



Mental Health and Wellbeing Policy

Policy Lead:	Assistant Headteacher
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Approval needed by:	Deputy Headteacher

Mental Health and Wellbeing Policy

Our vision is for all our students to thrive in our increasingly complex society. We aim to build character and support the emotional health of our students, thereby reducing the number of young people who need help from other services.

National statistics highlight that in an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many pupils affected both directly and indirectly by mental ill health.

The school has an important role to play in developing emotional resilience and positive mental health as well as acting as a source of support and information for both pupils and parents. This policy is designed to help school staff to spot and support pupils and their families who need help and to follow appropriate referral pathways and procedures.

Definition of Mental Health

“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 The Oaks Academy, we aim to promote positive mental health for every member of our school community including, staff, pupils and families. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. In addition to promoting emotional resilience and positive mental health, we aim to recognise and respond to mental ill health.

Scope

This document describes our 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 our Safeguarding and Child Protection policy, Medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The Policy Aims to:

- Support and develop emotional resilience and wellbeing in staff and pupils
- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents or carers

Lead Members of Staff

Whilst all staff have a responsibility to promote the emotional resilience, wellbeing and positive mental health of pupils, staff with a specific, relevant remit include:

- Emma Leftwick – Assistant Headteacher of Inclusion/Designated Safeguarding Lead/Designated Mental Health Lead
- Helen Holland – Deputy Designated Safeguarding Lead
- Rachael Todhunter - Deputy Designated Safeguarding Lead
- Emily Abberley - PHSE Lead
- Karin Leech- Inclusion Manager
- Pastoral Leads
- Claire Hall – Deputy Senco & ELSA Lead

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding and child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the head teacher. If the pupil 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 if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the SENDCo.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can 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

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PHSE Curriculum. The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 student support.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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

It is important to note that any change in the usual behaviour or presentation of a pupil may indicate poor mental health and this should be considered as a possible explanation.

What is Self-Harm?

Self-Harm describes a wide range of behaviours which people use to cope with difficult feelings and distressing life experiences. Some people have described self-harm as a way to express suicidal feelings and thoughts without taking their own life.

Examples (not exhaustive)

- Cutting
- Burning
- Severe scratching
- Biting
- Scalding
- Pulling out hair
- Picking at skin or re-opening wounds
- Refusing to take lifesaving medication

It is estimated that a third of young people in the UK have deliberately self-harmed at some point and the most common age is between 11-25. It's almost impossible to say how many young people are self-harming. Young people who have self-harmed have said they do it for a distraction, as self-punishment, as a way to symbolically cleanse themselves and to gain control, as a way to communicate without words, as a release of tension or as a form of comfort, to make themselves unattractive, to make them feel real or alive and because they may see it as a ritual or rite of passage into a group.

What is an Eating disorder?

While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional difficulties. Eating disorders include but are not exclusive to Anorexia Nervosa, Bulimia Nervosa, and Binge -Eating Disorder. Disordered eating affects the physical and emotional well-being of an individual and also leads to changes in behaviour. Very often masked by the eating disorder there is usually an underlying reason this can be a coping mechanism and this is a way of gaining control. More recently, undiagnosed Autism is being linked to eating disorders.

Young people may display the following behaviours:

- Loss of concentration
- Skipping meals
- Disappearing to the toilet after meals
- Pre-occupation with body Image, dieting.
- Excessive exercise
- Secretive behaviour
- Becoming irritable and withdrawing from social activities particularly those involving food.

Anxiety

Some people will experience levels of anxiety from time to time. Most people can relate to feeling tense, uncertain or fearful, for example before an exam. These in turn can lead to sleep problems, loss of appetite and ability to concentrate. This kind of anxiety can sometimes be useful because it makes you more alert and can enhance performance. However, if anxiety overwhelms a child, they may not be able to deal with daily activities. If the anxiety remains at a high level the young person may feel powerless, out of control and sometimes this can lead to a panic attack or chronic anxiety.

Examples: (not Exhaustive)

- Phobias
- Obsessive Compulsive disorder
- Generalised Anxiety disorder, (GAD)
- Post -traumatic stress disorder, (PTSD)
- Panic Disorder
- Health Anxiety

Depression

In its mildest form depression can be being in low spirits, it doesn't stop you continuing with your normal activities. At its most severe (Clinical Depression) it can be life threatening. Some young people need medication to alleviate their symptoms. **Examples;**

- Change in normal pattern of behaviour
- Withdrawal from institutions(school), social activities, and friendship groups
- Seasonal Affective Disorder (SAD)
- Bi Polar disorder
- Suicidal Ideation

Loss and Bereavement

Pupils who experience such a loss will require early intervention and support. The school may refer to agencies such as Dove or Winston's Wish for additional external support.

Managing disclosures

A pupil 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. If a pupil 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. Staff should listen rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded using CPOMs, the school's electronic recording system.

Confidentiality

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

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

We should never share information about a pupil 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; in line with our safeguarding and child protection policy and where there is a risk of harm to the pupil themselves or others.

Parents must always be informed if there is considered to be a risk to the young person or others, in line with usual safeguarding procedures. Pupils may choose to tell their parents themselves. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying safeguarding or child protection issues, the Designated Safeguarding Lead must be informed immediately.

Working with Parents

When working with parents, we need to be sensitive in our approach. Before talking 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 school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, and other members of staff.
- What are the aims of the meeting?

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.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

Supporting Peers

When a pupil 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 with the pupil 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 may need 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

Training

All staff receive regular training about recognising and responding to mental health issues in addition to their regular safeguarding child protection training to enable them to keep pupils safe and well.

The [MindEd learning portal](#)¹ provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in-depth knowledge will have access to relevant training. Additional training for staff will be also be supported throughout the year, where it becomes appropriate due developing situations with one or more pupils. The SENDCo is highly trained in mental health and is the qualified designated senior lead for mental health.

The [Charlie Waller Memorial Trust](#) provide funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. For further information email training@cwmt.org or call 01635 869754.

School Based Support

Universal: Students receive support from teachers and Form Tutors, the PSHCE programme, and guidance through assemblies. Student Support Team support is available to all students.

Targeted: We support children who would benefit from additional help with moderate difficulties through: parental meeting, referral to school nurse, closer work with Student Support. Students of concern are discussed at meetings attended by the SEND, Pastoral and Safeguarding Teams. Mentoring groups and support include cognitive behaviour awareness; resilience and coping; one to one mentoring and counselling.

Specialist: Vulnerable students with EHCPs, CP/multi-agency plans, LAC, and those requiring support beyond school will be supported through agencies such as CAMHS, Social Services and Health and Specialist Counselling Services

Local Support

Live Well: a directory of support and advice with useful information and advice on a range of subjects, and an easy to use directory of services & activities in Cheshire East. <http://www.cheshireeast.gov.uk/livewell/livewell.aspx>

My Mind: is an NHS website, run by CWP CAMHS. This site has been developed for everyone interested in the mental health and well-being of young people. www.mymind.org.uk

Visyon: a charity supporting the emotional health of children, young people and their families. www.visyon.org.uk

You in Mind: a directory of support for mental health issues, in the local area. www.youinmind.org

Impact of Covid

The pandemic and subsequent lockdowns may have impacted on children's mental health in many different ways. Children and young people may be experiencing increased anxiety, behavioural problems, or increased conflict at home. The disruption to a routine may be stressful for children and young people, and they may be bored, lonely or confused. [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS Digital](#) found that 1 in 5 children and young people aged 8-25 have a probable mental disorder.

Further Research

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf