



All Saints'  
Academy  
Cheltenham

# Positive Mental Health and Well-being Policy

**Linked policies:** Safeguarding and Child Protection Policy, Medical Conditions & Managing Medicines Policy, Special Educational Needs & Disability (SEND) Policy

## **Introduction**

The policies of All Saints' Academy, with its distinctive Anglican and Catholic traditions, exist to support the Sponsor's vision, Christian ethos and values that are embedded in the day-to-day and long term running of the Academy. Each policy evidences the commitment of the Sponsor to developing Body, Mind and Spirit.

This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

## **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 her or his community." (World Health Organization)

At our Academy, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted 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 policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

## **Scope**

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.

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
- 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
- Provide support to staff to manage their own and colleague's well-being.

## **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- Designated Mental Health Lead
- Designated Safeguarding Lead
- Deputy Safeguarding Leads
- Link Governor for safeguarding
- Education Welfare Managers
- First Aid Lead
- Special Educational Needs Co-ordinator

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. 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 one of the safeguarding officers. 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 the Child & Young People Service (CYPs) is appropriate, this will be led and managed by the mental health lead. See the following link for Gloucestershire's guidance

<https://www.ghc.nhs.uk/our-teams-and-services/cyp-glos/>

## **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 Academy can play

## **Teaching about Mental Health**

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 developmental personal, social and health education (LIFE) 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 students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the [PSHE Association Guidance](#) along with [Think You Know](#) and [Young Minds](#) guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## **Signposting**

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 school and local community, who it is aimed at and how to access it is outlined in Appendix B.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to staff in the staffroom and to students within relevant parts of the curriculum. The mental health lead sends out regular support information to staff and parents via email. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils 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**

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 the Mental Health Lead via the usual safeguarding referral process.

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

### **Managing disclosures by pupils and confidentiality**

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff should listen rather than advise. Staff are clear to pupils that the concern will be shared with the Mental Health Lead and recorded in order to provide appropriate support to the pupil.

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps. All disclosures will be managed in accordance with the Academy's Safeguarding and Child Protection Policy.

### **Working with Parents**

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 school, 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?

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 step and always keep a brief record of the meeting on the child's confidential record.

### **Working with All Parents**

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 parents we will:

- Highlight sources of information and support about common mental health issues on our school website – Think you know, MindEd, NSPCC, Young minds, Childline

- Parents/carers/staff may also require specific relevant support information regarding self-harm, eating disorders, psychosis, anxiety, depression and more. The Mental Health Lead can signpost individuals further when necessary. Some of these sources are included in Appendix C
- Ensure that all parents 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
- Share ideas about how parents can support positive mental health in their children through planned information evenings
- Keep parents informed about the mental health topics their children are learning about in LIFE and share ideas for extending and exploring this learning at home

### **Supporting Peers**

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. Emotional Literacy Support Assistant (ELSA) support may be offered to children impacted by friend's problems and/or behaviours. 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 / 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**

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 in order to enable them to keep students safe.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional continuing professional development will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

## SELF-HARM

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

### Online support

- National Self-Harm Network <https://www.talkofftherecord.org/need-help-now/national-self-harm-network/>

NHS Self-harm support <https://www.nhs.uk/conditions/self-harm/>

## DEPRESSION

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

### Online support

- Mind Depression Alliance <https://www.mind.org.uk/about-us/what-we-do/depression-alliance/>
- Youngminds <https://youngminds.org.uk/>
- The calm zone <https://www.thecalmzone.net/>
- Childline <https://www.childline.org.uk/>

## ANXIETY, PANIC ATTACKS AND PHOBIAS

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

### Online support

- Anxiety UK <https://www.anxietyuk.org.uk/>
- <https://nopanic.org.uk/>
- <https://www.getselfhelp.co.uk/>

## OBSESSIONS AND COMPULSIONS

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

### Online support

- Mind OCD <https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/self-care-for-ocd/>

In addition see list under Anxiety heading.

## SUICIDAL FEELINGS

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

### Online support

- Prevention of young suicide UK – PAPYRUS: <https://www.papyrus-uk.org/help-advice-resources/>
- <https://www.samaritans.org/>
- <https://www.stampoutsuicide.co.uk/>

## EATING PROBLEMS

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

### Online support

- Beat: the eating disorders charity: <https://www.beateatingdisorders.org.uk/>
- Anorexia and Bulimia Care (ABC): <https://www.anorexiabulimiacare.org.uk/>
- NHS <https://www.nhs.uk/conditions/eating-disorders/advice-for-parents/>

## OTHER ISSUES

Rethink Mental Illness: <https://www.rethink.org/help-in-your-area/services/advice-and-helplines/>

Hearing Voices Network: <https://www.hearing-voices.org/>



bipolarUK: <https://www.bipolaruk.org/>

## Monitoring & Review

Monitoring of mental health issues and policy implementation will be via:

- Continuing professional development (CPD) sessions delivered to staff relating to mental health
- Personal, Social and Health Education (LIFE) topics relating to mental health
- There will be a full policy review every 3 years as a minimum.

Additionally, this policy will be reviewed and updated as appropriate. If you have a question or suggestion about improving this policy, this should be addressed to:

## Appendix A: Guidance and advice documents

<https://www.gov.uk/government/publications/supporting-mental-health-in-schools-and-colleges>

Surveys and case studies with schools on activities to support pupils' mental health and wellbeing (2017)

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Departmental advice for school staff. Department for Education (2018)

[https://www.centralbedfordshire.gov.uk/info/100/online\\_resources/570/pshe\\_network/7](https://www.centralbedfordshire.gov.uk/info/100/online_resources/570/pshe_network/7)

Preparing to Teach About Mental Health PSHE Association

<https://www.gov.uk/government/publications/keeping-children-safe-in-education>

statutory guidance for schools and colleges. Department for Education (2020)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

Department for Education (2017)

## Appendix B: Further information and sources of support about common mental health issues

### Prevalence of Mental Health and Emotional Wellbeing Issues

Source: Young Minds

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via

- Young Minds <https://youngminds.org.uk/>
- Mind <https://www.mind.org.uk/>
- Childline <https://www.childline.org.uk/>
- Samaritans <https://www.samaritans.org/>