Student Mental Health & Wellbeing Policy

1 Overview

The School promotes the mental health, physical health and emotional wellbeing of all its students. Wellbeing is at the forefront of the School's Respect programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all. The school community has identified 10 key qualities that are fundamental to good mental health and wellbeing:

1. Good sleep patterns
2. Time for exercise
3. Healthy eating
4. Time to relax
5. Emotional resilience
6. Sense of humour
7. High aspirations
8. Random acts of kindness
9. Walking in fresh air
10. Respecting one another

Mental health issues can be de-stigmatised by educating students, staff and parents. This is done through tutor time, Respect lessons, staff CPD and parent discussion evenings. Positive mental health is also promoted through strong pastoral care, our highly skilled Inclusion Team and student Wellbeing Ambassadors.

This policy aims to:

- Describe the School's approach to mental health issues
- Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- Alert staff to warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with students who suffer from mental health issues
- Provide support to students who suffer from mental health issues, their peers and parents/carers

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined in Appendices I, II and III. *Figure 1* outlines the procedures that are followed if staff have a concern about a student, if another students raises concerns about one of their friends or, if an individual student speaks to a member of staff specifically about how they are feeling.

Appendix V outlines a wide range of sources of support and possible referrals which support Mental Health and Wellbeing at Wellacre to keep it high profile.

2 Child Protection Responsibilities

Wellacre is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing and expects all stakeholders to share this commitment. We recognise that children have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that students' concerns will be listened to and acted upon. Every student should feel safe, be healthy, enjoy, achieve and make a positive contribution. Please see our Safeguarding and Child Protection policy for further details.

3 Identifiable Mental Health Issues

It is important for staff to be alert to signs that a child or an adult might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

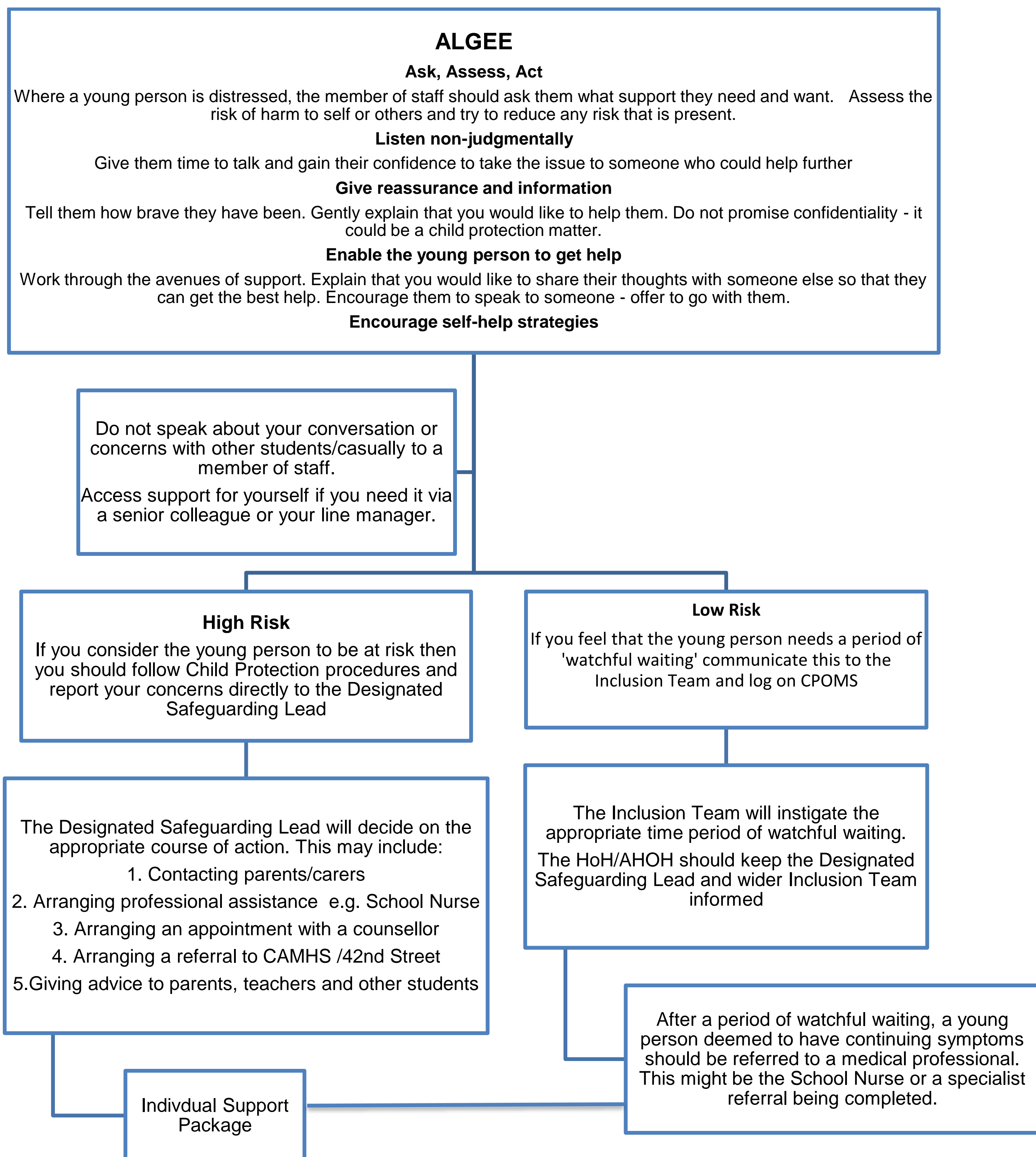
- Anxiety and Depression
- Self-Harm
- Eating disorders

Two important elements enabling us to identify mental health issues are the effective use of data (i.e. monitoring changes in patterns of attendance / academic achievement / behavioural patterns) and an effective inclusive pastoral system whereby staff know students well and can identify unusual behaviour.

4 Signs and symptoms of mental or emotional concerns

These are outlined in Appendices I, II and III.

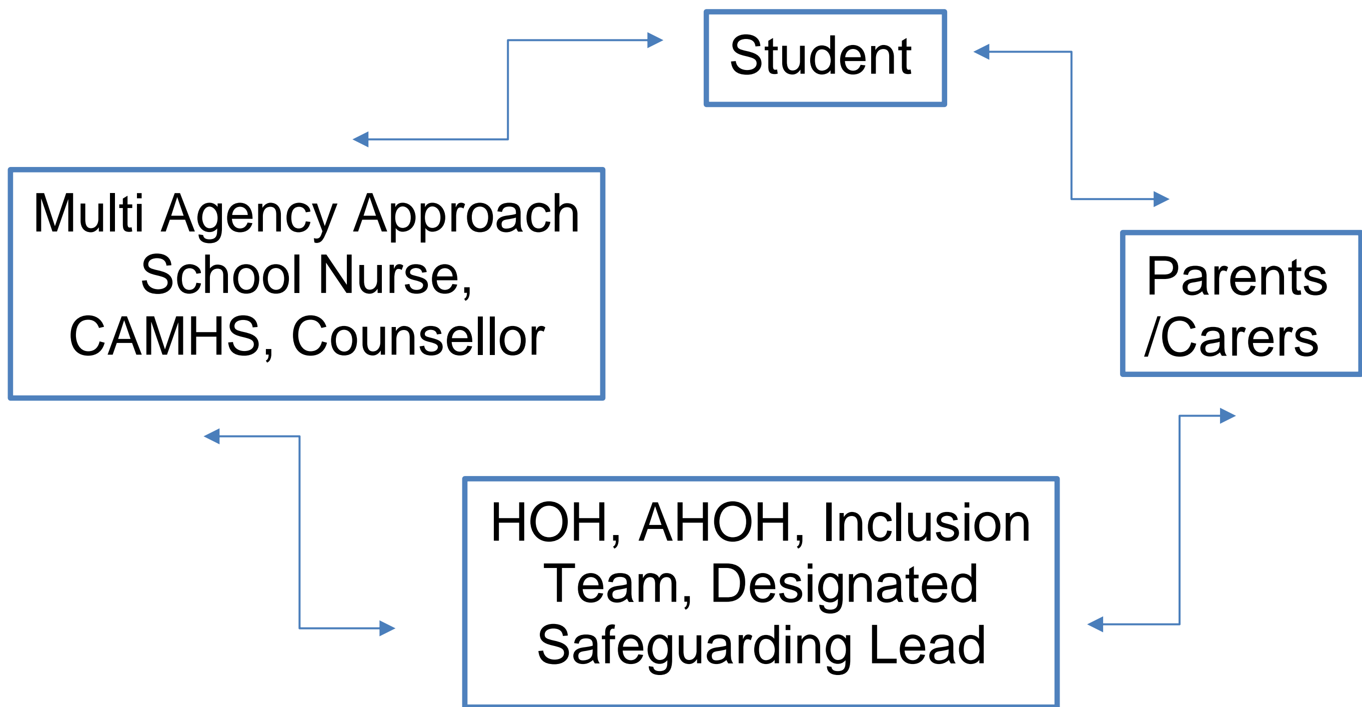
Figure 1 **Procedures following a concern (based on the Mental Health First Aid Kit)**



Should staff have concerns about the mental health or wellbeing of a colleague they should speak to the Principal or the school's Mental Health and Wellbeing Champion.

The School aims to implement the following support structure:

Figure 2 **Wellbeing Support Structure**



5 Individual Support Package

Following consultation between relevant members of the Inclusion Team, the student and parents/carers an individual package of support would be agreed upon. This would be available to the relevant teaching staff in order to provide the appropriate level of support for the student. The first aid staff and school nurse would also be informed.

6 Confidentiality and information sharing

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students should be made aware that staff cannot offer confidentiality. **If a member of staff considers a student is at serious risk of causing themselves or others harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.

It is likely that a student will present at the medical room in the first instance. Young people with mental health problems typically visit the medical room more than their peers, often presenting with a physical concern. This gives the medical staff a key role in identifying mental health issues early. If a student confides in a member of the school medical team then they should be encouraged to speak to their Achievement Tutor, Head of House or Assistant Head of House. If a student receives any medical attention any immediate concern for a student's mental health would be reported to the Designated Safeguarding Lead. The Designated Safeguarding Lead will decide what information is appropriate to pass on to parents/carers and the wider Inclusion Team. The Inclusion Team may decide to share relevant information with certain staff on a need to know basis. Parents/carers should be involved wherever possible, although the student's wishes should always be taken into account.

Parents/carers must disclose to the Inclusion Team any known mental health problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing.

7 Records and Reporting

All information, concerns and actions are logged and recorded on CPOMS.

8 Mental Health First Aid

In order to ensure adequate mental health first aid provision and awareness it is our policy that there are sufficient numbers of trained personnel to support those students and staff who are experiencing mental and/or emotional difficulties. This includes at least all Heads of House and Assistant Heads of House, the Inclusion Manager, the Designated Safeguarding Lead and the Principal.

9 Responsibilities under the policy relating to mental health first aid

Members of the Inclusion Team are responsible for maintaining accurate records of all mental health first aid given. The Designated Safeguarding Lead is responsible for maintaining accurate records of all safeguarding and child protection issues.

Mental Health First Aiders (Appendix IV) are responsible for responding promptly to calls for assistance, providing first aid support within their level of competence, summoning medical help as necessary and recording details of support given and logging this on CPOMS

Mental Health First Aid does not prepare people to become therapists. It does, however, enable people to recognise the symptoms of mental ill health, how to provide initial help (first aid) and how to guide a person towards appropriate professional help. See Appendix IV for a list of current staff who have undertaken training in Mental Health First Aid.

All staff have a duty of care towards the students and should respond accordingly when mental health first aid situations arise. All staff are updated weekly via the Inclusion Bulletin regarding any specific medical and emotional needs of the student's. Staff are asked to familiarise themselves with Individual Support Packages which may require specific action to support the student's mental and / or emotional wellbeing.

Procedures for dealing with specific mental health issues are given as follows:

- Anxiety and depression (Appendix I)
- Self-harm (Appendix II)
- Eating disorders (Appendix III)

A record must be kept of all incidents and the first aid treatment/support given logged on CPOMS.

If an incident that is linked to a mental health concern is serious it should be reported to the Designated Safeguarding Lead and recorded on CPOMS immediately.

10 Staffing of the medical room

The School has several first aid trained staff. Two members of staff are based within the main school office and medical room, who act as the first point of call for any first aid incidents. In addition to this the school nurse is available in school on a designated day. Students may self-refer to the school nurse and attend drop in sessions. Staff can also refer students to the school nurse. Referrals can be made to CAMHS and other external agencies by any member of staff in discussion with members of the Inclusion Team who can offer support.

11 Absence from school caused through mental health issues

If a student is absent from school for any length of time due to mental health issues then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a student.

If the school considers that the presence of a student in school is having a detrimental effect on their own wellbeing or the wellbeing of others, or that a student's mental health concern cannot be managed effectively within the school, the student may be placed in the Hub (our Inclusion Centre). This may also result in a referral being completed for an alternative provision (for example the Medical Education Service).

Students who are absent from school must have a written confirmation / a medical diagnosis from a GP in order for the absence(s) to be authorised.

Should a student require some time out of school due to mental health issues, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

The Inclusion Team will work alongside teaching staff, the school nurse, the student and their parents/carers to draw up an appropriate support package. The student should have as much ownership as possible with regards this so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents/carers.

The School will also consider whether the student may benefit from being identified as having a special educational need or disability (SEND) and will work alongside the SEND Co-ordinator where special provision might be sought.

Appendix I

Anxiety and Depression

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety is **getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships**. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decision
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

First Aid for anxiety disorders

Follow the ALGEE principles (see *Figure 1* in policy)

How to help someone having a panic attack

- If you are at all unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- If you are sure that the student is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the student by encouraging slow, relaxed breathing in unison with your own.
- Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Be a good listener, without judging.
- Explain to the student that they are experiencing a panic attack and not something life threatening such as a heart attack.
- Explain that the attack will soon stop and that they will recover fully.
- Assure the student that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder.
It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England if affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression

Follow the ALGEE principles shown in *Figure 1.*

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make Designated Safeguarding Lead aware of any child causing concern.

Following the report, the DSL will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students should be made aware that staff cannot offer confidentiality. **If a member of staff considers a student is at serious risk of causing themselves or others harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.

Appendix II

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm.

Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the DSL.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- 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. always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g. swimming

Staff Roles in working with students who self-harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that it is not be possible for staff to offer confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self- harm should consult the DSL or a member of the Inclusion Team.

Following the report, the DSLwill decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times
- If a studentl has self-harmed in school a first aider should be called for

Further Considerations

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored on CPOMS.

It is important to encourage students to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

Appendix III

Eating Disorders

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the DSL or from the First Aiders.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water

- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes he is fat when he is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSL aware of any child causing concern. Canteen staff can be vigilant at break and lunch times in the canteen and report concerns.

Following the report, the DSL will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to parents, teachers and other students

The DSL may ask the school nurse to weigh the student and to monitor their weight on a regular basis. Parents will be consulted once the student has been weighed regardless of whether the weight gives cause for concern. Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer.

Management of eating disorders in school

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all students. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the DSL and school First Aiders deem it appropriate they may liaise with PE staff to monitor the amount of exercise the student is doing in school. They may also request that the PE staff advise parents of a sensible exercise programme for out of school hours. All PE teachers at the School will be made aware of which students have a known eating disorder.

The School will not discriminate against students with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a student is falling behind in lessons

If a student is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, someone from the Inclusion Team / school nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school nurse will consult with the professional treating the child. This information will be shared with the relevant pastoral / teaching staff on a need to know basis.

Students undergoing treatment for / recovering from Eating Disorders

The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

Further Considerations

Any meetings with a student, their parents or their peers regarding eating disorders should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored on CPOMS.

Appendix IV

Mental Health First Aiders

Name	
Mr P Pemberton	Vice Principal / Designated Safeguarding Lead
Mr S Casey	Assistant Principal – Inclusion / SENDCO / Deputy DSL
Mrs N Birney	Inclusion Manager
Mr R Asha	Head of House
Mr W Dougherty	Assistant Head of House
Mr L Ward	Assistant Head of House
Mrs L Tunney	Teaching Assistant
Mrs L Rothwell	Teaching Assistant
Mrs S Scully	Teaching Assistant
Mrs H Lalley	Teaching Assistant

Appendix V

Mental Health & Well Being Referrals & Support

1. **Sources of Support/Referrals**

- The Hub (our Inclusion Centre) – for specific lessons or full time
- Mentor allocated & scheduled mentoring sessions
- School Nurse referral
- 42nd Street school / self-referral by student or parent – supported by school
- Educational Psychologist referral (if necessary)
- Early Break (if relevant)
- Trafford Children's First Response informed (if necessary)
- EWO support – attendance monitored, EWO home visits, support plans created, reduce risk of PA and/or student becoming a school refuser
- Mental Health & Well-being advice posters/leaflets for parents
- Mental Health & Well-being advice posters/leaflets for students (Kooth, Childline)
- Mental Health & Well-being Risk assessment (if necessary)
- MES referral (if necessary)
- In class support – TA/AHoH
- Exam access arrangements
- Reduced timetable – late start/early finish
- Professional's and Multi-Agency child focused meetings
- Student Support meeting, Parental meeting, Inclusion Team meeting
- Safeguarding and Vulnerable meetings

2. **Training for Staff**

- Mental Health and Well-being CPD for all staff
- Mental Health First Aid Kit – ALT, Inclusion Team members
- Early Help
- Safeguarding Training and qualifications
- Counselling qualifications
- Bereavement
- CPOMS CPD for all staff
- Employee Assistance Programme (to support MHWB of staff in education Tel: 08000 562 561) or refer to the Staff Intranet for organisations offering mental health support.

3. **Procedure within School**

- Student identified
- Staff member meets with student, creates a support package – all information logged on CPOMS
- Staff & Parents informed
- Relevant referral completed (if necessary)
- Step out pass & time within Inclusion Centre offered (if necessary)
- Support reviewed
- Parental & professionals/Multi-Agency meeting
- If MH declines & now a high level within school, risk assessment completed & shared with staff
- If MH declines & student is not accessing school etc. alternative provision considered

4. Other information

- Wellacre is part of the RAPID Mentally Healthy Schools pilot scheme (Year 3)
- Wellbeing Ambassadors – high profile within school, peer mentoring
- Mental Health Day / Children's Mental Health Week promoted
- Healthy school meals and Healthy eating week scheme
- Respect lessons focused around MHWB
- All students are timetabled core PE
- 1 hour of extra-curricular activities timetabled (period 6)