



Mental Health and Emotional Wellbeing (Pupils) Policy

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Reviewer	Ali Taylor
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Date of Next Review	Sept 25

Why mental health and wellbeing is important

At St Weonards Academy, we aim to promote positive mental health and emotional wellbeing for our whole school community (children, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We understand that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement.

Our aim is to help develop the protective factors which build resilience to mental health problems and to create an environment where:

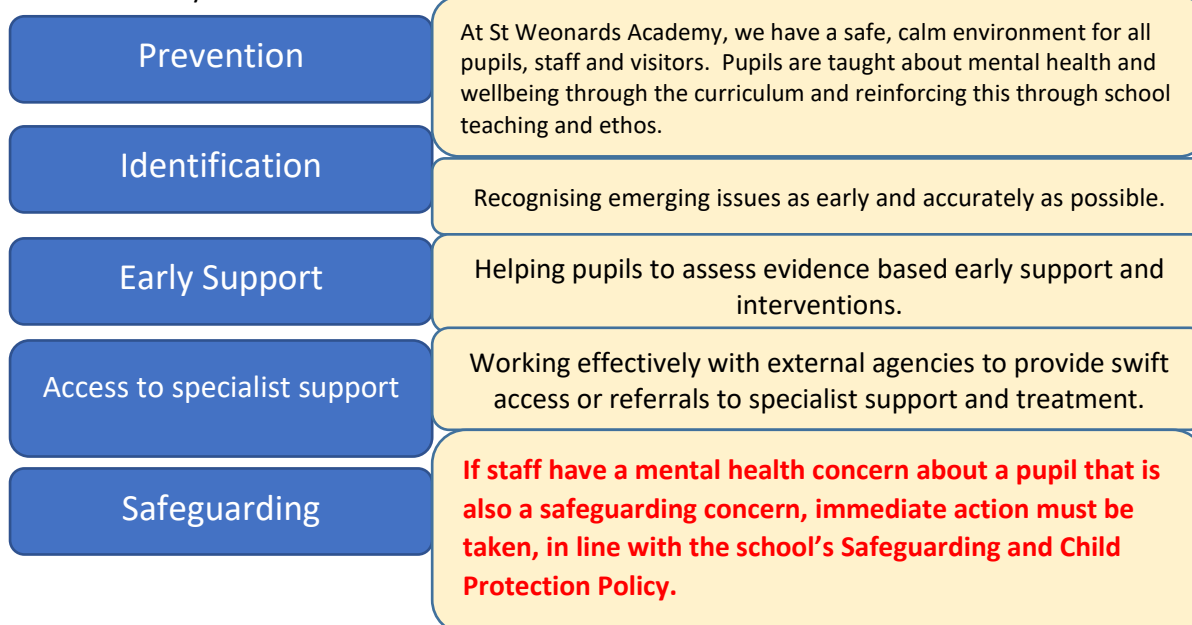
- All children are valued.
- Children have a sense of belonging and feel safe.
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma.
- Positive mental health is promoted and valued.
- Bullying is not tolerated.

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to:

- feel confident in themselves.
- be able to express a range of emotions appropriately.
- be able to make and maintain positive relationships with others.
- cope with the stresses of everyday life.
- manage times of stress and be able to deal with change.
- learn and achieve.

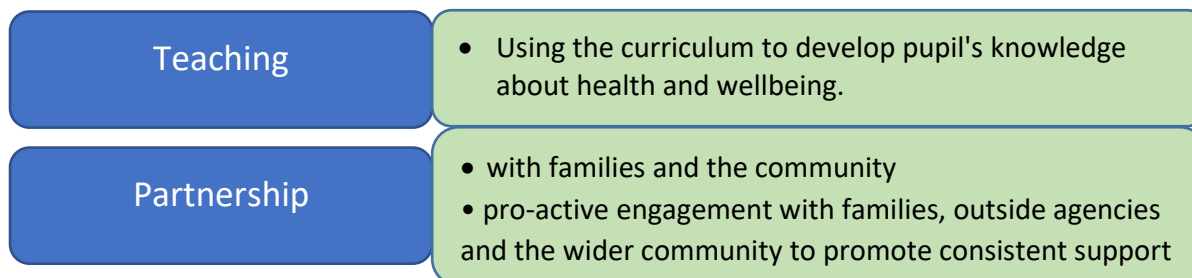
At St Weonards Academy, we try to ensure that children are able to manage times of change and stress effectively and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

At St Weonards Academy, we know that early intervention is crucial in supporting pupils. The school role in summary is:



The health and wellbeing of pupils and staff is promoted through the day-to-day running of school, including through leadership practice, the school policies, values and attitudes, together with the social and physical environment.

In addition to this, the health and wellbeing of pupils and staff is further promoted through:



At St Weonards Academy, we strive to provide a mentally healthy environment for our whole school community:

An environment where staff:

- Have their individual needs recognised and responded to in a holistic way.
- Have a range of systems in place to support mental well-being e.g. performance coaching, briefings, training.
- Have recognition of their work-life balance.
- Feel valued and have opportunities in the decision making processes.
- Success is recognised and celebrated.
- Are provided with opportunities for CPD both personally and professionally.
- Can access support and guidance at times of emotional need in both the short and long term, provided by the school counsellor and Occupational Health.

An environment where parents and carers:

- Are recognised for their significant contribution to children and young people's mental health and wellbeing.
- Are welcomed, included and work in partnership with the school and agencies.
- Are provided with opportunities to ask for help when needed and signposted to appropriate agencies for support.
- Are clear about their role, expectations and responsibilities in working in partnership with the school (e.g. home school agreement shared annually, parents' meetings).
- Opinions are sought, valued and responded to (e.g. questionnaires.) strengths and difficulties are recognised, acknowledged and challenged appropriately.

Staff roles and responsibilities, including those with specific responsibility

We believe that all staff have a responsibility to promote positive mental health and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems (see appendix 1 on risk and protective factors).

Lead Members of Staff

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

Head of School, Designated Safeguarding Lead and Designated Mental Health Lead-Angela Clarke

Deputy Designated Safeguarding Leads – Mrs Hollie Preece-James

Family Support Worker – Mrs Cheryl Ryder

SENCO – Mrs Zayla Beacham

PSHE Lead – Mrs Angharad Boyd

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 in order to enable them to keep children safe.

The Designated Mental Health Lead (DMHL) will receive specific mental health training.

When staff suspect a pupil may have a mental health problem, they must use the graduated response process (assess-plan-do-review) to put appropriate support in place. There are tools in school to support with this, such as the Strength and Difficulties Questionnaire (SDQ) and the Boxall Profile, which can support in this process.

Teaching and Learning: At St Weonards Academy, we aim for the children to learn the following:

EYFS & Key Stage 1 children learn:	Key Stage 2 children learn:
<ul style="list-style-type: none"> • To recognise, name and describe feelings including good and not so good feelings. • Simple strategies for managing feelings. • How their behaviour affects other people. • About empathy and understanding other people's feelings. • To cooperate and problem solve. • To motivate themselves and persevere. • How to calm down. • About change and loss and the associated feelings (including moving home, losing toys, pets or friends). • Who to go to if they are worried. • About different types of teasing and bullying, that these are wrong and unacceptable. • How to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help. 	<ul style="list-style-type: none"> • What positively and negatively affects their mental and emotional health (including the media). • Positive and healthy coping strategies. • About good and not so good feelings. • To describe the range and intensity of their feelings to others. • To recognise and respond appropriately to a wide range of feelings in others. • To recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them. • About resilience. • How to motivate themselves and bounce back if they fail at something. • How to empathise and be supportive of others. • About change, including transitions (between Key Stages and schools), loss, separation, divorce and bereavement. • About the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), as well as how to respond and ask for help if they are victims of this themselves. • About the importance of talking to someone and how to get help.

Targeted support for Pupils

The school will offer support through targeted approaches for individual pupils or groups of pupils, which may include:

- Therapeutic activities including art, lego and relaxation and mindfulness techniques.
- Circle time approaches or 'circle of friends' activities.
- Targeted use of PSHE resources.
- Managing feelings resources e.g. 'worry boxes'
- Managing emotions resources such as 'the incredible 5 point scale'
- Primary Group Work/Mental health and wellbeing groups
- Referral to Education Mental Health Practitioner

Children with SEND

As set out in chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, school needs to be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively. Staff also need to be aware of the duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability. At St Weonards Academy, the assessments used to identify issues around mental health and wellbeing are fully inclusive and accessible to all children including those with SEND. Our collective response when supporting such issues in children with SEND is decided on a case by case basis according to each individual's need, however we always keep the SEND Code Of Practice 0-25 2015 at the heart of all that we do.

Working with Parents

In order to support parents and carers we will:

- Highlight sources of information and support about mental health and emotional wellbeing on our school website.
- Share and allow parents to access sources of further support e.g. through parent forums.
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child.
- Make our emotional wellbeing and mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children.
- 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.

Working with other agencies and partners

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- The school nurse
- Educational psychology services
- Behaviour support through a Herefordshire pupil referral unit
- Paediatricians
- CAMHS (child and adolescent mental health service)
- Counselling services
- Family support workers
- Therapists

Signposting

We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support.

Warning Signs

Staff may become aware of warning signs, which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs will always be taken seriously and staff observing any of these warning signs should alert the designated child protection lead/ named persons.

Possible warning signs, which all staff should be aware of 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
- Secretive behaviour
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Avoiding 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

Assessment, interventions and support

All concerns are reported to the Mental Health Lead and recorded. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need, either from within the School or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

NEED The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff and involves parents and children	Evidence-based Intervention and Support The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children For example	Monitoring
Highest Need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies Other External agency support Other interventions e.g. art therapy. If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report.	All children needing targeted individualised support will have an Individual Care Plan drawn up setting out <ul style="list-style-type: none"> • The needs of the children • How the pupil will be supported • Actions to provide that support • Any special requirements Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a pre and post SDQ and if needed a different kind of support can be provided. The Care Plan is overseen by the Mental Health Lead.
Some Need	Access to in school pastoral support via ELSAs, family support worker, discussion and possible referral to Education Mental Health Practitioner, school nurse, art therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends.	
Low Need	General support E.g. School Nurse drop in, class teacher/TA	

Monitoring and Evaluation

The mental health and emotional wellbeing policy is on the school website and hard copies are available to parents and carers from the school office. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work.

The policy is monitored at an annual review meeting led by the Mental Health Lead and involves staff with a responsibility for mental health, including specialist services supporting the school and governors.

Links to other policies

This policy links to our policies on Safeguarding, Medical Needs, Anti-Bullying, SEND and Equalities. Links with the School's Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

As a staff, we are committed to developing high quality mental health and emotional wellbeing provision in full support of DFE guidance.

“Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils.” Mental Health and Behaviour in Schools (DFE, November 2018).

Appendices

Appendix 1: Risk and protective factors

We recognise that certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family or to their community or life events. In order to promote positive mental health, it is important that schools have an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges.

Risk and protective factors that are believed to be associated with mental health outcomes:

In the child	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> ➤ Secure attachment experience ➤ Outgoing temperament as an infant ➤ Good communication skills, sociability ➤ Being a planner and having a belief in control ➤ Humour ➤ A positive attitude ➤ Experiences of success and achievement ➤ Faith or spirituality ➤ Capacity to reflect

In the family	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Overall parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> ➤ At least one good parent-child relationship (or one supportive adult). ➤ Affection ➤ Clear, consistent discipline ➤ Support for education ➤ Supportive long term relationship or the absence of severe discord.

In the school	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective Safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively

In the community	
Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

The balance between risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives, including:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted, deployment of parents in armed forces families;
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school;
- **traumatic experiences** such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries;
- **other traumatic incidents** such as a natural disaster or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. As such, staff are made aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by issues in the media.

Children in Need, looked-after and previously looked-after children

At St Weonards Academy, we understand that where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is therefore key that staff are aware of how these children's experiences, and their high prevalence of special educational needs and mental health needs, can impact on their behaviour and education. This will be taken into account when creating behaviour plans, learning plans or adjustment plans for these children. In some cases, it may also be necessary to create an individual healthcare plan. Strategies to support these children will also be shared with all adults who regularly work with them, in order to ensure consistency of approach.

Where a child is being supported through local authority children's social care, their allocated social worker is a source of appropriately-shared information about wider developmental needs, child protection concerns, and parental, familial and contextual circumstances. Effective multi-agency working between schools and social care will help to inform a school's assessment of child's educational and mental health needs, as well as enabling a prompt response to any safeguarding concerns. This will be co-ordinated by the school's DSL and Deputy DSLs.

Appendix 2: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 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.

<https://www.annafreud.org/> Anna Freud National Centre for Children and Families is a children's charity dedicated to providing training & support for child mental health services.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

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

Self-harm.co.uk: www.selfharm.co.uk National Self-Harm Network: www.nshn.co.uk

Books Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

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: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

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

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

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: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

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: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix 3: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

<https://www.gov.uk/government/publications/counselling-in-schools> - departmental advice for school staff and counsellors. Department for Education (2015) <https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-> and (2019). PSHE Association. Funded by the Department for Education (2015)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2> - statutory guidance for schools and colleges. Department for Education (2018)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people.

Department of Health (2015) <https://www.nice.org.uk/guidance/> ph12

<https://www.mentalhealth.org.nz/assets/ResourceFinder/What-works-in-promoting-social-and-emotional-wellbeing-in-schools-2015.pdf> - Advice for schools and framework

document written by Professor Katherine Weare. National Children’s Bureau (2015)

<https://mindfulnessinschools.org/> -Training and support <https://www.beingwellagenda.org/> -

Resources and ideas- ten themes <https://youngminds.org.uk/>- Dealing with safeguarding, bullying and mental health issues Y5/6 <https://www.minded.org.uk/> - Online training

<https://mindedforfamilies.org.uk/> - Useful resources for children, parents and staff

<https://www.mindful.org/meditation/mindfulness-getting-started/> - types of meditation

<https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities/> - mindfulness techniques

Appendix 3: Data Sources

<https://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf> - collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

https://www.basw.co.uk/system/files/resources/basw_102752-7_0.pdf - provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing