Wellbeing and Mental Health Policy

History of document: To be reviewed annually and re-approved by the Local Governing Body every three years, or sooner if deemed necessary.

Author	Member of staff responsible	Date approved	Date of renewal	Notes
M. Gee	M. Gee	Reviewed by Chair of Welfare Governors May 2024	September 2024	
M. Gee	M. Gee	08 October 2024	September 2025	

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1. Introduction and Intent

'Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community.' (World Health Organization, 2022)

The Church of England is committed to an education that enables people to live life in all its fullness and fulfils the words of Jesus in John 10:10: "I came that they might have life, and have it to the full" (Church of England Education Office)

A large study, undertaken by the NHS in July 2020, found that clinically significant mental health conditions amongst children had risen by 50% compared to three years earlier. A staggering 1 in 6 children now have a probable mental health condition.[1]

At St. Aidan's CE High School 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. The core of St. Aidan's vision is underpinned by the belief that education should support human flourishing, or 'fullness of life'. This should equip 'each and everyone' in their understanding of who they are, why they are here, what they desire and how they should live. The vision puts emphasis on a rounded education which should equip young people with strong foundations that will carry them through into adulthood.

We are committed to making a difference to the lives of young people. 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 staff and students affected both directly and indirectly by mental ill health.

This policy describes the school's approach to promoting positive mental health and wellbeing for students on roll from Years 7-13. This policy is intended as guidance for all staff including non-teaching staff and governors.

1.1. Policy Aims

- 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 or carers

1.2. Glossary of acronyms

- ACE – Adverse Childhood Experience
- CPD – Continuous Professional Development (training)
- CPOMS – Child Protection Online Monitoring System
- DSL / dDSL – Designated Safeguarding Lead / deputy Designated Safeguarding Lead

[1] Damage to children's mental health caused by Covid crisis could last for years without a large-scale increase for children's mental health services | Children's Commissioner for England (childrenscommissioner.gov.uk)

- KCSIE – Keeping Children Safe In Education (government guidance for teachers)
- PSHE – Personal, Social, Health and Economic Education
- RSHE – Relationships, Sex and Health Education
- SEMH – Social, Emotional and Mental Health
- SEND – Special Educational Needs and Disabilities
- SENCO – Special Educational Needs Co-ordinator
- TASC – Time Away from the School Community (link to Behaviour Policy)
- DHT – Deputy Headteacher
- AHT – Assistant Headteacher
- AHoY – Assistant Head of Year
- HoY – Head of Year

1.3. Ensuring best practice

We ensure best practice by:

- Efficient and effective use of recording systems (CPOMs)
- Essential staff training (KCSIE, section one)
- Use of continuous CPD through the National College and school-based topics
- Effective channels of communication between Pastoral Teams, The Beacon staff and SLT
- Monitoring and reviewing SEMH interventions, adjusting where necessary
- Specialised training of key staff with the provision of Supervision Support
- Close working relationships with the Yorkshire Causeway School's Trust and the Governing body.
- Effective transition programme for all students who join St Aidan's.

2. Roles and Responsibilities

2.1. All Staff

- Working with parents / carers, the SENCO, pastoral staff, and where appropriate, students themselves to plan and review support for students with SEMH difficulties[2]
- Promoting the mental health of students
- Being aware of, and able to respond appropriately to, the nature and signs of SEMH difficulties and their impact on children's lives

2.2. Lead Staff

- **Mr I Addison** – Deputy Headteacher, Safeguarding Team and Designated Safeguarding Lead (DSL)
- **Mrs M Gee** – Assistant Headteacher (Learning and Professional Development), Senior Mental Health Lead, Mental Health First Aider, PSHE Lead and Safeguarding Team
- **Mrs K Douglas** – Assistant Headteacher (Inclusion), Safeguarding Team and deputy DSL (dDSL)

[2] **North Yorks approaches to support SEMH Needs**

- **Mrs H Atherton** – Pastoral Manager and Safeguarding Team

2.3. Individual Care Plans

It is helpful to write an individual care plan for students causing concern or who receives a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play
- The DSL, DDSL and Pastoral Support manager are involved in writing Care Plans. Student Support Officers may support.
- Support from the Head of Year during the process.

3. Quality Assurance

3.1. Staff Training

We will promote CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

- 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 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.
- Additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.
- Suggestions for individual, group or whole school CPD should be discussed with the SLT Senior Mental Health Lead. Signposting to relevant resources and support on an individual basis can be directed to the Senior Mental Health Lead.
- Trained Mental Health First Aiders will be identified to staff / students

3.2. Recording

Any member of staff who is concerned about the mental health or wellbeing of a student should record this on CPOMs. This will be actioned following the school's internal referral pathway.

- 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 the Designated Safeguarding Lead.
- If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the medical room staff, reception and contacting the emergency services if necessary.
- Where a referral to CAMHS is appropriate, this will be led and managed by the DSL or deputy DSL.

3.3. Signposting support

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: Further information and sources of support

We will display relevant sources of support in communal areas around school such as the Sixth form area, the library, and near the medical room. We will regularly highlight sources of support to students within relevant parts of the curriculum and via the St. Aidan's Wellbeing Team. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

3.4. Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure. If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

- Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix F.
- All disclosures should be recorded on CPOMs This written record should include:
    - Date
    - The name of the member of staff to whom the disclosure was made
    - Main points from the conversation
    - Agreed next steps with the student

This information will be reviewed by the DSL/ deputy DSL, Senior Mental Health Lead and Pastoral Manager to action appropriate next steps; see Appendix E: St. Aidan's CE High School SEMH referral pathway.

It is important that staff safeguard their own emotional wellbeing following a disclosure. If a staff member feels this is necessary, they can share the disclosure with the Senior Mental Health Lead. Professional Supervision is provided for key pastoral staff and can be accessed outside of their regular scheduled sessions via the Senior Mental Health Lead.

3.5. Confidentiality

We should be honest with regard to the issue of confidentiality.[3] Concerns about a student should always be shared on CPOMs. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

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

[3] Appendix E: Talking to students when they make mental health disclosures

- Why we need to tell them

Ideally, we should never share information about a student without first telling them that we will need to do so. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

Safeguarding concerns, where a member of staff suspects that a student is in danger of harm, must always be reported immediately, as in other Child Protection cases. This ensures that the proper help is sought for the student in a timely manner and safeguards the wellbeing of staff who have made the report.

Parents must always be informed if a child has self-harmed or has threatened to do so. We will always give students the option of informing parents for them or with them. If there are any safeguarding concerns, the DSL will also be informed immediately who will provide guidance/take the lead on sharing information with parents / carers and/or other agencies as needed.

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we will 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?

3.6. Collaborative working with parents / carers

We will support parents / carers in ways which might include:

- Listening to parents / carers about their child
- Highlighting sources of information and support about common mental health issues on our school website
- Ensuring that all parents are aware of who to talk to, and how to do this, if they have concerns about their own child or a friend of their child
- Making our mental health policy easily accessible to parents / carers
- Sharing ideas about how parents can support positive mental health in their children through regular communication (parental newsletters / information evenings)
- 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
- Providing relevant leaflets / web addresses

Meeting outcomes will be recorded on the child's confidential record via CPOMs

3.7. 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. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Peers should be reassured that their friend's welfare and safety is not their responsibility. Support will be provided either in one to one or 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling.

ASSOCIATED POLICIES

- Child protection and safeguarding Policy
- SEND Policy
- Behaviour Policy
- Medical needs Policy
- Staff Code of Conduct
- RSHE Policy
- Anti-bullying policy
- Equality Policy
- Staff Wellbeing Policy

POLICY REVIEW

- This policy has been informed by the Charlie Waller Memorial Trust, YoungMinds, the Anna Freud Centre, the PSHE Association, Mental health First Aid England, and North Yorkshire Safeguarding Children Board. It has been reviewed and assessed by the Carnegie Centre of Excellence and MIND.
- This policy will be **reviewed every 3 years as a minimum**, but it may be reviewed before as appropriate. It is next due for review in **July 2026.**
- If you have a question or suggestion about improving this policy, this should be addressed to the DSL) and/or the Senior Mental Health Lead.

APPENDIX A – Further information and sources of support (ALERT: triggering statistics)

Prevalence of Mental Health and Emotional Wellbeing Issues [4]

- One in five children aged five to 16 were identified as having a probable mental health problem in July 2023, a huge increase from one in nine in 2017. That's six children in every classroom.
- The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19.
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse.
- In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven per cent reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress.
- Suicide was the leading cause of death for males and females aged between five to 34 in 2022.
- Nearly half of 17-19 year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women.
- One-third of mental health problems in adulthood are directly connected to an adverse childhood experience (ACE). More information is available from Young Minds [5]
- Adults who experienced four or more adversities in their childhood are four times more likely to have low levels of mental wellbeing and life satisfaction.
- Just over one in three children and young people with a diagnosable mental health condition get access to NHS care and treatment
- In a YoungMinds survey, three-quarters (76%) of parents said that their child's mental health had deteriorated while waiting for support from Child and Adolescent Mental Health Services (CAMHS).
- In a YoungMinds commissioned survey by Censuswide, two-thirds (67%) of young people said they would prefer to be able to access mental health support without going to see their GP but half (53%) said they didn't know how else to access this help.

SEMH difficulties

NYCC: NorthYorks approaches to support SEMH Needs information sheet

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- Generalised anxiety disorder: This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- Panic disorder: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.

[4] youngminds

[5] Understanding trauma and adversity | Resources | YoungMinds

- Obsessive-compulsive disorder (OCD): This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- Specific phobias: This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- Separation anxiety disorder: This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.
- Social phobia: This is an intense fear of social or performance situations.
- Agoraphobia: This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

Adverse Childhood Experience

'Adversity is used to describe the challenging situations and experiences a person has lived through. Adverse childhood experiences (ACEs) are highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. It can be a single event, or prolonged threats to (and breaches of) the young person's safety, security, trust or bodily integrity. These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaption. In other words, ACEs can affect the way young people feel, behave and view the outside world.'[6]

Depression:

'Depression is a mental health condition that affects your mood, making you feel flat, numb, irritable or sad. It lasts longer than normal shifts in your mood, and it can make it tough to do everyday things like spending time with your friends, working, going to school, or taking care of yourself. Anyone, from any background, can get depressed. It can happen for no clear reason, or it could be triggered by something tough that you're going through.'[7]

Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

Eating disorders: Eating disorders are serious mental illnesses affecting people of all ages, genders, ethnicities and backgrounds. People with eating disorders use disordered eating behaviour as a way to cope with difficult situations or feelings. This behaviour can include limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy

[6] Understanding trauma and adversity | Resources | YoungMinds

[7] Depression | Signs and Symptoms | Mental Health | YoungMinds

means (e.g. making themselves sick, misusing laxatives, fasting, or excessive exercise), or a combination of these behaviours. It's important to remember that eating disorders are not all about food itself, but about feelings. The way the person treats food may make them feel more able to cope, or may make them feel in control, though they might not be aware of the purpose this behaviour is serving. An eating disorder is never the fault of the person experiencing it, and anyone who has an eating disorder deserves fast, compassionate support to help them get better.'[8]

Substance misuse: Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

Deliberate 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.

Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

Suicidal feelings: **The Key message from any suicide prevention training is that suicidal thoughts must never be ignored or dismissed**. 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. Any suspicion of suicidal thoughts must be reported to the DSL immediately.

APPENDIX B – Sources of Support

In school support

- Mental Health First Aiders
- Form Tutors
- Heads of Year
- Assistant Heads of Year
- Safeguarding Team
- Medical Team
- The Beacon
- School Counsellor
- Monthly Wellbeing bulletins sent home to parents / carers via email and saved to School website.

External support *[However, remember that all concerns about mental health must be reported to the relevant member of staff who will organise relevant referrals]*

[8] https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/

- GP
- Compass Buzz **BUZZ US** is a text messaging service for young people aged 11-18 experiencing mental health and wellbeing difficulties. 07520631168

Online sources of support

- Healthy minds North Yorkshire NHS thegoto.org.uk
- Crisis and Liaison service (Tees, Esk and Wear Valleys): TEWV services
- Hub of Hope: Mental Health Support Network provided by Chasing the Stigma | Hub of hope
- Mental Health: annafreud.org
- Mental Health: youngminds.org.uk
- Mental Health: www.compass-uk.org/buzz-us
- Self-harm: www.selfharm.co.uk / www.nshn.co.uk
- Anxiety: anxietyuk.org.uk
- OCD: www.ocduk.org
- Suicidal feelings: www.papyrus-uk.org
- Eating problems: www.beateatingdisorders.org.uk

Further reading / Books

Self-harm

- **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

- **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

- **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

- **Amita Jassi and Sarah Hull** (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals.* London: Jessica Kingsley Publishers
- **Susan Conners** (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Eating problems

- **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

Suicide and Suicidal Thoughts

- **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

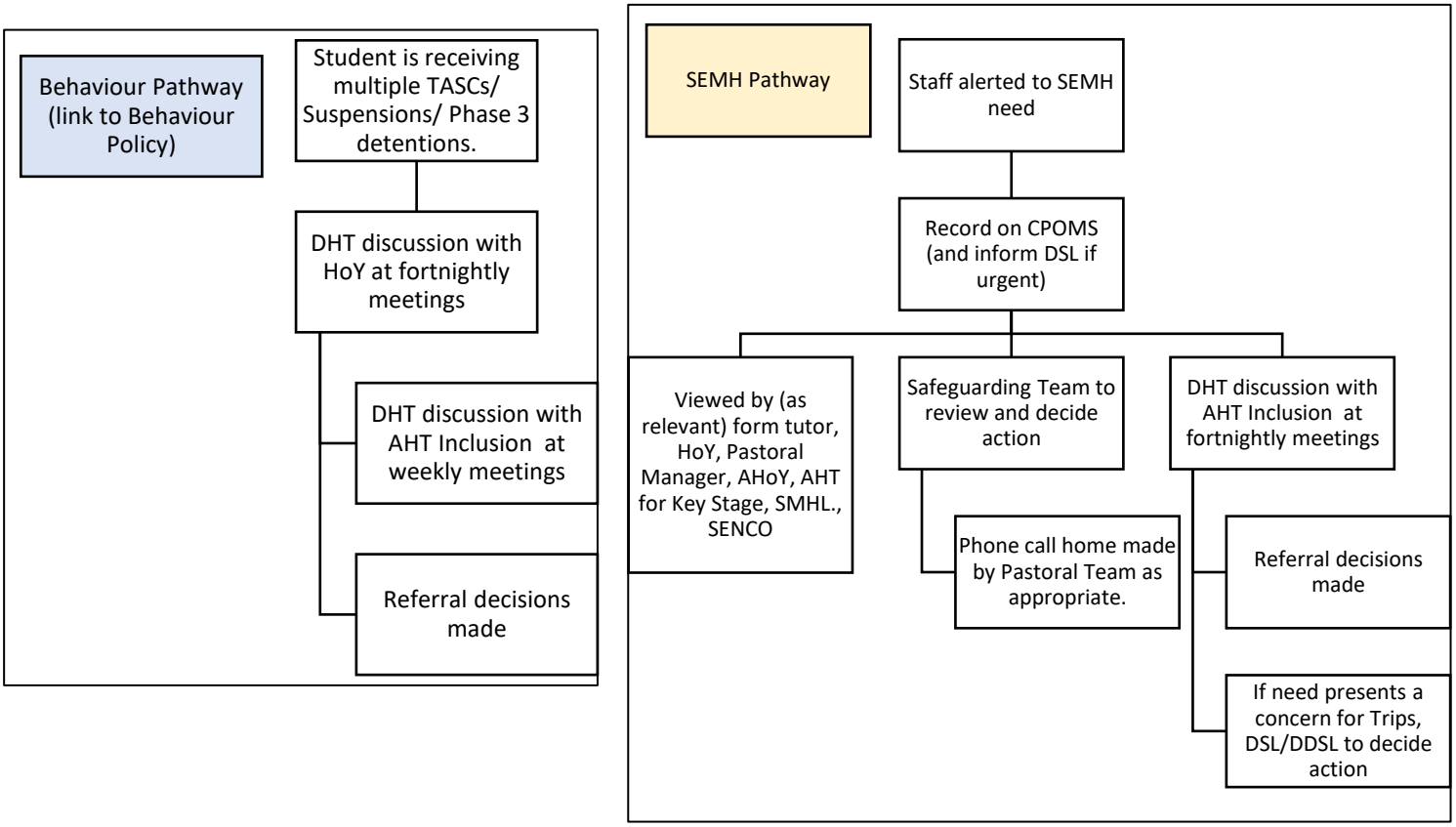
APPENDIX C – supporting guidance and documents

- Promoting children and young people's health and wellbeing – DfE advice for school staff (2021)
- Mental health and behaviour in schools – DfE advice for school staff (2018)
- Counselling in schools: a blueprint for the future – DfE advice for school staff and counsellors
- Keeping children safe in education – DfE statutory guidance for schools and colleges (2022. Updated annually)
- NICE guidance on SEMH in secondary schools

APPENDIX D – Data sources

- Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publicly 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.
- Growing Up in North Yorkshire provides data on our school in comparison to others in North Yorkshire

APPENDIX E – ST. Aidan's SEMH referral pathway



Quality Assurance

- Half termly referrals review with DSL, SMHL, AHT Inclusion
- The Headteacher is informed of all referrals during weekly line management meetings.
- Governors Welfare Sub-Committee support in the QA of processes and systems.

APPENDIX F – Talking to students when they make mental health disclosures

- Focus on listening
  - Ask occasional open questions if needed to encourage them to open up.
- Don't talk too much
  - The student should be talking at least three quarters of the time
  - Remember, moments of silence are ok
  - Avoid analysing the situation or offering answers / solutions
- Don't pretend to understand
  - Some SEMH difficulties might be completely alien to you but don't explore your confusion or questions with the student.
- Don't be afraid to make eye-contact
  - A natural level of eye-contact can be reassuring
- Offer support
  - Never leave the conversation without agreeing next steps based on conversations with appropriate colleagues and school policies.

- Acknowledge how hard it is to discuss these things
    - If a student chooses to confide in you it is a privilege; it shows the high level of trust they have in you.
    - Acknowledge how brave they have been and how glad you are that they chose to speak to you.
- Don't assume that an apparently negative response is actually a negative response
    - The nature of their difficulty might mean that they reject any offers of help or respond angrily, indifferently, or insolently. Don't be offended; it's the illness talking, not the student.
- Never break your promises
    - Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest.
    - Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation.
    - You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.