



THE CHARTER SCHOOL EAST DULWICH

PUPILS' SOCIAL AND EMOTIONAL WELLBEING AND MENTAL HEALTH POLICY

2020-22

OUR MISSION

The Charter School East Dulwich (TCSED) is founded on the conviction that all children deserve the opportunity to succeed, whatever their start in life or personal circumstances. We will teach our students to be curious, creative, confident, courageous and caring. They will be happy in themselves, excited about their future and ambitious for success. They will leave us fully able to participate in our democratic society and prepared to meet the challenges and to harvest the opportunities of life in the 21st century.

Version	Date	Nature of change	Reason	Author(s)	Ratification at LGB date
1.0	February 2019	First draft		R.Hardy	
2.0	Sept 2019	Amendments		C.Kiddy	
3.0	Sept 2020	Amendments		R. Hardy	

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PUPILS' SOCIAL AND EMOTIONAL WELLBEING AND MENTAL HEALTH POLICY

The Charter School East Dulwich (TCSED) is committed to providing a safe and secure environment for children, staff and visitors and to promoting a culture in which everyone feels confident about sharing any and all concerns they may have about their own safety and well-being or the safety and well-being of others.

This policy applies to the well-being and support of all students at TCSED. It informs our approach to promoting social, emotional wellbeing and good mental health, and it also outlines the School's role in identifying and managing a pupil presenting with symptoms suggestive of a mental health problem or concern. It draws on the non-statutory advice contained in the Department for Education's publication, Mental Health and Behaviour in Schools (June 2014) and the National Children's Bureau advice for schools.

This policy should be read in conjunction with the statutory guidance, Keeping Children Safe in Education (Sep 2016), as well as the school Safeguarding and Child Protection Policy (2020-21).

PROMOTING SOCIAL AND EMOTIONAL WELLBEING AND GOOD MENTAL HEALTH

TCSED has a whole-school approach to promoting social and emotional wellbeing and good mental health and to dealing supportively with any problems that arise. The following all help to promote social, emotional and mental wellbeing:

Whole-school ethos and organisation

The School has an ethos of inclusivity, valuing all its pupils and their diversity. There are clear and robust policies on behaviour: anti-bullying (including cyberbullying) and the Pupil Code of Conduct. The vertical tutorial system, with form tutors and assemblies in Houses, encourage a sense of belonging and connectedness along with the sharing of values.

Continuous professional development (CPD) emphasises that the aim of promoting social and emotional wellbeing is shared by all members of the School staff. All teaching staff have additional responsibilities to children with special educational needs, medical conditions and disabilities (SEND). CPD will also raise staff awareness about mental health problems and the School's role in early intervention.

Specific well-being and mental health training is provided both internally, by our Clinical Psychologist, and externally using a range of providers, including MHFA England and Papyrus. The school also has continuing links, and provides support for research, under the REACH project, conducted by King's College London. KCL staff in turn provide resources and training for staff.

Pastoral provision

Our strong culture of care, through our pastoral structures and systems, promotes the pupils' social and emotional wellbeing and mental health, and also enables staff to recognise and help pupils who may be struggling with aspects of their mental health. We encourage an 'open-door' approach for pupils to raise problems. We believe that listening in a non-judgemental way to what a young person is saying is essential to enabling concerns to come to light. Form tutors have daily contact with their pupils and are available to talk to pupils as needed and are well placed to notice changes in attendance/behaviour/appearance that might indicate a problem. Heads of Section are also available to talk to pupils and should be informed by teaching staff who have any concerns about specific pupils. The School Nurse is available for advice and consultations for pupils.

Our internal mental health and wellbeing team includes the school Clinical Psychologist, the Deputy Head, the school counsellors, members of the SEND team and the behavioural support officers. Any concerns raised about mental health problems are reviewed by the school mental health and wellbeing team and a plan, tailored to the specific needs of the pupil, is agreed. The Deputy Head is the Designated Safeguarding Officer and Child Protection Lead (DSL).

The school has close links with our local Child and Adolescent Mental Health Service (CAMHS). This includes supporting families to make referrals to CAMHS and working closely with families and our CAMHS colleagues to ensure the best ongoing care is provided for students with more complex mental health needs.

We also offer a Key Adult programme for some of our more vulnerable pupils. A Key Adult is a teacher, learning assistant or mentor who is the primary point of contact and advocate for that pupil and their family within the school. The Key Adult has a holistic knowledge and understanding of the background of their pupil and can therefore understand any potential difficulties within a wider context.

The role of the curriculum and co-curriculum

The School aims to promote independence of thinking and resilience in all its pupils. The PSHE curriculum includes life skills such as making informed choices, understanding risks, and valuing diversity, as well as providing awareness of what good mental health looks like, and how students can support their own well-being and that of others. The issue of good peer relations is regularly raised, including the critical need for care in social media and online activity. Curriculum teaching and learning, along with co-curricular involvement, also promote resilience and social and emotional learning. Pupils' reports characteristically encourage a positive approach to tackling the challenges of school (and out of school) life and reward effort and engagement in particular.

The School's Positive Discipline Policy is written in order to encourage good individual behaviour and a respect for the happiness of others in the community.

Pupils with special educational need and disability (SEND)

The School is mindful of its need to monitor especially the progress and flourishing of pupils with SEND. In order to ensure our support is effective, there are systems of communication in place involving the Assistant Heads for KS3/4, SENCO and the Deputy Headteacher, as well as other relevant academic and pastoral staff. There is also regular staff CPD on the issue of supporting pupils with various issues of SEND.

B. MENTAL HEALTH PROBLEMS

Examples of the range of problems pupils may experience include stress, depression, anxiety, eating disorders, self-harm, behavioural problems, schizophrenia, psychosis, and bipolar disorder. These problems can stem from a wide range of factors; some problems may be quite mild or moderate, while others may take a more severe form, affecting a pupil's ability to cope with day-to-day living.

Definitions of some mental health problems:

- Clinical depression: is a common mental disorder that presents with depressed mood, loss of interest, feelings of guilt or low self-worth, disturbed sleep, low energy, poor concentration and/or changes of appetite. These symptoms occur most days for at least two weeks.
- Anxiety disorders: anxiety disorders are conditions in which anxiety dominates the person's life or is experienced in particular situations. They include "panic attacks", post-traumatic stress disorder (PTSD), OCD and "generalised anxiety disorder".
- Eating disorders: are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour, e.g. anorexia or bulimia.
- Self-harm: is a term used when someone injures or harms himself/herself on purpose (also called self-injury or deliberate self-harm) rather than by accident. Common examples include cutting, hitting, scratching, burning, deliberate ingestion of poisonous substances, or large quantities of medication. Attempted suicide is the most serious form of self-harm.
- Some other recognised disorders: attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), attachment disorder, schizophrenia, bipolar disorder.

Risk factors for mental health problems. These can increase the probability of a child developing a mental health problem:

- Low self-esteem;
- Life changes: changing schools; birth of a sibling
- Physical illness;
- Bullying and/or discrimination;
- Peer pressure;
- Loss of friendship;
- Learning difficulties;
- Poor ability to relate to others;
- Dysfunctional family life; including domestic violence
- Disadvantaged background;
- Neglect; including hostile or rejecting relationships at home
- Severe psychological trauma – e.g. physical, sexual or emotional abuse;
- Significant early bereavement – such as the death of a parent;
- Death or divorce within the family;
- Cultural/social expectations;
- Substance abuse (drugs and/or alcohol) – by the child or their parents;
- Genetics – family history of mental illness, including parental psychiatric illness;
- Being in care or adopted.

Some common early signs of a mental health problem may include any one or a combination of the following:

- Feeling tired and lacking energy;
- Sleep problems;
- Losing interest in activities and tasks that were previously enjoyed;
- Increased anxiety, looking or feeling 'jumpy' or agitated, sometimes including panic attacks;
- Changes in eating habits and/or appetite: over-eating, bingeing, not eating;
- Deteriorating performance at school/attendance/behaviour/appearance;
- Mood swings that are very extreme or fast and out of character;
- Isolating behaviour, socialising less; spending too much time in bed;
- Aggression; anti-social behaviour;
- Wanting to go out a lot more, needing very little sleep, feeling highly energetic, creative and sociable, making new friends rapidly, trusting strangers or spending excessively – this may signal that the person is becoming 'high';
- Self-harming behaviour, such as cutting, burning, drug-overdose (wearing baggy or long clothing/avoiding PE);
- Physical injuries.

All these signs can vary in severity. Often they can be relatively minor, or pass quickly. However, if they are more than this, becoming severe, distressing or ongoing, it is important to seek further support. N.B. Only medical professionals can make a formal diagnosis of a mental health condition.

C. IDENTIFYING NEED AND THE REFERRAL PROCESS

Through working with parents, external medical and other professionals, the School aims to identify and address mental health problems in their earliest stages, and to set in place a plan of action as soon as possible. All staff (both academic and support) receive training at least annually in identifying some signs of mental poor health.

The referral process shows how a concern should be escalated (see flow chart below). N.B. If the pupil is in immediate danger, inform the Deputy Headteacher immediately. Stay with the pupil until support arrives.

All school staff who have a concern about a pupil with a possible or actual mental health problem should speak to the Deputy Headteacher, or Assistant Headteacher of the relevant Key Stage, who

will in turn liaise with the school's Clinical Psychologist. The aim is to foster a supportive, non-judgemental, helpful and safe environment for the pupil. If there is a safeguarding concern, staff should complete the referral form to the Designated Safeguarding Lead (DSL).

We aim to work with parents as well as with the pupil, ensuring that the pupil's opinions and wishes are taken into account and that they are kept fully informed so that they can participate in decisions taken about them. The parents/guardian should be informed initially, provided there are no safeguarding concerns. Our Clinical Psychologist is able to make direct contact with CAMHS. A contact number for Southwark CAMHS referrals and out-of-hours facility is included in the Safeguarding and Child Protection Policy.

Parents/guardian will be recommended to seek a consultation with the family GP and to inform the School of the outcome within a reasonable period of time. However, if no GP consultation takes place and the School remains concerned, the School is able to refer directly to CAMHS.

A follow-up meeting will be arranged between parents/guardian and the staff previously involved in the first meeting so that progress can be assessed and targets reviewed.

The interventions provided will be graduated to inform a clear cycle of support:

- (i) an assessment to establish a clear analysis of the pupil's needs, conducted by the Clinical Psychologist or counselling team.
- (ii) a plan to set out how the pupil will be supported;
- (iii) action to provide that support;
- (iv) regular reviews to assess the effectiveness of the provision and to make changes where necessary. The importance of early intervention and referral to outside agencies if/when appropriate must be stressed.

D. CONFIDENTIALITY AND CONSENT

The School will, if appropriate, encourage the pupil to tell their parents themselves or with the support of a member of staff. Where a pupil has a special coping strategy, they will be asked if they wish this information to be shared with staff. Sometimes it is right to share this information with staff irrespective of the pupil's wishes. Our School protocol is to inform parents/guardians if pupils are a risk to themselves or to others. We shall inform the pupil of the content of the information and that it will be passed on. Although medical practitioners and GPs cannot always share information, the School will seek to be aware of any support programmes being offered by a GP that may affect the pupil's behaviour and attainment at school. The School may ask parents to give consent to their child's GP to share information with the School. In some circumstances the child or young person may wish not to have their parents involved with any interventions or therapies they are receiving. In these cases staff should be aware that those aged 16 or over are entitled to consent to their own treatment, and their parents cannot overrule this. Children under the age of 16 can consent to their own treatment if it is thought that they have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. Otherwise, someone with parental responsibility can consent for them. The School may also need to pass on the information to other staff. The pupil and their parents/guardian will be informed who these staff members are and why they would need to know. The information exchanged between members of staff should only include what is necessary on a need-to-know basis. Staff are bound by protocols pertinent to their roles and professions, but have duties under safeguarding statutory requirements to pass on any safeguarding or child protection concerns.

E. SCHOOL ATTENDANCE

The School reserves the right to insist that any pupil who self-harms at school, or who poses a danger to others at school, does not attend school until they are able to contain their self-harming behaviour at school. The appropriateness of the pupil attending/returning to school will be assessed by the DSL, Clinical Psychologist and Headteacher, taking into account professional medical opinion.

Appendix 1 – External mental health resources list (sources of support and information)

National support and information services offering assistance for child mental health issues:

Childline – A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

Education Endowment Foundation – The Sutton Trust-EEF Teaching and Learning Toolkit is an accessible summary of educational research which provides guidance for teachers and schools on how to use their resources to improve the attainment of all pupils and especially disadvantaged pupils.

HeadMeds – website developed by the charity Young Minds providing general information about common medications that may be prescribed for children and young people with diagnosed mental health conditions.

MindEd – MindEd provides free e-learning to help adults to identify and understand children and young people with mental health issues. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.

Counselling MindEd – Counselling MindEd is an online resource within MindEd that provides free evidence-based, e-learning to support the training of school and youth counsellors and supervisors working in a wide variety of settings.

Mental Health First Aid England – A charity which provides training for staff and pupils and which has worked at TCSED's in presentations to the whole staff and parents at a Pastoral Evening.

National Institute for Health and Care Excellence (NICE) – NICE's role is to improve outcomes for people using the NHS and other public health and social care services, including by producing evidence-based guidance and advice. Some of this guidance had been drawn on to produce this document and much of it is provided in non-specialist language for the public. This can be useful in understanding social, emotional and mental health conditions and their recommended treatments.

Relate – Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through their website. This includes children and young people's counselling for any young person who is having problems.

Royal College of Psychiatrists (RCPSYCH) – Provides specifically tailored information for young people, parents, teachers and carers about mental health through their Parents and Youth Info A-Z.

Women's Aid – Women's Aid is the national domestic violence charity that works to end violence against women and children and supports domestic and sexual violence services across the country. They provide services to support abused women and children such as the free 24-hour National Domestic Violence Helpline and The HideOut, a website to help children and young people.

Young Minds – Young Minds is a charity committed to improving the emotional wellbeing and mental health of children and young people. They undertake campaigns and research, make resource available to professionals (including teachers) and run a free helpline for adults worried about the emotional problems, behaviour or mental health of anyone up to the age of 25. The helpline number is 0808 802 5544. They also offer a catalogue of resources for commissioning support services. www.youngminds.org.uk

Youth Access – Offers a directory of local youth information, advice and counselling services for young people aged 14-25. youthaccess.org.uk/find-your-local-service/

Youth Health Talk provides advice and support on mental health issues from young people for young people. www.healthtalkonline.org/young-peoples-experiences

(ii) Local services:

Child and Adolescent Mental Health Service (CAMHS)

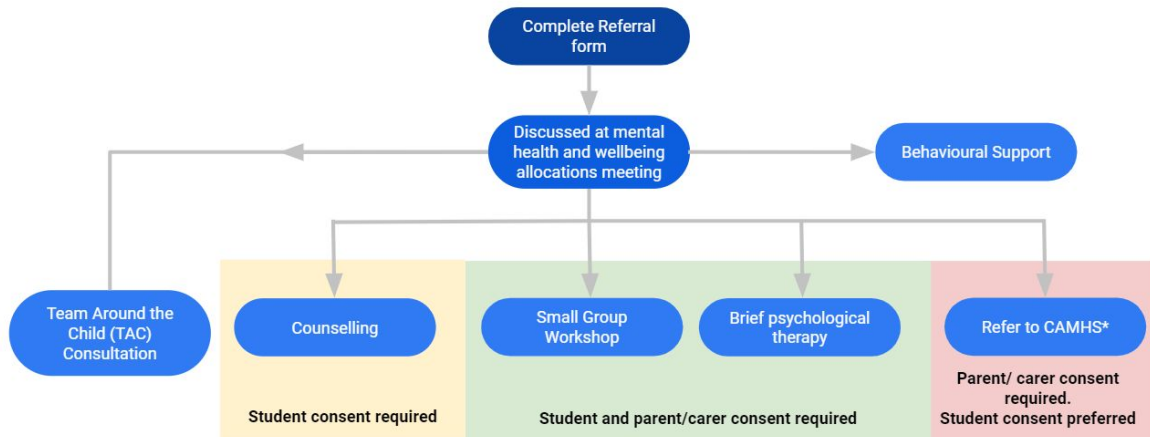
South London and Maudsley (SLAM)

Access: child & youth mental health at Springfield University Hospital

The Well Centre (Streatham Hill) Young people are advised that if they have a crisis in their mental health, they can attend A&E for support from the NHS.

Appendix 2: Referral Pathway

Referral pathway for students needing mental health & wellbeing support



*CAMHS referral may co-occur with additional counselling from the counsellors and multi-agency liaison from the school clinical psychologist.