

POSITIVE MENTAL HEALTH POLICY
DOCUMENT CONTROL

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<i>* If the contents of this policy have been copied from an existing policy with no changes please insert the date of the original Impact Assessment and Assessor in the table above.</i>			

1. AIM(s)

Shrewsbury Colleges Group (SCG) aims to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole-college approaches, and specialised, targeted approaches aimed at vulnerable students and to support staff when required.

As well as promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom it is considered that three students will be suffering 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 and support staff working with them.

The Policy Aims to:

- Promote positive mental health for all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health being displayed by students
- 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

2. OBJECTIVES

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 own community.

(World Health Organisation)

POSITIVE MENTAL HEALTH POLICY

This document describes the SCG approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff, including non-teaching staff and Governors.

This policy should be read in conjunction with the SEND policy where a student has an identified special educational need, the Safeguarding Policy where there are concerns over child protection, and the Fitness to Study Policy if there are concerns that the mental ill health of a student may be seriously affecting their ability to study or disrupting the study of others.

3. Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific relevant remit include:

- Designated Safeguarding Officers
- Student Support Manager
- SEND Co-ordinator
- Agency Manager
- Director of Student Services
- HR Business Partner – Group Well Being and Employee Engagement

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to their Programme/Curriculum Leader and/or a designated safeguarding officer in the first instance. **If there is a concern that the young person may be at risk of imminent and significant harm, then the normal child protection procedures must be followed with immediate referral to designated safeguarding officer. If the young person presents with a medical emergency, then the normal first aid procedures must be followed immediately.**

Where a referral to CAMHS or the Community Adult Mental Health Team or Crisis Team is appropriate, this will be led and managed by a designated safeguarding officer.

4. Individual Care Plans

It is helpful to draw up an individual Care Plan for a student causing concern or one who receives a diagnosis pertaining to their mental health. The Care Plan will normally be written by a Progression Specialist working with a Safeguarding Team or a Student Support team member as appropriate. This should be drawn up involving the student, the parents/carers where appropriate, and relevant health professionals and may include:

- Details of the student's condition
- Special requirements and precautions

POSITIVE MENTAL HEALTH POLICY

- Medication and any possible side-effects
- What to do and who to contact in an emergency
- The role the Colleges can play in supporting the student

Moving forward, staff will continue to support the student and feedback any further concerns to their Programme/Curriculum Leader and/or a Designated Safeguarding Officer or the Student Services Manager as appropriate. In the event of the issue becoming so serious as to significantly impact on the student's ability to study effectively, or adversely affect other students, or if the student is felt to be a risk to themselves or other people, the Fitness to Study Policy may be invoked. This decision will be made by the course tutor and their Programme/Curriculum leader in conjunction other senior members of staff.

5. Teaching Students about Mental Health & Signposting

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 the Induction and Tutorial Programme. There is emphasis on students being supported to develop the skills, knowledge and understanding, language and confidence to seek help, as needed, for themselves or others. We aim to deliver mental health and emotional wellbeing issues in a safe and sensitive manner that will help rather than harm.

We will ensure that staff and students are aware of sources of support within College and in the local community. Information is displayed in communal areas on all sites, and is also available from Student Services staff and Designated Safeguarding Officers. Parent/carers can contact Student Services and/or the Safeguarding Team via the numbers available on the website and, where appropriate, they will be provided information on support available for students.

6. Indicators of Distress

College staff may become aware of signs indicating a student is experiencing mental health or emotional wellbeing issues. These warning signs should ALWAYS be taken seriously and staff observing any of these signs must communicate their concerns to their Programme/Curriculum Leader and/or a Designated Safeguarding Officer promptly.

Sign may include:

- Physical signs of harm that increase, or are repeated or appear non-accidental
- Changes in eating/sleeping habits
- Increased isolation/social withdrawal
- Unexplained lack of attention to appearance/low mood

POSITIVE MENTAL HEALTH POLICY

- Unexplained lowering of academic achievement
- Talking about self-harm/suicide ideation
- Substance misuse/alcohol abuse
- Expressions of failure/hopelessness
- Unexplained absences when attendance has been good
- Repeated and unexplained physical pain/sickness

7. Managing Disclosures

All students are invited to disclose on application any physical/mental health support need or learning support need in order for staff to ensure necessary and appropriate support is in place. In addition, some students choose to disclose an issue during the first weeks of their course to either a tutor or their Progression Specialist where applicable. It is therefore important for all staff to know how to respond appropriately and sensitively to a disclosure.

If a student chooses to disclose a concern, either about themselves or another person, the member of staff's response should always be calm, supportive and non-judgemental. Talk calmly and quietly to the student, and aim to listen rather than try to advise at this point. First thoughts must be of the emotional and physical safety of the person about whom the concern is being made, rather than starting to explore 'why?'.

NEVER promise to keep secrets; you have a duty of care to safeguard the student and may need to take the information further. For more information about handling mental health disclosures sensitively, see Appendix III.

Disclosures must be recorded in writing and held in a confidential file. Information should include:

- The date
- The name of the staff member to whom the disclosure was made
- Main points of the conversation
- Agreed next steps

Take the written report to the Designated Safeguarding Officer who will advise on what to do next, and store the information securely.

8. Confidentiality

Staff must be honest with students and never promise to keep secrets. It must be explained to the student that it may be necessary for the information to be passed on to an appropriate member of staff within the organisation to ensure that appropriate measures are in place to support the student. Explain to the student:

POSITIVE MENTAL HEALTH POLICY

- Who you are going to talk to.
- What you are going to tell that person.
- Why you need to do this.

Assure the student that you will continue to support them and that the information they have shared will be dealt with sensitively and only people who need to know will be informed and this will not be done without the student being informed. Ideally we should receive the student's consent before sharing information, but there are certain situations when information **MUST** be passed on, such as where there is a perceived risk of harm.

9. Sharing Information/Informing Parents and Carers

Students will be encouraged to share the concerns with their parent/carer or another appropriate adult/next of kin if the student is over 18. Where there is a perceived risk of imminent significant harm, the safety of that young person/vulnerable adult must take priority over consent to share information. If there is any cause for concern that sharing information may put the student at an increased risk of harm, no contact will be made until the information has been shared with a Designated Safeguarding Officer who will make an appropriate referral to the police or social services.

10. Working with Parents/Carers

When it is deemed appropriate and necessary to inform parents/carers, we need to be sensitive in our approach. Before disclosing to parents/carers, we must consider the following on a case by case basis:

- Can the meeting happen face to face (this is preferable)?
- Where should the meeting take place?
- Who should be present?
- What are the aims of the meeting?

It can be a shock for parents/carers to learn of their child's issues, and they may react with anger, fear or distress. We should aim to be accepting of this (within reason) and give the parent/carer time to reflect. Further sources of support and information should be signposted and the parents/carers given information to take away if possible. Clear means of contacting somebody with further questions and perhaps a follow-up meeting or phone call should be suggested. There are likely to be questions that they will think of after the meeting has ended. Always keep a written record of any such meetings on a confidential file.

11. Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who often want to support, but may not really know how to do so. Students can feel let down by peers who offer to be supportive, but then back off because they can't cope in reality. In cases of self-harm or an eating disorder for example, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep everybody safe, it should be considered on a case by case basis, whether peer groups may need to be offered additional support. This should be discussed with the student concerned beforehand. You may wish to consider:

- What is helpful for friends to know and how they will be told (if appropriate).
- How friends can give support.
- Things friends should do/avoid doing or saying.
- Warning signs that their friend needs help.

You may also wish to highlight with peers:

- Where to access support and information for themselves.
- Safe sources of information about their friend's condition.
- Healthy ways of coping with the difficult emotions they may be feeling and who they can talk to in College.

12. Training

Mental Health Awareness and First Aid courses are arranged through SCG's Human Resources department.

The MindEd learning portal (www.minded.org.uk) provides free online training suitable for all staff wishing to know more about a specific mental health issue.

Details of qualified First Aiders are held by the reception staff at all sites.

Self-Harm and Suicide Assessment (STORM) training is available through the Shropshire Safeguarding Children Board and has been completed and updated as appropriate by members of the Safeguarding Team and other staff.

Staff CPD and awareness will be supported through Sharing Fairs, workshops throughout the year as well as resources provided on Moodle.

Appendix I

Further information about Mental Health Conditions

The term 'mental health difficulty' encompasses a range of conditions and details of these, the signs to look for and tips on how to support people with these problems are available on the Young Minds website. Young Minds is the UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people. You can also view short films created for either young people, parents/carers or professionals and download booklets: <http://www.youngminds.org.uk/>

For free online training, visit the MindEd website: <https://www.minded.org.uk/>

Shropshire MIND are based at Abbey Foregate and open every day as a drop-in centre for anybody needing support. There are free sessions weekly for young people aged 14-21 specifically and immediate counselling can be arranged when needed. MIND produce a wide range of booklets on a variety of mental health and emotional wellbeing issues that are a useful source of information for young people, parents/carers and teachers or other professionals. If you would like to view these, you can do so online but copies are also available from the safeguarding team. <http://shropshiremind.org/>

Self-Harm

This 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. It's believed that between 10% and 20% of young people self-harm (Mental Health Foundation). www.selfharm.co.uk
www.nshn.co.uk

Depression

Ups and downs are a normal part of life for us all, but for someone 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.
www.depressionalliance.org/information/what-depression

Anxiety, Panic Attacks and Phobias

Anxiety can take many forms in children and young people and 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 person's ability to access and enjoy day to day life, intervention is needed.

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 the switches before leaving the house, so may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive Compulsive Disorder (OCD) takes many forms – it is not just about cleaning and checking.

www.ocduk.org/ocd

Suicidal Feelings

Young people may experience complicated thoughts and feelings about wanting to end their lives. Some young people never act on these feelings though they may openly discuss and explore them. Others die suddenly from suicide, apparently out of the blue. NEVER assume a young person is attention-seeking if they talk about feeling suicidal.

www.papyrus-uk.org

Eating Problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult feelings and thoughts. Some young people develop eating disorders, such as anorexia nervosa (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). In serious cases, these disorders can result in serious harm to vital organs within the body, and may be life-threatening.

www.b-eat.co.uk/about-eating-disorders

FOR MORE INFORMATION ABOUT THESE AND OTHER MENTAL HEALTH ILLNESSES, HOW TO SPOT THE SIGNS AND HOW TO HELP, CHECK OUT THE FOLLOWING WEBSITES:

www.youngminds.org

www.mentalhealth.org.uk

www.mind.org.uk

Other recommended websites: Phone numbers:

www.lifesigns.org.uk

www.childline.org.uk

www.samaritans.org.uk

www.harmless.org.uk

ChildLine: 0800 1111

Samaritans: 08457 90 90 90

Family Lives: 0808 800 2222

Young Minds: 0808 802 5544

Appendix II

Sources of Support at College and in the Local Community

List the full range of support available to students including what it is, who it's suitable for and how it's accessed.

Counselling/CBT is available through Student Services at the SCG

Time to Talk – Shropshire MIND	– 01753 368647
CAMHS	– 01743 450800 (Telford – 01952 388669)
Adult Mental Health Team	– 01743 255830
Crisis Team	– 01743 210100
Targeted Youth Support	– 01743 210970
Substance Misuse	– 01743 258800
Adult Social Services	- 03456789044
Family Information Service	- 01743 250465/254400
Citizens Advice Bureau	- 03444991100
Improving Access to Psychological Therapies	- 03001236020

Appendix III

Talking to Students when they make Mental Health Disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you with initial conversations with students. This advice should be considered alongside relevant policies.

Focus on Listening.....

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their problems 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 their feelings and thoughts will make a huge difference and marks a huge first step forwards. Up until now they may not have spoken to anyone else about this and may not even have admitted to themselves there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

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 talk. Sometimes the conversation may lapse into silence. Try not to feel too quickly that you need to fill the gap but wait. This may lead to them being able to explore their feelings more deeply. Of course you do need to interject occasionally to show you are listening and concentrating on what they’re saying, and to show you understand. Don’t feel the urge to over-analyse the situation or try to look for answers. This can come later – your role is a supportive listener.

POSITIVE MENTAL HEALTH POLICY**Don't pretend to understand.....**

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

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 say and encourage them to talk and you'll slowly understand what steps they might be ready to take in order to start making some changes.

Don't avoid making eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

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 sharing at them. They may think you are horrified about what they're 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 bear to look at them – or that you aren't even listening. Making an effort to maintain natural eye contact will convey a positive message.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

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 things

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant to much that he realised what a big deal it was for me.”

It can take a young person weeks or even months to admit they need help. 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.

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

....

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud else I’d have to punish myself.”

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 possible. 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.

Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone, just be upfront about it. We can handle that, what we can’t handle is having our trust broken.”

Above all else, a student needs 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 secret, you can ensure it’s handled within the College’s policy of confidentiality and that only those who need to know about it in order to help will be told. You can also be honest about the fact that you don’t have all the answers or aren’t exactly sure that 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.