



MENTAL HEALTH AND WELLBEING POLICY

Policy:	Mental Health and Wellbeing Policy
Reviewers:	PASAG/Local Governing Body
Approved by:	Local Governing Body
Date:	9 th May 2022
Review cycle:	Three Years

VERSION CONTROL		
DATE	AUTHOR	CHANGES
Apr 2022	Jennifer Worrall	Standardised two front pages added. Section 2, names updated.

MENTAL HEALTH AND WELLBEING POLICY

Our vision is to create a distinctively Christian and values driven environment that provides the best start to the 70 or more great years our students should enjoy when they leave our school. Our students should have the opportunity to live life in all its fullness and be good citizens wherever they may be.

Policy Statement

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 their community (World Health Organization).

In our school our Christian vision shapes all we do and all five of our key Christian Values (positivity, respect, forgiveness, service, and vocation) apply directly to mental health and wellbeing of the academy community.

In addition, we aim to promote positive mental health for every student and every member of staff. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

We also aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing strategies we can promote a safe and stable environment for students affected both directly, and indirectly by mental health and wellbeing issues.

1 Scope

- 1.1 This document describes the academy's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.
- 1.2 This policy should be read in conjunction with our medical policy (in cases where a student's mental health and wellbeing overlaps with or is linked to a medical issue) and the SEND policy where a student has an identified special educational need.
- 1.3 The policy aims to:
 - Promote positive mental health and wellbeing in all staff and students.
 - Increase understanding and awareness of common mental health issues.
 - Alert staff to early warning signs of poor mental health and wellbeing.
 - Provide support to staff working with young people with mental health and wellbeing issues.
 - Provide support to students suffering mental ill health as well as to their peers and parents/carers.

2 Lead Members of Staff

- 2.1 Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:
 - Adam Cave - Designated Safeguarding Lead
 - Sharon Bassett – Deputy Safeguarding Lead
 - Jennifer Worrall – PSHE/Mental Health and Emotional Wellbeing Lead
 - Fiona Hay, Claire Ogden and Elaine Webster – Health Care Team
 - David Broomhead – Strategic Director of Student Support

- Carl Bennett – Team Director Student Learning (linked to staff CPD)
 - Alex Brompton – Chaplain
- 2.2 Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Mental Health Lead in the first instance or the student's Learning Manager. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Child Protection Officer or the Principal. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services and parents/carers as necessary.
- 2.3 Where a referral to Child and Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by the Learning Manager team or Safeguarding team.

3 Individual Care Plans

- 3.1 It is helpful to draw up an individual care plan for students causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

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

4 Teaching about Mental Health and Wellbeing

- 4.1 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 our PSHE curriculum. Acts of Worship and tutor discussions will also encourage students and staff to explore how to maintain a healthy lifestyle.
- 4.2 The specific content of the events will be determined by the specific needs of individual cohorts but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.
- 4.3 We will follow the PSHE Association Guidance¹ to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

5 Signposting

- 5.1 We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our academy and local community, who it is aimed at and how to access it is outlined on the academy website and as part of tutor displays.
- 5.2 We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to students within relevant parts of the

¹ Teacher Guidance: Preparing to teach about mental health and emotional wellbeing URL=<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and> (accessed 02.02.2018)

curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why they might want to access it
- What is likely to happen next

6 Warning Signs

6.1 School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with our Mental Health and Emotional Wellbeing Lead, our Designated Safeguarding Lead or a Learning Manager. Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

7 Managing disclosures

7.1 A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

7.2 If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

7.3 Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see Appendix A.

7.4 All disclosures should be recorded confidentially on CPOMs. The entry should include:

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

- 7.5 This information will be accessible to the Safeguarding team who will offer support and advice about next steps. See Appendix B for guidance about making a referral to CAMHS.

8. Confidentiality

- 8.1 We should be honest with regards to the issue of confidentiality. If we deem it is necessary for us to pass on concerns about a student then we should explain to the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

- 8.2 We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent. This is particularly the case if a student is in danger of harm.

- 8.3 In any situation, it is advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support.

- 8.4 Parents/carers should be informed if there are concerns about their child's mental health and wellbeing and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents/carers directly. We should always give students the option of us informing parents for them or with them.

- 8.5 If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead or Principal must be informed immediately.

9. Working with Parents

- 9.1 Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At the academy, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

- 9.2 It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

- 9.3 We should always highlight further sources of information and provide leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news being shared. Sharing sources of further support aimed specifically at parents can also be helpful e.g. parent helplines and forums.

- 9.4 We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right as parents often have many questions as they process the information. It is advisable to finish each

meeting with agreed next steps and to keep a brief record of the meeting on CPOMS.

10. Working with All Parents

10.1 Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support and provide service to parents we will:

- Highlight sources of information and support about common mental health issues on our academy website.
- Ensure that all parents are aware of who to talk to and how to get in contact if they have concerns about their own child or a friend of their child.
- Make our mental health policy easily accessible to parents.
- Share ideas about how parents can support positive mental health in their children through our regular information evenings.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

11. Supporting Peers

11.1 When a student 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 student who is suffering and their parents 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 or saying which may inadvertently cause upset.
- Warning signs that their friend needs further help (e.g. signs of relapse).

11.2 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.

12. Training

12.1 As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training.

12.2 Training opportunities for staff who require more in-depth knowledge will be considered through performance management/appraisal and additional CPD in response to new or developing issues will be supported throughout the year.

12.3 Where necessary we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

12.4 Suggestions for individual, group or whole school CPD should be discussed with the Team Directory of Student Learning who can also highlight sources of relevant training and support for individuals as needed.

13. Policy Review

- 13.1 This policy will be reviewed every 3 years as a minimum.
- 13.2 Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.
- 13.3 This policy will always be immediately updated to reflect personnel changes.

APPENDIX A

How to handle mental health disclosures:

1. Apply non-judgemental listening:
 - Listen without interrupting.
 - Pay attention.
 - Ask appropriate questions to make sure you are clear on what is being said.
 - Observe non-verbal cues – facial expressions and body language.
 - Check your understanding by repeating what the person has said back to them.
 - Summarise facts and feelings.
2. You can then signpost students to self-help strategies available on our Student Wellbeing link via the Academy website.

Or

Refer the student to either Mental Health First Aider, Safeguarding lead or Learning Manager.

3. The disclosure should then be logged on CPOMS.