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YORK STEINER SCHOOL

MENTAL HEALTH & WELLBEING POLICY

Approved by:	Head teacher and EMG	Date: Feb 23
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This document describes York Steiner School's approach to promoting positive mental health and wellbeing using the eight principles outlined by Public Health England (Appendix B) as the foundation. This policy is intended as guidance for all staff including non-teaching staff and governors.

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 York Steiner School we aim to promote positive mental health for our whole school community which includes children, staff and parents/carers. We recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health is and recognise that children's mental health is a crucial factor in their overall wellbeing, affecting their learning and achievement. We hope to support the School Community by:

- Promoting positive mental health in all staff and pupils;
- Increasing understanding and awareness of common mental health issues;
- Alerting staff to early warning signs of mental ill health;
- Providing support to staff working with children with mental health issues;
- Providing support to children suffering mental ill health and their peers and parents/carers.

The Department of Education (DfE) recognises that 'in order to help their children succeed schools have a role to play in supporting them to be resilient and mentally healthy'.

We endeavour to provide a place for children and young people to experience a nurturing and supportive environment, that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing. For further information see Appendix A.

In order to help develop the protective factors which build resilience to mental health problems, we aspire to be a school where:

- All children are valued;
- Children feel safe and have a sense of belonging;

- Children feel able to talk openly with trusted adults about their problems without feeling any stigma;
- Positive mental health is promoted and valued.

A Whole School Approach to Promoting Positive Mental Health

York Steiner School' whole school approach to promoting positive mental health aims to help children become more resilient, happy and successful and to prevent problems before they arise. We try to achieve this by:

- Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands;
- Helping children to develop social relationships, support each other and seek help when they need it;
- Helping children to be resilient learners;
- Teaching children social and emotional skills and an awareness of mental health;
- Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services;
- Effectively working with parents and carers;
- Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental wellbeing of children, the specific responsibility for promoting and overseeing mental health within school, lies with the Safeguarding Team. There will be a mental health lead within the Safeguarding Team. The Safeguarding Team consists of:

- Ruth Crabtree (DSL);
- Karen Foster (DDSL - early years);
- Tracey Lucas (DDSL - behaviour);

- Kirsty Mills (DDSL – SENDCO);
- Simone Doctors(Trustee for Safeguarding).

The Mental Health Lead is: Kirsty Mills

The Mental Health Trustee is: Simone Doctors

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the Safeguarding Team in the first instance.

Staff Roles and Responsibilities

We believe all staff have a responsibility to promote positive mental health and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for early warning signs of mental health problems and ensure that children with a mental health need get early intervention and support. The Designated Lead for Mental Health:

- Is a member of the safeguarding team and works closely with the PSHE lead and other staff to coordinate whole school activities to promote positive mental health and wellbeing;
- Supports the PSHE lead on teaching about mental health;
- Provides advice and support to staff including training;
- Is the first point of contact for mental health issues.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times. A range of mental health professionals and organisations that provide support to children with mental health needs and their families work with our school. Sources of relevant support include:

- The child's class teacher;
- Subject teachers and other members of staff;
- The Safeguarding Team;
- SENDCO;
- City of York Early Help teams, CAMHS, counsellors, voluntary agencies, and play therapists.

We have a named Trustee for Mental Health who monitors the procedures for supporting emotional wellbeing within our school.

Supporting Children's Positive Mental Health

We believe the school has a key role in promoting children's positive mental health and helping to prevent mental health problems. Our approach is to:

- Provide a safe environment to enable children to express themselves and be listened to;
- Ensure the safety of children is paramount;
- Identify appropriate support for children based on their needs;
- Involve parents and carers when their child needs support;
- Involve children in the care they have;
- Monitor, review and evaluate the support with children and keep parents and carers informed.

York Steiner School has a range of strategies and approaches including:

- The class teacher system. This provides a supportive network, allowing for early recognition and consistent support for any child with mental health problems;
- A close working relationship within classes, and space within lessons for relationship building and response to individual needs;
- Dedicated PSHE lessons;
- Safespace Postbox – with individual responses from members of the Safeguarding Team;
- SENDCO provision of well-being groups and individual programmes of support where needed;
- Support from staff trained in relevant areas including counselling, child psychotherapy and play therapy;
- Referral to external agencies – including CAMHS, voluntary agencies, support groups.

For further information see Appendix D.

Teaching About Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE

curriculum. The specific content of lessons is determined by the specific needs of the cohort being taught, but there will always be an emphasis on enabling children to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

At York Steiner School' we follow the [PSHE Association Guidance](#) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Further information can be found in Appendix E.

Early Identification and Tracking

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in a variety of ways including:

- Weekly teachers' meetings;
- Child study;
- Monitoring and analysing behaviour through CPOMS;
- Staff reporting concerns about individual children to the Safeguarding Team;
- Safespace post-box for children to raise concerns which are responded to by the Safeguarding Team;
- Safespace post-box for parents to raise concerns which are responded to by the Safeguarding Team; Pupil progress review meetings;
- Gathering information from a previous school;
- Parental meetings;
- Enabling and empowering children to raise concerns to any member of staff;
- Enabling parents and carers to raise concerns to any member of staff;
- Regular training to help staff recognise early indicators of mental and emotional health problems.

Warning Signs

All staff will have training on types of mental health needs and signs that might mean a child is experiencing mental health problems.

These warning signs will **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the Safeguarding Team.

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a child is in danger of immediate harm then the school's child protection procedures are followed. If there is a medical emergency then the School's procedures for medical emergencies are followed.

Individual Care Plans

Pupils causing concern or who receive a diagnosis pertaining to their mental health will have an Individual Care Plan. This will be drawn up involving the pupil, the parents and relevant health professionals and include:

- Details of a pupil's condition;
- Special requirements and precautions;
- Medication and any side effects;
- What to do and who to contact in an emergency;
- The role the school can play.

Managing Disclosures

A child may choose to disclose concerns about themselves or a friend to any member of staff so all staff will have training on how to respond appropriately – in a calm, supportive and non-judgemental manner - to a disclosure.

All staff receive training on responding to disclosures and issues of confidentiality around disclosure. All disclosures are recorded on CPOMS. For further information see Appendix F.

Working with Parents and Carers - Dealing with Concerns

When a concern has been raised, the school will:

- Contact parents and carers. (In almost all cases, parents and carers will be involved in their child's interventions, although there may be circumstances when this may not happen such as where child protection issues are identified);
- Offer information to take away and places to seek further information;
- Be available for follow up calls;
- Make a record of the meeting (CPOMS);
- Agree a mental health care plan including next steps;
- Discuss how parents and carers can support their child;
- Keep parents and carers up to date and fully informed about the support and interventions provided.

Supporting Peers

When a child is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the child who is suffering and their parents/carers with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Involving children

- Each year a school council is elected by the children
- We seek children's views about our approach, curriculum and in promoting whole school mental health activities through the pupil voice and school council.

Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help.

As a minimum, all staff will receive training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep children safe.

Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in February 2024. Effectiveness of the policy will be assessed through:

- Feedback from staff, pupils and parents/carers;
- Review of the policy will be conducted by the School Management Group (SMG), Headteacher and Trustees, to determine if objectives have been met and to identify barriers and enablers to ongoing policy implementation.

Links to Other Policies

- This policy should be read in conjunction with our Medical Policy in cases where a child's mental health overlaps with or is linked to a medical issue;
- the SEND Policy where a child has an identified special educational need;
- It also links to our Safeguarding and Child Protection policy where child protection procedures are followed;
- Links with our School's Behaviour Policy are especially important because behaviour, whether it is disruptive, anxious, withdrawn, depressed or otherwise, may be related to any unmet mental health need.

Appendix A: Further Information and Sources of Support About Common Mental Health Issues

Prevalence of Mental Health and Emotional Wellbeing Issues¹

- 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 2000's;
- 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.

¹ Source: [Young Minds](#)

Appendix B:

Eight Principles to Promote Emotional Health and Wellbeing in Schools and Colleges



Public Health England

Promoting children and young people's emotional health and wellbeing.

Appendix C: What makes a good CAMHS referral?²

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps.

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

² Adapted from Surrey and Border NHS Trust

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent/carers given consent for the referral?
- What are the pupil's parents/carers attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- name and date of birth of referred child/children;
- address and telephone number;
- who has parental responsibility?
- surnames if different to child's;
- GP details;
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school;
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors;

- Any relevant history i.e. family, life events and/or developmental factors;
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay;
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

Appendix D: Sources or support at school and in the local community

School Based Support

At York Steiner School we offer:

- Pastoral support to all children in a nurturing and homely environment in which they can explore their emotional needs in a confidential, calm, secure, and supportive situation using a wide range of resources
- Someone to talk to and be listened to in a place where children are helped to communicate effectively
- Immediate support in unpredicted circumstances
- children may attend sessions 1:1, in pairs or small groups depending on their needs. Activities are provided which bring benefits in terms of raised self-esteem, social skills, turn taking and communication.

All concerns are reported to the Mental Health Lead, SENDCo and Senior leadership team and recorded. An assessment procedure is then implemented which is based on levels of need to ensure the children get the support they need, either from within school or from an external specialist. Our aim is to put in place interventions as early as possible to prevent problems escalating.

Appendix E: Guidance and advice documents

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2014)

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (2015)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2015). PSHE Association. Funded by the Department for Education (2015)

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2014)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

[Healthy child programme from 5 to 19 years old](#) is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

[Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing](#) - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

[NICE guidance on social and emotional wellbeing in primary education](#)

[NICE guidance on social and emotional wellbeing in secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix F: Talking to children when they make mental health disclosures

Focus on listening

If a pupil 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 pupil 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 here 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 pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil 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. So make sure you're listening!

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 pupil 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 pupil 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 pupil.

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 pupil 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 pupil 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 pupil.

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

Despite the fact that a pupil 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 pupil.

Never break your promises

Above all else, a pupil 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 pupil'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.