



## **MENTAL HEALTH POLICY**

### **POLICY STATEMENT**

Williams Academy is committed to supporting the mental health and wellbeing of our students and staff. Our culture is supportive, caring, and respectful. We encourage students to openly communicate so their voice will be heard. We understand that everyone experiences different life challenges and there are times that we all may need help to cope. We understand that anyone and everyone may need additional emotional support. We believe that positive mental health is everybody's responsibility and that we all have a role to play.

### **POLICY SCOPE**

This policy is a guide to all staff, including teachers, administrators, and non-teaching staff, as well as board members. It outlines our approach to promoting student mental health and wellbeing. It should be read and understood alongside our other relevant school policies.

### **POLICY AIMS**

The aim of our policy is to demonstrate our commitment to the mental health of our staff and students. Williams Academy is committed to:

- Help children to understand their emotions and experiences better.
- Ensure our students feel comfortable sharing any concerns and worries.
- Help children to form and maintain relationships.
- Encourage children to be confident and help to promote their self-esteem.
- Help children to develop resilience and ways of coping with setbacks.

We will always promote a healthy environment by:

- Promoting positive mental health and emotional wellbeing in all students and staff.
- Celebrating both academic and non-academic achievements.
- Promoting our school values and encouraging a sense of belonging and community.
- Providing opportunities to develop a sense of worth and to reflect.
- Promoting our students' voices and giving them the opportunity to participate in decision making.
- Celebrating each student for who they are and making every student feel valued and respected.
- Adopting a whole school approach to mental health and providing support to any student that needs it.
- Raising awareness amongst staff and students about mental health issues and their signs and symptoms.
- Enabling staff to respond to early warning signs of mental-ill health in students.
- Supporting staff who are struggling with their mental health.

### **KEY STAFF MEMBERS**

All staff members have a responsibility to promote the mental health of students and each other.

Our Designated Safeguarding Officers is Jessica Mains, Assistant Principal.

If a member of staff is concerned about the mental health and wellbeing of a student, then in the first instance they should speak to: Jessica Mains. If a child presents a medical emergency then relevant procedures will be followed, including involving the emergency services.

### **TEACHING ABOUT MENTAL HEALTH**

Our Sanctuary and Love and Logic curriculum is developed to give students the skills, knowledge, and understanding they need to keep themselves mentally healthy. This includes resilience techniques and training. We will regularly review our curriculum and lesson content to ensure that they're meeting the aims outlined in this policy. We'll also implement this into our curriculum at all stages to provide students with strategies to help keep them mentally well.

### **SUPPORT AT SCHOOL AND IN THE LOCAL COMMUNITY**

We have a range of therapeutic, clinical, and counseling support available through The Crossnore Communities for Children for any struggling student. (See Collaborative Mental Health Plan Below)

### **SIGNPOSTING**

We will ensure that all staff, students, and parents are aware of the support that's available in our school for mental health. This includes how to access further support, both inside and outside of school hours.

### **IDENTIFYING NEEDS AND WARNING SIGNS**

All of our staff will be trained in how to recognize warning signs of common mental health problems. This means that they will be able to offer help and support to students who need it, when they need it. These warning signs will always be taken seriously and staff who notice any of these signs will communicate their concerns with the Designated Safeguarding Officer as appropriate.

Staff will be able to identify a range of behavior and physical changes, including:

- Physical signs of harm.
- Changes in eating and sleeping habits.
- Increased isolation from friends and family and becoming socially withdrawn.
- Changes in mood.
- Talking and/or joking about self-harm and/or suicide.
- Drug and alcohol abuse.
- Feelings of failure, uselessness, and loss of hope.
- Secretive behavior.
- Clothing unsuitable for the time of year, e.g. a large winter coat in summer.
- Negative behavior patterns, e.g. disruption.

Staff will also be able to identify a range of issues, including:

- Attendance and absenteeism.
- Punctuality and lateness.
- Changes in educational attainment and attitude towards education.
- Family and relationship problems.

Finally, staff will be well placed to identify any additional needs arising from difficulties that may impact a child's mental health and wellbeing, such as bereavement and health difficulties.

### **MANAGING DISCLOSURES**

If a student discloses concerns about themselves or a friend, to any member of staff, then all staff will respond in a calm, supportive, and non-judgmental manner. All disclosures will be recorded confidentially and only shared with the appropriate authorities if it's necessary to keep the child safe, in line with our Safeguarding Policy.

The disclosure record will contain:

- The date of the disclosure.
- The name of the staff member to whom the disclosure was made.
- The nature of the disclosure and the main points from the conversation.
- Agreed next steps.

## **CONFIDENTIALITY**

If a member of staff thinks it's necessary to pass on concerns about a student, either to somebody inside the school or somebody outside it, then this will first be discussed with the student.

They will be told:

- Who the staff member is going to tell.
- What the staff member is going to disclose.
- Why it's necessary for somebody else to be told.
- When the contact will be.

However, it may not be possible to gain the student's consent first, such as in the case of students who are at immediate risk. Protecting a student's safety is our main priority so we would share disclosures if we judged a child to be at risk.

## **WHOLE SCHOOL APPROACH**

We take a whole school approach towards the mental health of our students. This means working with parents and care givers and with other agencies and partners, where necessary.

## **WORKING WITH PARENTS AND CARE GIVERS**

We aim to support parents as much as possible. This means keeping them informed about their child and offering our support at all times.

To support parents, we will:

- Highlight sources of information and support about mental health and emotional wellbeing that we have in our school.
- Share and allow parents to access further support.
- Ensure that parents are aware of who to talk to if they have any concerns about their child.
- Give parents guidance about how they can support their child's/children's positive mental health.
- Ensure this policy is easily accessible to parents.
- Keep parents informed about the mental health training our school staff receive and how mental health is covered in our school curriculum.

## **WORKING WITH OTHER AGENCIES AND PARTNERS**

As part of our whole school approach, we will also work with other agencies to support our students' emotional health and wellbeing. This might include liaising with:

- The Crossnore Communities for Children Residential and Therapeutic Team (See collaborative plan below)
- Department of Social Services

## **SUPPORTING PEERS**

We understand that when a student is suffering from mental health issues it can be a difficult time for their peers. In response to this, we will consider, on a case by case basis, any peers that may need additional support. We will provide support in a one-on-one or group setting. These sessions will be

guided by the student, but they will discuss how peers can help, how peers can access support themselves, and healthy ways of coping with any emotions they might be feeling.

**TRAINING**

All staff will receive regular training in child mental health so that they can recognize and respond to mental health issues. This will form part of their regular safeguarding training and is a requirement to keep children safe. Training records will be held in staff files. We will post all relevant information, and additional information, on our school website so staff can learn more about child mental health. We will consider additional training opportunities for staff and we will support additional professional development throughout the year where it becomes appropriate due to developing situations with students. The following trainings will be offered/required annually at the beginning of the school year:

- Youth Mental Health – online <https://mdbehavioralhealth.com/training>
- Suicide Prevention – RISE training guide - Professional Development will be provided
- Substance Abuse – RISE Training guide - Western Youth Network Representative
- Teaching Dating Violence – RISE Training guide - OASIS Representative
- Child Sexual Abuse – <https://www.preventchildabusenc.org/recognizing-responding-online-course/>
- Sex Trafficking – AbolitionNC and Rise Training guide

**POLICY REVIEW**

This policy will be reviewed every year. This is so that it remains up to date, useful, and relevant. We will also regularly review it in accordance with local and national policy changes.

**In Collaboration with Crossnore Communities for Children**

Marjorie Williams Academy serves the residents of the Crossnore Communities for Children, a home for children who have been abused or abandoned. Once admitted to the residential facility by The Department of Social Services, a case manager and therapist are assigned to the student. Marjorie Williams Academy then works with the student’s care team for the physical and mental health needs. In order to keep the procedure consistent, the Academy follows the procedure of Crossnore Communities for Children.

<b>Procedure-Physical and Mental Health Care for Youth Independent Living</b>	
<b>Effective Date:</b>	<b>4/5/21</b>
<b>Dates of Revision(s):</b>	
<b>Current Version Verified By:</b>	<b>Executive Team</b>
<b>References:</b>	<b>GLS 9; YIL 7; 10A NCAC 70I .0505, .0604</b>

**Admission to on-site cottage and apartment-based living:**

1. At admissions to services, staff will obtain:
  - a. the written medication orders for the client from the prescribing physician for each current medication the client is taking (see Medication Administration Policy and Procedure for additional information),
  - b. Permission for Administering Prescription Medication,

- c. the Consent to Administer Non-Prescription Medications. For details on the procedure for receiving medication at admission, refer to “Procedure: Medication Administration.”
2. Residents will see the facility’s nurse or other qualified medical professional within 24 hours of admission for an initial medical screening to identify the need for immediate medical care and assess for communicable disease.
3. A full, comprehensive medical examination will be conducted within 5 days of admission unless a medical examination report within 12 months prior to admission can be provided to the agency. Medical will liaise with the resident to schedule these appointments, as needed.
4. A dental examination will be conducted within 1 month of admission unless a dental examination report within 6 months prior to admission can be provided. Case Management will liaise with the resident to schedule these appointments, as needed.
5. Developmental, mental health, alcohol and drug screenings, and other therapeutic services are completed as needed. Case management will provide support to the client in coordinating these services, as needed.
6. Residents who are in need of continued medication monitoring and psychiatric services are to be seen. Case management will provide support to the client in coordinating these services, as needed.

**Service Delivery for all YIL Clients:**

1. Healthcare services are centrally coordinated for residents through the Plan of Care or Child and Family Team to ensure:
  - a. continuity of care
  - b. receipt of comprehensive healthcare services
  - c. appropriate communication and coordination among healthcare providers, social service providers, other professionals, and children, families, and Cottage Parents
  - d. that children and staff receive needed information and support
2. All residents are to have an annual medical examination (including vision and hearing screening, as indicated).
3. All residents are to have a dental exam performed every six months (or as otherwise prescribed).
4. As is needed, residents are provided with age- and developmentally-appropriate health education regarding safe and healthy relationships, sexual development, family planning and effective parenting, nutrition, personal hygiene, substance use and smoking,

prevention of sexually transmitted infections/diseases and HIV/AIDS prevention.

5. All routine, non-emergency medical care is coordinated with the client's parent/legal guardian, if applicable. All attempts are made between Crossnore Communities for Children staff and the parent/legal guardian for the client to continue to receive medical services from his/her/their medical home while receiving services in the program.
6. Emergency medical services will be provided by the hospital or local emergency care center within the community that is selected by the client or guardian at the time of intake. See "Hospitalization of Clients procedures."
  - a. For clients who are under 18, Resident Advisors are to bring with them the client's Medical notebook, which includes the client's insurance card and Permission for Treatment forms.
  - b. Resident Advisors are not to sign anything that obligates them or Crossnore Communities for Children to pay for services.
7. The organization provides or arranges for specialized health services to meet the needs of residents, as they are identified.
8. North Carolina's minor consent law (NCGS 90-21.5), permits a minor to consent to medical care for the prevention, diagnosis and treatment of sexually transmitted diseases, pregnancy (but not abortion), controlled substance abuse, and emotional disturbance.

**Case Closing/Termination:**

1. Prior to the termination of services, residents receive assistance to maintain or obtain:
  - a. health insurance
  - b. health records
  - c. medical, dental, developmental, mental health, and substance use treatment services
  - d. needed medication
2. Upon case closure, staff will provide a copy of the resident's educational, medical and dental records, clinical materials (as available) and other related materials to the client or, as appropriate, their parents, guardian or legal custodian. A release of information will be obtained before information is released.
3. Upon a resident's departure, staff will send all personal clothing, personal belongings and medications with the resident or legal guardian/agency legally authorized to remove the resident from residential child-care.

**Medical On-Call Services:**

There is a qualified medical professional familiar with the needs of residents on-call 24 hours a day to assist with medical emergencies and identification of and prompt treatment of residents' health needs.