



STUDENT MENTAL HEALTH & WELLBEING

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Member of Staff Responsible for the Policy:	Gail Naish
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Summary of intent:

At our school, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using universal, whole school approaches, targeted approaches and specialised approaches, aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant, and effective mental health practices and procedures, we aim to promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

Scope:

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff, Governors and volunteers working in the school, students, parents and carers. This policy should be read in conjunction with our Medical Needs Policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEN and Disability policy where a student has an identified special educational need and Safeguarding and Child Protection policy where there are concerns about the welfare and safeguarding of a student.

The policy aims to:

- Promote positive mental health in all staff and students.
- Increase understanding and awareness of common mental health issues.
- Alert staff to early warning signs of mental ill health.
- Raise awareness of both teaching and non-teaching staff of their responsibilities in identifying and reporting possible cases of mental ill health.
- Increase awareness of how to access support to maintain positive mental health.
- 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.



Lead members of staff

All staff have a responsibility to promote the mental health of students.

Staff with a specific, relevant remit includes:

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to Gail Naish, designated safeguarding lead, or a student support officer. 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 Gail Naish, the designated safeguarding lead, or the deputy designated safeguarding lead, or if neither of the above is available, then a direct referral to children's services must be made. 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 if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the pastoral team.

Individual health care plans

For students who receive a diagnosis pertaining to their mental health, and who are prescribed medication, an individual health care plan will be put into place involving the student, the parents and relevant health professionals.

This will include:

- Details of a student's condition
- Special requirements, support, 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

We aim to equip all students with the knowledge, skills and understanding to keep themselves and others safe and physically and mentally healthy, so that they can become confident self-managers of their own wellbeing. These skills are taught as part of our curriculum through PSHE, Physical Education, Science, Computing, dedicated form time sessions and assemblies. Additionally, we maintain an extensive extracurricular programme.



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

We will follow the DfE RSE and HE statutory guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Where appropriate external organisations and presenters will deliver aspects of the statutory RSHE curriculum. These sessions are always supported by classroom teachers.

Signposting

We ensure that staff, students, and parents/carers are aware of sources of support within school and in the local community. The support agencies available within the local community and how to access it is outlined on our website. Our parental newsletter provides regular updates and links to training and webinars on mental health and wellbeing themes.

We display relevant sources of support in communal areas such as the corridors and will regularly highlight sources of support to students in assemblies, tutor time and within relevant parts of the PSHE curriculum. Whenever we highlight sources of support, we seek to ensure students understand:

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

Warning signs

Mental Health is included in our safeguarding policy and is everyone's responsibility. School staff are trained in identifying warning signs which indicate a student may be 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 the mental health and emotional wellbeing lead. Where there is a safeguarding concern, staff need to follow the school's safeguarding and child protection policy and speak to the DSL or deputy DSL and place these concerns on CPOMS (Child Protection Online Management System).

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, mood and or behaviour
- 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

Risk factors influencing the mental health of students

There is no easy way of telling whether a student will develop mental health problems or not. Some students maintain good mental health despite traumatic experiences, whilst others develop mental health problems even though they live in a safe, secure and caring environment.

There are, however, some common risk factors that may increase the probability that some students will develop mental health problems. Abuse, neglect and other traumatic adverse childhood experiences can have a lasting impact and it is key that staff are aware of how these experiences can affect children's mental health, behaviour and education.

Risk factors include:

- having a long-term physical illness or learning disability
- family factors, such as parental conflict and inconsistent discipline
- having parents who separate or divorce
- being a young person who is looked after by an adult other than their parents
- having a parent who has had mental health problems, problems with alcohol or has been in trouble with the law
- having been severely bullied
- child abuse and neglect (physical abuse, neglect, sexual abuse, emotional abuse)
- experiencing the death of someone close to them /bereavement (grief, aggression, regression and adjustment difficulties)
- experiencing discrimination, perhaps because of their race, sexuality or religion
- acting as a carer for a relative, taking on adult responsibilities
- having long-standing educational difficulties
- post-traumatic stress (caused by an event involving intense fear, helplessness, or horror)



- environmental factors such as socio-economic disadvantages – living in poverty or homelessness (Mental Health Foundation, 1999)
- taking prescribed drugs

Childhood and adolescent mental health difficulties

These may include:

- Conduct disorder, can include aggression and antisocial behaviour
- Hyperactivity and impulsivity
- Self-harm and/or suicidal ideation
- Eating disorders (e.g. anorexia and bulimia)
- OCD, obsessive-compulsive disorder (obsessions, compulsions and verging on the panic threshold all the time)
- Anxiety disorders (e.g. anxiety, phobias, panic, social anxiety and school-phobia)
- Social and communication difficulties, restrictive and repetitive interests and behaviours
- Substance abuse and dependence
- Depression

Self-harm

Self-harm is generally a way of coping with overwhelming emotional distress. It can take the form of self-poisoning or self-injury such as cutting, biting, burning, scalding, branding, punching, breaking bones, hair pulling, head banging, ingesting objects, or toxic substances, overdosing with medicine.

Many young people self-harm where there is no suicidal intent. However, research shows that young people who self-harm can be at higher risk of suicide.

Huntington School recognises that any student who self-harms or expresses thoughts about self-harm and/or suicide must be taken seriously, and appropriate help and intervention will be offered at the earliest point. Any member of staff who is made aware that a student has self-harmed or is contemplating self-harm or suicide will record and report the matter to the DSL as soon as possible as with any other safeguarding concern so that a safety plan can be put in place.

Managing disclosures and record keeping

A student may choose to disclose concerns about themselves or a friend to any member of staff and the member of staff will listen, be supportive and non-judgemental.

All disclosures will be recorded and held on the student's confidential file on CPOMS.



This will include:

- Date
- The name of the member of staff to whom the disclosure was made.
- Main points from the conversation
- Agreed next steps including SPA referral if required.

This information will be shared with the mental health lead and student support officers, who will offer support and advice about next steps.

Confidentiality

Where it is necessary to pass on concerns about a student, this will be discussed with the student first, if it is considered appropriate. Ideally, we would seek to discuss the following:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them
- How we can support/advise

To help safeguard the emotional wellbeing of staff and ensure continuity of care, disclosures should be shared with the mental health lead. This will also provide an important source of expertise and support. If there is not an immediate safeguarding concern but parents need to be informed of the concern, students may choose to tell their parents themselves.

If this is the case, the student will be given 24 hours to share this information before the school contacts parents. We will always give students the option of informing parents for them or with them.

Where there is a safeguarding or child protection concern, information will always be shared immediately with the DSL (designated safeguarding lead) who will decide who it is appropriate to inform and when it is appropriate to inform a parent.

Working with individual parents/carers

Where it is deemed appropriate to inform a parent or carer, we will be sensitive in our approach. Before disclosing, we will consider the following on a case-by-case basis:

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen?
- Who should be present? Parents, the student, and other members of staff.
- What are the aims of the meeting?



As it can be shocking and upsetting for a parent to learn of their child's problems, we will always seek to be supportive and highlight further sources of information and sign post the most appropriate agencies to support them with their child's issues.

We will also provide clear means of contacting us with further questions and offer a follow up meeting or phone call. Meetings with parents will include an agreed next step and a brief record of the meeting will be placed on the child's confidential record.

Working with all parents and carers

In order to support all parents and carers with their children's emotional and mental health we will:

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

Supporting peers

We recognise that 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 one to one or in group settings and will be guided by conversations with 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 / saying which may inadvertently cause upset
- Warning signs that their friends can help with (e.g. signs of relapse)

Additionally, we will 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 as part of their regular safeguarding training in order to enable them to keep students safe.

Student Support Leaders are trained in Mental Health First Aid and are on hand to deal immediately with any students who need support. Further training opportunities for staff who require more in-depth knowledge is considered as part of our performance management process. Additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. The MindEd learning portal also provides free online training suitable for staff wishing to know more about a specific issue. <https://www.minded.org.uk/>

Linked Policies

This policy is to be read in conjunction with the following linked policies:

- Child Protection and Safeguarding
- Positive Behaviour for Learning Policy
- Anti-Bullying Policy
- Equality Policy
- Health and Safety Policy
- Medical Needs Policy
- Relationship and Sex Education policy

Resources for further support

[NHS Vale of York Clinical Commissioning Group - Children and Young People \(valeofyorkccg.nhs.uk\)](http://valeofyorkccg.nhs.uk)

[Orca House - Tees Esk and Wear Valley NHS Foundation Trust \(tewv.nhs.uk\)](http://tewv.nhs.uk)