

Banchory Academy

Positive Mental Health & Well-being Policy



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Positive Mental Health & Wellbeing Policy

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 Banchory Academy, we aim to promote positive mental health for our staff and students. We pursue this aim using universal, whole school approaches as well as specialised, targeted approaches and interventions.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. Currently one in ten children suffer 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 teaching staff and non-teaching staff. This policy should be read in conjunction with the information in the Confidential Folder.

The Policy Aims to

- Promote positive mental health in 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/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:

- Child Protection Officer
- Depute Pupil Support
- Principal Teachers of Guidance
- Mental Health First Aiders
- Pupil Support Worker
- School Nurse
- First Aider

Please see **Appendix 1** for a **List of Relevant Staff**.

Support in School

The structure of support available in school is detailed in the **Mental Health Support Flow Chart – See Appendix 2**

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Guidance staff in the first instance. If there is a fear that the student is in danger of immediate harm, child protection procedures should be followed with an immediate referral to the designated Child Protection Officer. 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.

When dealing with a mental health disclosure directly, staff should follow the **Mental Health Protocol – see appendix 3** – and should follow the guidance in the disclosures section of this policy.

Where a referral to CAMHS (Community Adolescent Mental Health Service) is appropriate, this will be led and managed by the PT Guidance.

The Child's Plan

When a child or young person is diagnosed as having a mental health condition, it is important that an action plan is drawn up to support the young person and address any wellbeing issues. This should be drawn up by PT Guidance and will involve the pupil, the parents and relevant health professionals.

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 Personal Social and Health Education 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 students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the Curriculum for Excellence Health & Wellbeing guidelines 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 school and in the local community. **Sources of Support** are detailed in **Appendix 4**.

We will display relevant sources of support in accessible areas and on our school website. We will regularly highlight sources of support to students within relevant parts of the curriculum.

Warning Signs

School 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 to the PTG.

Possible warning signs include:

- Evident changes in behaviour
- 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
- Reduced concentration
- Lowering of academic achievement
- Talking, joking or researching 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 secretly
- An increase in lateness to or absence from school

- Repeated physical pain or nausea with no evident cause
- Spending more time at the bathroom
- Discontinued hobbies or interests
- Failure to take care of personal appearance
- Seemingly overly-cheerful after a bout of depression

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. Staff should follow the **Mental Health Protocol – Appendix 3**.

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?' For more information about how to handle mental health disclosures sensitively see appendix D.

All disclosures should be recorded and held on the student's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Recorded facts from the conversation
- Agreed next steps

This information should be shared with the PT Guidance who will store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we think it is necessary for us to pass on our concerns about a student 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, although there are certain situations when information must always be shared with another member of staff and/or a parent, e.g. where a young person up to the age of 16 is at risk.

It is always advisable to share disclosures with a colleague, usually the PTG, as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, ensures continuity of care in our absence, and 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 may have to be informed and students should always be encouraged to tell their parents themselves.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Child Protection Officer **must be informed immediately**.

Working with 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 get about this, if they have concerns about their own child or a friend of their child

Where it is deemed appropriate to inform parents, this would be discussed with the PTG. We need to be sensitive in our approach so 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?
- 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 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 you're sharing. 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 step and always keep a brief record of the meeting on the child's confidential record.

Mental Health First Aiders in School

Members of staff who are qualified as Scottish Mental Health First Aiders are identifiable by their green lanyard, and also by way of a SMHFA badge in their classroom or on their classroom door. A list of qualified **Mental Health First Aiders** can be found in **Appendix 5**.

Peer Listening Service

A peer listening service will be provided by S5 and S6 pupils. The selected students will receive appropriate training and support, and will refer on to the relevant PTG. The peer listening service will be open to any pupil and will operate during interval and lunchtime during term time. Peer listeners will be identifiable by their gold badge and gold bands on their blazers.

Training

Staff will receive opportunities for regular training about recognising and responding to mental health issues and receive annual child protection training in order to enable them to keep students safe.

Mental Health First Aiders will meet regularly as a group in order to share experience, support each other and keep knowledge of best practice current.

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

Peer Listeners will participate in a training programme which will be delivered in house. They will meet regularly with staff leading the Peer Listening Programme and will also work closely with the Guidance Team where required.

Policy Review

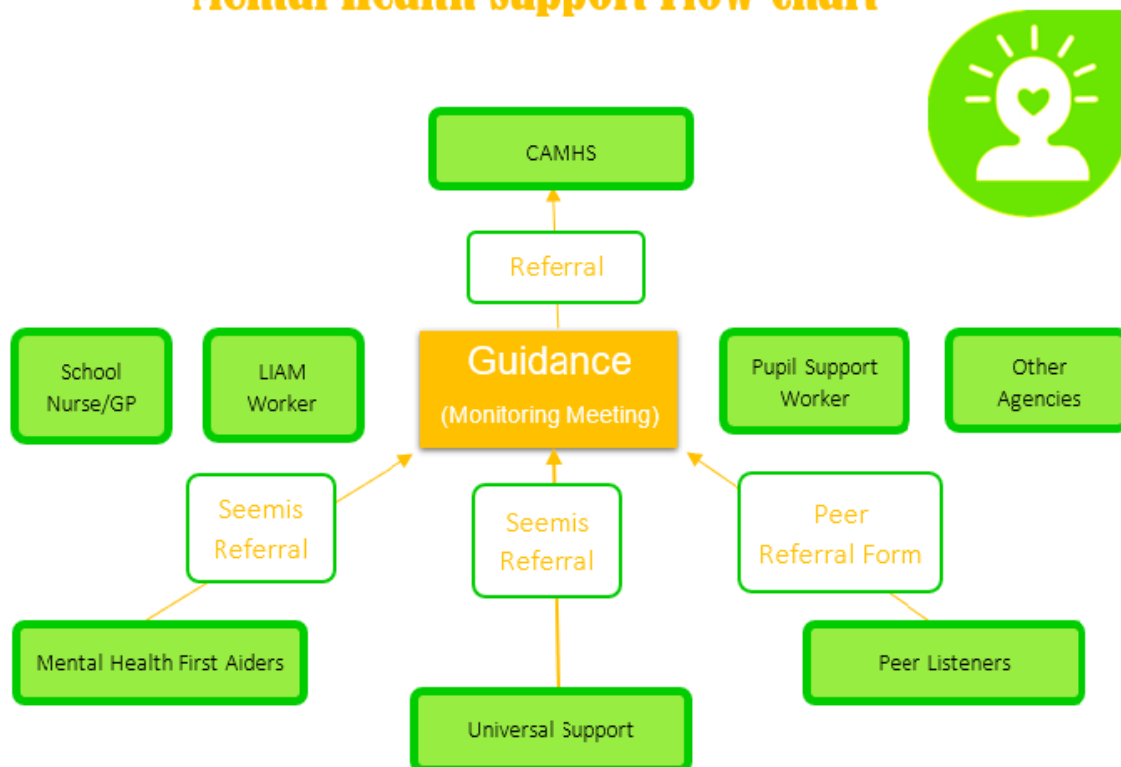
This policy will be reviewed every 3 years as a minimum. It is next due for review in May 2022.

Appendix 1

Child Protection Officer	Michelle Skellern
PT Guidance Kerloch	Islay Stewart
PT Guidance Lochton	Eleanor McIlraith
PT Guidance Monearn	Lucy Reilly
PT Guidance Ternan	Chris Duncan
Mental Health Lead	Eleanor McIlraith
Mental Health First Aiders	Gill Bruce
	Michelle Corsar
	Deborah Dixon
	Carol Doig
	Courtney Duff
	Chris Duncan
	Jo Ellson
	Amy Fraser
	Noelle Hall
	Jamie Kavanagh
	Eleanor McIlraith
	Laurie Petrie
	Lucy Reilly
	Michelle Skellern
	Lisa Rodger
	Islay Stewart
	Hannah Topp
	Laura Will
Pupil Support Worker	Anna Carey-Miller
School Nurse	Lynne Halliwell
First Aider	Corrina Cox

Appendix 2

Mental Health Support Flow Chart



Appendix 3

MENTAL HEALTH PROTOCOL

Follow this protocol in the event of a young person disclosing concerns about their mental health

1 CONCERN IDENTIFIED

Young person discloses a mental health concern about themselves or a peer (e.g. anxiety, eating disorder, self-harm, suicidal ideation (thoughts), psychosis)

2 ARE THEY AT RISK OF IMMEDIATE HARM?

Has the young person made a suicide attempt, serious laceration or self-injury, taken drugs/alcohol, ingested something/overdosed?

Dial 999

Seek First Aid

Inform Child Protection Officer

3 INITIAL ACTIONS

Be calm, supportive and non-judgemental

Speak to young person in a quiet setting

Explain confidentiality and the fact that there may be the need to pass concern on

Listen rather than give advice

Check for clarification / make notes for accurate information

If required, seek Mental Health First Aider

4 PASSING ON INFORMATION

If there are concerns about the young person's safety, see Child Protection Officer

Complete SEEMIS referral or speak to Guidance

Give date, time and summary of conversation

SPECIALISED SUPPORT

MENTAL HEALTH FIRST AIDERS

Staff specially trained to respond to a young person or adult in a mental health crisis. They have an understanding of a variety of mental health conditions and are trained to listen and support someone in crisis.

LIAM WORKERS

Staff specially trained to support young people to manage their anxiety – this can be accessed through the PT Guidance.

SUPPORT FROM CAMHS

For specialist mental health support, the PT Guidance and the school nurse can make a referral to CAMHS (Community Adolescent Mental Health Service)

Appendix 4

Mental Health First Aiders

Gill Bruce	SLT
Michelle Corsar	ASL
Deborah Dixon	Maths
Carol Doig	Librarian
Courtney Duff	PE
Chris Duncan	Guidance
Jo Ellson	Modern Languages
Amy Fraser	Humanities
Noelle Hall	Maths
Jamie Kavanagh	Humanities
Eleanor McIlraith	Guidance
Laurie Petrie	ASL
Lucy Reilly	Guidance
Lisa Rodger	ASL
Michelle Skellern	SLT
Islay Stewart	Maths / Guidance
Hannah Topp	Humanities
Laura Will	Technical

Appendix 5

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Information and Guidance about Common Mental Health Issues

Support on all of these issues can be accessed via

Young Minds: www.youngminds.org.uk

Mind: <https://www.mind.org.uk/>

Mind Ed: www.minded.org.uk - for e-learning opportunities

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Anxiety UK: www.anxietyuk.org.uk

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

OCD UK: www.ocduk.org/ocd

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging).

Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Talking to students when they make mental health disclosures

This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

If a student has come to you, it's 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're 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

The student 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 there 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 student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't 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.

Don't Pretend to Understand

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've 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'll 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

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't 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 student.

Offer support

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're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

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 student 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 student.

Don't assume that an apparently negative response is actually a negative response

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

Don't make promises you can't keep

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't 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 don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student'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.

Sources of support

Support in School

Staff with specific training in supporting mental health are as follows:

Mental First Aiders
Guidance Teachers
Pupil Support Worker

School Nurse

There are also a number of staff in school who are NHS trained in a programme to manage low level anxiety called LIAM (Low Intensity Anxiety Management)

Support for Young People

Organisation	Main contact details	Topic addressed
Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service and are open 24 hours a day, 7 days a week.
ChildLine	0800 1111: www.childline.org.uk	Get help and advice about a wide range of issues, talk to a counsellor online
Breathing Space	Call for free on 0800 83 85 87 www.breathingspace.scot	Advice and support if you need someone to talk to. Their phone line is open 6pm-2am on Monday to Thursday and 6pm-6am on Friday to Monday.
Beat	The Beat Youthline is open to anyone under 25. Youthline: 0345 634 7650 www.b-eat.co.uk/	UK's leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape.
Aye Mind	www.ayemind.com/	Making a digital toolkit for all who work with young people too, to boost their ability to promote youth wellbeing
Young Scot	Call 0808 801 0338 www.youngscot.org/	It has information on a range of topics including mental health
7 Cups of Tea	www.7cupsoftea.com	An online emotional health and wellbeing service
LGBT Youth Scotland	Call us: 0131 555 3940 Text us: 07786 202 370 https://www.lgbtyouth.org.uk/	Here to help support lesbian, gay, bisexual and transgender young people

Email us: info@lgbtyouth.org.uk

SAMH	www.samh.org.uk/	SAMH is the Scottish Association for Mental Health. SAMH believe there is no health without mental health. We're here to provide help, information and support.
See Me	https://www.seemescotland.org/	See Me is Scotland's programme to tackle mental health stigma and discrimination

Support for Parents/ Carers

Organisation	Main contact details	Topic addressed
The Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service and are open 24 hours a day, 7 days a week.
Young Minds	Parent helpline: 0808 802 5544 www.youngminds.org.uk	Free, confidential online and telephone support providing information and support
Parent Line Scotland	Call: 08000 28 22 33 Email: parentlinescotland@children1st.org.uk	Scotland's free helpline, email and web-chat service, for anyone caring for or concerned about a child - open 9am- 9pm Mon to Fri.
GP	Contact your GP at your local Surgery	Speak to your GP if you are worried about your child's mental health
NHS Choices	http://www.nhs.uk/conditions/stress-anxiety-depression/pages/mental-health-helplines.aspx	Whether you're concerned about yourself or a loved one, the helplines listed can offer expert advice