



# Highfield and Brookham Schools

## Emotional Health Policy

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### Introduction

Highfield and Brookham Schools believe that with good mental health, children and young people do better in every way. They are happier in their families, are able to learn better, do better at school, and enjoy friendships and new experiences. The culture of the School is one that encourages and reinforces acceptance, understanding, and celebrates difference. As such, the emotional health and well-being (EHWB) of pupils and staff is of great importance to the Schools.

This policy details the procedure that will be followed to assist pupils and/or staff who are suffering with poor emotional health. The terms “emotional health” and “mental health” are used interchangeably.

**“Good mental health is as important as good physical health.”**

Being emotionally healthy is an important end in itself; it is also linked with a range of positive outcomes in later life. It does not mean being happy all the time, but it does mean having the resilience to face the challenges that occur in life.

**“Building emotional resilience is key.”**

Childhood and teenage years are when mental health is developed and patterns are set for the future, so a child with good mental health is much more likely to have good mental health as an adult, and to be able to take on adult responsibilities and fulfil their potential. It is important to be able to recognise signs of poor emotional health, to be able to offer support but also to know when to refer a child for professional help.

**“Early intervention/prevention is crucial.”**

Highfield and Brookham Schools have several policies and procedures in place that support this Emotional Health policy and they will be summarised later in this document. School leadership and management demonstrate an interest and concern in the emotional health and well-being of others as outlined in this policy.

### Definition of Good Mental Health – *Mental Health Foundation, 2019*

‘Good mental health is not simply the absence of diagnosable mental health problems, although good mental health is likely to help protect against development of many such problems.

Good mental health is characterised by a person’s ability to fulfil a number of key functions and activities, including:

- the ability to learn
- the ability to feel, express and manage a range of positive and negative emotions

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- the ability to form and maintain good relationships with others
- the ability to cope with and manage change and uncertainty.

### **Promoting Positive Mental Health in School – A Whole School Approach.**

Highfield & Brookham Schools have the following policies and procedures in place for helping pupils to cope with school life and to deal positively with any issues that may arise.

These systems also enable staff to recognise and help pupils with mental health problems.

#### **Policies:**

- Child Protection and Safeguarding Policy and Procedures
- Anti-bullying Policy
- Confidentiality Policy
- Boarders' Access to Medical Services Policy
- Caring for a Sick Boarder over a Weekend Policy.

#### **Curriculum planning:**

Highfield School's PSHE programme includes topics such as bullying prevention and awareness, Cyber Sense and other EHWP topics. We conduct an SMSC audit to monitor provision across all subjects.

Pupils have the opportunity to access a very wide range of activities across sporting, academic, musical and other creative subjects. The Highfield Keys programme is a good example of this.

The Learning Support Department identifies and supports children with learning differences, which in turn helps build self-esteem and an understanding for the child of how they learn best. Emphasis is placed on creating classroom environments where all members of the School feel safe to learn and contribute. Teaching approaches consider the needs of all learners, are inclusive, and as a result enhance the EHWP of all children and young people.

#### **Assessing, recording and reporting of children and young people's achievement and behaviour**

The assessment, reporting and recording systems within the School are rigorous, realistic and relevant to children and young people. The achievement of all children and young people is celebrated. Each child's positive contribution to the school community is praised and encouraged. Equally, children's behaviour is monitored to ensure a complete overview of a child's life at school is achieved. More details can be found in the Schools' policies on rewards and sanctions.

#### **Giving children and young people a voice**

Children and young people share responsibility in decision making within the School and are able to identify their contribution to school improvement via the Children's School Council and Boarding House Meetings. Pupil opinion is also occasionally gleaned through surveys and questionnaires.

#### **Peer mentors**

Children new to the School or the boarding environment are given a specific peer mentor or 'buddy' to help them settle in.

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### **Pupils new to the Boarding House.**

A comprehensive induction programme and buddying scheme is in place to help new boarders adjust to their new environment.

### **Staff professional development needs, health and welfare.**

Appropriate professional training is offered to staff responsible for overseeing the EHWP policies and procedures in the Schools. The Schools also value the EHWP of the staff and encourage confidential, open and honest discussion around personal issues of mental health. All staff are also trained in mental health awareness by Mental Health First Aiders, which equips them to be able to identify signs of mental illness, to know how to best support a pupil and when to refer for specialist help.

### **Communication with home.**

Children have access to a telephone to call home, with permission, at any time. Overseas Boarders are enabled to Skype or Facetime their parents regularly during the school week.

### **Pastoral Provision:**

**Tutorial system** – Tutors have daily contact with the children and are available to talk with them about any personal or social problems they may have.

**The Pastoral Team** includes the Headmaster, Deputy Headmaster, Heads of Year, Head of Senior Girls' and Boys' Pastoral Care, Head of Boarding and the School Nurses and meets weekly. Tutors report to Heads of Year any concerns they may have about a pupil, which are then raised at the weekly meeting and addressed as appropriate. The team have had the opportunity to take a course in mental health awareness by Mental Health First Aiders, which equips them to be able to identify signs of mental illness, to know how to best support a pupil and when to refer for specialist help.

**The Senior Boarding Pastoral Team** meets weekly and includes Houseparents, Assistant Houseparents, Senior Matron, Resident Assistant Teachers and School Nurses.

**Boarding Handover** - Each evening the Houseparents send a detailed report, highlighting concerns and positives about the children. Those children that are seen as a concern will be followed up by the pastoral team the next day. A Pastoral Tracker is kept for all of the Boarders and each child is allocated to a specific member of the Boarding Staff. There is a traffic light system to track any patterns of behaviour that may occur across each week so a picture can be built of each child and their well-being. Pupils are discussed during the weekly Boarding Team Meeting.

**The School Nurses** are available for advice and confidential consultations (please see the Confidentiality Policy for guidelines). Any concerns about specific pupils should be promptly reported to the nurses who, along with other key members of the pastoral teams, will draw up an Individual Welfare Plan.

**School Child Psychologist (Melissa Cook)** – pupils are referred to the Child Psychologist after consultation with parents, if it is felt appropriate.

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**The Independent Listener** is available to all Boarders. They visit the school regularly and their phone number is clearly displayed in the boarding houses.

## Management guidelines.

### **Guidelines for staff when handling disclosure or concerns.**

In the event that a member of staff, a parent or another pupil has raised concerns about a certain pupil's emotional health, this information needs to be shared with appropriate personnel. This may be the Designated Safeguarding Lead, Head of Boarding, School Nurse or Head of Year. The following guidelines will be adhered to:

- Staff are encouraged to be proactive: early intervention is key and will allow for assessment of the situation and getting help as early as possible. Staff should not deal with the situation on their own. Supporting a distressed pupil with a mental health issue is not something that all staff are able to manage and is best done within the pastoral teams and with the parents' involvement. Once concerns have been raised, the wider pastoral team will be able to decide how quickly the situation needs to be addressed and how.
- In the event of a pupil's disclosure to a member of staff the issue of confidentiality will need to have been handled in line with the Confidentiality Policy. In general, this means that confidentiality will not have been promised if the pupil's disclosure proves to be one in which the child, or someone else, is at risk of significant harm. This will have been discussed with the pupil at the time of disclosure.
- Staff must explain to the pupil what they will be able to do to help and that they will need to inform certain staff so that they can help too. Staff are able to promise a certain level of confidentiality within the pastoral team and amongst other students.
- Staff should document details of any disclosure or concerns about a pupil's behaviour, keeping only to facts and avoiding conjecture or opinion. All documents must include date and time.

### **The Welfare Plan**

The dedicated pastoral team will formulate the Individual Welfare Plan. The parents and family GP will be consulted later. The family GP and school nurses will handle further referral. Please see Appendix 1 "Self Harm Flow Chart" as an example of a Welfare Plan.

- The pupil's dedicated pastoral team may include:
  - A member of the Pastoral team such as Head of Year
  - The Deputy Head
  - School Nurse
  - Houseparent(s) if a Boarder.

- A member of staff chosen by the pupil as mentor/ key worker.
- The Welfare Plan will need to consider:
  - Child protection and safeguarding issues
  - Who needs to be informed and the need for any referrals. These may include: a child's parents, the family GP, Children and Adolescent Mental Health Services (CAMHS), other support agencies/social services.
  - Any actions to be set in place in school to provide appropriate support such as the school Child Psychologist, reduction in schoolwork or extra-curricular activities as needed.
  - Allowing the pupil to choose a staff member from the dedicated pastoral team to act as mentor and key worker. This gives the pupil some element of control.
  - A time schedule for re-evaluation of the Welfare Plan and assessment of progress. Feedback to be obtained from pupil, parents, medical professionals and teaching/boarding staff as appropriate.

All steps taken in the Welfare Plan will be documented accurately and in a timely manner, and kept on the child's confidential school record in the Deputy Head's office.

### **Working with the parents of a pupil**

When appropriate, the School will inform the pupil's parents, preferably face to face, and with utmost sensitivity and clarity. It can be deeply upsetting and unsettling for parents to learn of their child's issues, and, within reason, the School will be understanding and accepting in a parent's reaction to this news. Clear lines of communication will be maintained between home and school in these cases, and further sources of support will be signposted (see below) to ensure parents are as informed and feel as supported as possible throughout.

### **Expected Outcomes**

Highfield and Brookham schools recognise that, even with excellent policies and procedures in place for early identification and appropriate intervention, cases of mental illness may still occur. We are committed to supporting any pupil with such problems.

We also recognise that staff may be vulnerable to developing mental health problems and that we need to give consideration to the exploration of attitudes and values and the acquisition of accurate knowledge and understanding in the area of mental health problems. Each case will be unique and will need compassionate and sensitive handling.

Unfortunately, there is still a stigma around the issue of disclosing mental health problems and many pupils and adults may choose not to share them with the inevitable delay this means in accessing help and treatment. We can only hope that as we work toward implementing an Emotional Health Policy that is accepting and open in its attitude to mental health problems, this culture will begin to change.

### **In Summary, the Schools undertake to ensure:**

- Early identification of pupils and staff with limited emotional resilience.
- Support for pupil and staff member to strengthen their emotional resilience.
- Early identification of pupils and staff who have developed mental illness in order to support them as they go through their recovery.
- Inclusion of emotional resilience and mental illness awareness into the staff CPD programme, in the curriculum, and through teaching of PSHE, mindfulness and growth mindset.
- Acceptance of the fact that mental health is as important as physical health and the reduction in the stigmatisation of mental illness throughout the school environment.

### **Sharing of Key Information**

Information about the emotional and mental health of children, parents and staff within the School community must always be shared with sensitivity and discretion. Where possible, such information will not be shared electronically as it increases the risk of wider circulation. When such issues are discussed in staff meetings, such as Morning Briefings, a sensitive outline may be included in the notes with the name of an appropriate member of staff to contact for further details. Personal information of this nature must not be circulated without the express permission of the person involved or the parents of the child affected.

### **Signposting**

Highfield and Brookham Schools will ensure that pupils, staff and parents are made aware of different sources of potential support within the school community and beyond. Relevant information will be displayed in appropriate communal areas around the School to highlight such support, or on the School's website, ensuring all understand what help is available, for whom it is for, and how to access it. Parents will also be made aware of who to talk to at school should they have any concerns about their own child or another child, as well as have access to this policy, so that they are aware of any mental health topics their children are learning about in PSHE. Parents will also be encouraged to continue such dialogue with their children in the home environment.

### **Resources:**

[www.youngminds.org.uk](http://www.youngminds.org.uk)

[www.healthyschoolslondon.org.uk](http://www.healthyschoolslondon.org.uk)

[www.mind.org.uk](http://www.mind.org.uk)

[www.nice.org.uk](http://www.nice.org.uk)

[www.rcn.org.uk](http://www.rcn.org.uk)

[www.cwmt.org.uk](http://www.cwmt.org.uk)

### **Other related NICE guidance:**

- Social and emotional wellbeing in primary education. (2017).
- Promoting physical activity for children and young people. (2018).
- Attention deficit hyperactivity disorder (ADHD). (2018).

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- School-based interventions on alcohol. (2014).
- Drug misuse prevention: targeted intervention (2017).
- Antisocial behaviour and conduct disorders in children and young people: recognition and treatment (2017).
- Attention deficit hyperactivity disorder (ADHD): diagnosis and management (2018).
- Bipolar disorder: assessment and management. (2018).
- Obsessive-compulsive disorder and body dysmorphia. (2019).
- Depression in children and young people. (2019).
- Self-harm (2019).
- Eating disorders: recognition and treatment (2017)

**Appendix 1:** Common Child and Adolescent Mental Health Issues

**Appendix 2:** Risk Factors

**Appendix 3:** Identifying the Signs of Deteriorating Mental Health

**Appendix 4:** Self Harm Welfare Plan (available on request)

**Appendix 5:** P.S.H.E. Overview

**Appendix 6:** Overview of Themes for Chapel Services and Assemblies

**Appendix 7:** Information about Melissa Cook, Clinical Child Psychologist

**Written by Sarah Dove January 2017.**

**Reviewed by PGSE/CS/SC and full Pastoral Team April 2018**

**Reviewed by PGSE/SB/AK/SC SD and Pastoral Team April 2019**

## Appendix 1

### Common Child and Adolescent Mental Health Issues.

#### **Anxiety Disorders:**

- Phobia – an unrealistic and overwhelming fear of some object or situation.
- Generalised anxiety disorder – a pattern of excessive and unrealistic worry not attributable to any recent experience. Catastrophic thinking.
- Panic disorder – frightening panic attacks with physical symptoms such as rapid heart rate and dizziness.
- OCD – being trapped in a pattern of repeated thoughts and behaviours such as counting or hand washing.

**Bipolar Disorder** – exaggerated mood swings between extreme lows and highs.

#### **Conduct disorders:**

- Poor anger management.
- Impulsive behaviours and flouting of rules.
- Aggressive and destructive behaviours.
- Oppositional Defiant disorder

**Eating disorders** – can be life threatening and include:

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder

**Depression** – is marked by changes in:

- Emotion (withdrawn, sad, tearful, feelings of worthlessness)
- Motivation (schoolwork declines, shows little interest in play)
- Physical well being (changes in appetite and sleep, vague physical complaints)
- Thoughts (belief that they are ugly, unable to do anything right and that the world is hopeless).

**Schizophrenia** – a devastating illness whereby the person may have hallucinations, withdraw from others, lose contact with reality, have delusional thoughts and an inability to experience pleasure.

**Self-Harm** – a way of expressing deep distress often due to depression, low self-esteem and anxiety.

**Stress** – a sustained period of agitation and feelings of being overwhelmed by circumstances and expectations that causes physical and emotional symptoms.

## Appendix 2

### Risk Factors.

There is no easy way of telling whether children will develop mental health problems or not. Some children maintain good mental health despite traumatic experiences whilst others develop mental health problems even though they live in a safe, secure and caring environment.

There are however some common risk factors that increase the probability that children may develop mental health problems.

- Family breakdown.
- Pressure to have access to money, the perfect body and lifestyle.
- Consumerism
- The pursuit of perfection
- 24-hour social networking and the inability to escape from this, as well as the 'fear of missing out' when not on-line.
- Violence
- Educational pressures, especially exams with university entry ever more competitive and expensive.
- Youth unemployment.
- A family history of mental health problems
- Substance abuse, involving themselves or their parents.
- Severe psychological trauma as a child e.g. physical, emotional or sexual abuse; witnessing violent or threatening behaviours.
- Neglect.
- Significant early loss of a close family member such as a parent or sibling.
- Significant illness of a close family member
- Divorced or divorcing parents.
- Inappropriate interest in or display of sexual behaviour for age of the child.
- Dysfunctional family life.
- Separation from parents/family for long periods of time.
- Poor ability to relate to others.
- Brain injury due to trauma or infection.
- Poor self esteem
- Changing school.
- Frequent changes in social circumstances such as moving house and losing contact with friends.
- Unrealistic cultural and educational expectations in academic, sporting and musical achievements.

## Appendix 3

### Identifying the signs of deteriorating mental health.

**Recognizing symptoms is key.** It can be difficult to distinguish between 'normal' problems that all children and adolescents experience from time to time, and behaviour that may be indicative of a mental health disorder.

**The following characteristics and behaviours may be signs of an underlying mental health disorder:**

- Getting significantly lower marks in school than usual
- Avoiding friends and family
- Frequent outbursts of anger and rage
- Loss of appetite
- Difficulty sleeping
- Rebelling against authority
- Drinking and/or using drugs
- Not doing the things he or she used to enjoy
- Worrying constantly
- Frequent mood swings
- Lack of concern for appearance
- Obsession with weight
- Lacking energy or motivation
- Hitting or bullying other children
- Self-harm

**Children and young people with the most serious mental health disorders (e.g., severe psychosis or schizophrenia) may exhibit:**

- Distorted thinking
- Excessive anxiety
- Odd body movements
- Abnormal mood swings
- Acting overly suspicious of others
- Seeing or hearing things that others don't see or hear

## Appendix 4 PSHE Overview

	Autumn 1		Autumn 2		Spring 1		Spring 2		Summer 1		Summer 2	
	Me	My body and my health	More than me: Diversity and the wider world	My safety	My relationships	Change						
<b>Year 5 (VL)</b>	Gifts and talents; Actions and consequences; Excitement and calming down; Proud v Boastful	Healthy diet; Fresh air and exercise; Identifying puberty as a process of change	Gender stereotypes; Family models; Physical disabilities	Emergency services; Sun safety; Fire safety;	Friendships; Different types of love; Harmful/negative relationships	Exam reflection; Highlights and achievements of the year; Aspirations and moving forward						
	<i>Target setting, 1st Aid, Animal Welfare (PDSA visit)</i>		<i>West Sussex Fire Wise visit</i>									
<b>Year 6 (JH)</b>	Personal goals; Motivation; Frustrations/ boredom; Role models; Resilience; Gifts and talents	Rest and sleep; Hygiene during puberty; Changes during puberty	Learning difficulties; Rich and poor; Charities	Water safety; e-safety; Road/cycle safety; Keeping secrets	Conflict resolution; Family roles; Changing emotions	Exam reflection; Highlights and achievements of the year; Aspirations and moving forward						
	<i>Target setting, SRE</i>		<i>Childnet e-safety workshops</i>		<i>Environmental art</i>							
<b>Year 7 (JL)</b>	Personal goals; Perseverance; Choices; Picking yourself up; Organisation and time management	Diet and exercise; Smoking; Bodies (SRE)	Sexual diversity; Refugees	Risk situations; Online safety	Excluding others; Peer pressure; Sexual attraction and love;	Exam reflection; Highlights and achievements of the year; Aspirations and moving forward						
	<i>Mindfulness, Study Skills</i>		<i>Constitutions and values</i>		<i>Constitutions and values, Mindfulness, Highreach</i>							
<b>Year 8 (ZT)</b>	Personal goals; leadership; setting an example; role models; facing difficulties; stress management	body image; alcohol; SRE - feelings	Rich and poor; ; Use of language; Religious dress	Online safety; Out alone safety; Babysitting safety	Identifying happy/healthy relationships; Changing relationships	Post CE SRE and Drug sessions						
	<i>Economics, Community work, Highreach</i>		<i>Economics, Community (Brookham), Highreach, Childnet e-safety workshops</i>		<i>Study skills, SRE, Drink and Drugs session</i>							



# Broad Themes for Assemblies & Chapel Services

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## Autumn Term

- Our place within the world
- Setting targets – personal goals and goals for the good of others
- Greed & being satisfied with what we have and who we are
- Resilience
- Learning from our mistakes
- Kindness to others
- Sharing
- Diversity – respecting & celebrating differences
- Building strong & supportive relationships
- Bonfire Safety
- Animal Welfare
- SRE Year 6
- Remembrance
- National Identity – the Queen
- Forgiveness & fresh starts
- Christmas – the joy of giving

## Spring Term

- Who are we? What is important to us?
- Mindfulness & being still
- Physical & mental wellbeing – looking for both in ourselves and others
- Growth Mindset
- Expanding our horizons
- 'I wish my teacher knew' – don't judge a book by its cover
- Caring for the community and the world
- Internet Safety
- Anti-Bullying
- SRE Year 7
- Celebration of Books – our imagination

## Summer Term

- Making changes – preparing for next steps
- Learning from mistakes
- Celebrating life and the difference in others
- Caring for the environment
- Family & friends – the power of supportive relationships
- Ambition
- Success & failure – which is most powerful?
- Peer pressure – difficult choices
- SRE Year 8 – and drink & drugs talks
- Internet Safety
- Our place in history – leaving a positive legacy – how do we wish to be remembered?

## Appendix 7

Melissa is a fully qualified Chartered Clinical Psychologist registered with the British Psychological Society and the Health and Care Professions Council. She has worked to promote the emotional well-being of children and families for many years within both community mental health teams and schools. In close collaboration with the Highfield community, Melissa works as an independent practitioner offering advice and support to children, parents and staff. Referrals for psychological assessment and therapeutic support may come directly from parents or from staff following consultation with the family. Based in the relaxed and peaceful common room of the Junior Boarding House, Melissa offers a safe and confidential space for young people experiencing a range of difficulties. She carefully tailors her sessions by integrating a number of different approaches and is passionate about working collaboratively with the key people involved in a child's life to reach shared goals and bring about lasting change.