is to avoid the situation in which causes the anxiety. However, this only provides a short term relief and serves to reinforce the message that the perceived danger is valid.

**Low Mood and Depression**– Everyone experiences low mood from time to time and is particular common after a traumatic event or a change in our life like the loss of someone, end of a relationship etc. Low mood tends to last for a few days or even a few weeks.

Symptoms of low mood include:

- Feeling sad, tearful or hopeless about a situation or the future
- Loss of interest in activities that used to be enjoyable
- Withdrawing and isolating one's self from family and friends
- Feeling angry and irritable and may over-react to what others say
- Lacking in energy and feeling tired
- Sleeping difficulties – too much, too little, difficulties in getting to sleep or staying asleep
- Poor memory and difficulty concentrating
- Feeling negative and looking for the negative in any given situation
- Feeling inadequate
- Low self-esteem
- Loss of appetite (weight loss) or over-eating (weight gain)
- Being less concerned about their physical appearance
- Drinking more alcohol, smoking or taking drugs.
- A feeling of numbness or not feeling anything.

Anything longer than a few weeks then the person may be experiencing depression, which can be diagnosed by a medical professional such as a GP.

**Loss and bereavement (grief)**– These two words are often used interchangeably. Bereavement often refers to the experience of the death of someone. Loss can also mean the same as bereavement, but can also refer to a significant emotional change in a person's life e.g. parental divorce could leave a child experiencing loss with symptoms in common with a bereavement.

Everyone reacts differently to the experience the death of a loved one or someone that they knew. There is no normal or 'correct' way to respond. Rather than the period of grief being a consecutive set of stages, a person can go back and forth between different emotions.

Such symptoms include:

- numbness
- anger
- guilt
- loneliness
- fear
- sadness
- longing
- crying
- relief.

Also young people may act out, rather than experience their feelings. So rather than verbalising their anger they may go from being compliant to disobedient in class, or take engage in risky like taking drugs or alcohol.

**Self-harm** – is when somebody intentionally damages or injures their body. For each person their reason for self-harming will vary, but it's usually a way of coping with a feeling of being overwhelmed by worry or anxiety; turning a psychological pain in to a physical pain. In some cases, the person can also feel that they need to punish themselves.

Self-harm can also be a form of communication, and it's important that low level self-harm (scratches) is not dismissed as not being serious or merely attention seeking. All behaviour of this kind is a way of telling others that they are distressed and are struggling to cope with something and can be the beginning of more dangerous forms of self-harm.

**Eating Disorders** – can involve eating too much or too little, and may be linked to a preoccupation with body image or body shape. Eating disorders affect both male and females, although it is more commonplace amongst females.

Types of eating disorders: -

**Anorexia Nervosa** – when you try to restrict the amount of calories and fat in your diet in order to keep your weight as low as possible. This is achieved through eating as few calories as possible and/or through exercising.

**Bulimia** – is by eating a lot of food in a very short amount of time (binging). This is then followed by forcing yourself to be sick, or through the use laxatives to reduce any potential weight gain from eating.

**Binge Eating Disorder (BED)** – similar to bulimia, but the person does not purge after binge eating. The person is often left feeling upset or guilty

Not all eating disorders fit neatly in to this categories, but are by no means less serious.

## **Confidentiality and Managing Disclosures**

Before embarking on any conversations where there is a potential for a disclosure it is essential that all members of staff are transparent about the need to follow the school's Safeguarding and Confidentiality policies.

## **Working with Parents and Carers**

We recognise the crucial role Parents and Carers play and that raising children during the adolescent years can be difficult. We will always look to work in partnership to support parents and carers.

- We give information and support about common mental health issues on our school website and through the Deputy Head Teacher's Termly Student Wellbeing Letter.
- The CherWellbeing newsletter is produced termly and gives a perspective on Mental Health from students, staff and parents.
- We ensure all parents and carers are aware of who they can talk to should they have concerns about their own child or another child in the school.
- We make this policy accessible to all via the website
- We offer advice to parents and carers on how they can support mental health and wellbeing through our regular information evenings.
- We keep parents and carers informed about the mental health topics their children are learning in Social Wellbeing lessons and through guest speakers via the Parent and Teacher Association. Where possible, guest speakers who present to the students during the day also deliver a mirror session in the evening for parents. This will help to send a consistent message from both the school and parents alike. This calendar is available via - <http://www.cherwellpta.org/>
- Parents and carers are invited to attend workshops run by external agencies during the school day

This policy will be reviewed every two years.

## **This policy should be read in conjunction with:**

- School Development and Improvement Plan
- Behaviour for Learning Policy
- Confidentiality Policy
- Child Protection Policy
- Equality Statement and Objectives
- Anti-Bullying Policy