



# Champion EDUCATION TRUST

## MENTAL HEALTH AND WELLBEING POLICY

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A family of Schools

# MENTAL HEALTH AND WELLBEING POLICY

## 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

We aim to promote positive mental health for every member of our staff, all students, parents/carers and governing board. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue and research has shown that half of all mental health conditions begin before the age of 14 (YoungMinds (2019) Wise Up – Prioritising Wellbeing in Schools <https://youngminds.org.uk/get-involved/campaign-with-us/wise-up/>). By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

We are committed to providing outstanding opportunities for all our students to enable them to become the best that they can be.

Positive emotional wellbeing and mental health is key to achieving this. The Department for Education has found that, on average, children with higher levels of emotional, behavioural, social and school wellbeing, had higher levels of academic achievement and were more engaged in school<sup>1</sup>.

Crosshill School is therefore committed to a whole school ACE awareness approach to improving the emotional wellbeing and mental health of all students, staff and parents/carers.

## SCOPE

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our 'Supporting Students with Medical Conditions' policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND Information report. It also links to the school Mental Health and Wellbeing Strategy (Appendix 4).

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

## LEAD MEMBERS OF STAFF

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

- Rachel Hadfield - Designated Safeguarding Lead
- Lindsey Towers - Mental Health and Wellbeing Lead
- Lindsey Towers, Suzanne Smith, Hazel Burrows – Youth Mental Health First Aiders
- Yasmeen Patel, Laura Gamble, Paul Kendrick, Misbah Mahmood, Tracy Robertson, Liz Bodill – Wellbeing Team
- Suzanne Smith - Pastoral Manager
- Sharon Booth – PSHE Lead
- Siobhan Mercer – Mental Health and Wellbeing Governor

Any member of staff who is concerned about the mental health or wellbeing of a student should make a referral to the designated safeguarding lead in the first instance and record their concerns on IRIS. The designated safeguarding lead will then liaise with the mental health and wellbeing lead. If there is a fear that the student is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the designated safeguarding lead or the head teacher. 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 ELCAS is appropriate, this will be led and managed by the designated safeguarding lead supported by the mental health and wellbeing lead.

## HEALTH CARE PLANS

It is helpful to draw up an individual health 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 school 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 PSHE 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 to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Where a student has a diagnosed difficulty on their Education Health Care Plan, a more targeted teaching approach would be applied.

## 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 1.

Staff have access to an Employee Assistance Programme, details for how to access this can be found in Appendix 2.

We will display relevant sources of support in communal areas and will regularly highlight sources of support to students within relevant parts of the curriculum.

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 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 our mental health and wellbeing lead, one of the mental health first aiders or the designated safeguarding lead, and record those concerns on IRIS. 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

Further details can be found in Appendix 3.

## 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?'

All disclosures should be recorded on IRIS under the safeguarding tab.

This information should be shared with the designated safeguarding lead, who will offer support and advice about next steps.

## CONFIDENTIALITY

We should be honest with regards to the issue of confidentiality. If we believe 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
- Why we need to tell them

We should never share information about a student without first telling them. Ideally we would receive their consent, though for students up to the age of 16 who are in danger of harm information must always be shared with another member of staff and/or a parent. It is always advisable to share disclosures with a colleague, usually the mental health lead or designated safeguarding lead, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

The designated safeguarding lead must be informed before parents are informed. Students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying safeguarding issues, parents should not be informed, but the designated safeguarding lead must be informed immediately.

## 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, professionals involved
- 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. Referrals to other professionals such as social care can be made if required.

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
- Ensure that all parents are aware of who to talk to, and how to get 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 our regular information coffee mornings and Facebook page
- 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

## 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. 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 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



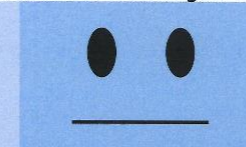


As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep students safe. All staff are trained to use an ACE awareness approach.

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

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with Lidia Cattrell, our Headteacher who can also highlight sources of relevant training and support for individuals as needed. Advice can also be sought from Claire Williams, HR Consultant.

# APPENDIX 1

## Mental Health and Wellbeing at Crosshill School

 <p><b>Healthy</b></p> <p>Feeling Happy Coping well Sleeping well Eating well Getting on with others</p> <p>Keep up the healthy lifestyle</p> <p><b>You can help others!</b></p>	 <p><b>Feeling a bit low sometimes</b></p> <p>Feeling sad at times Needing help with a problem A bit worried Struggling to deal with something alone</p> <p>Talk to a friend or an adult you trust</p> <p>Try to talk to your friends, staff or parents/carers. If that doesn't help please go to find someone from the wellbeing team (look for the badges).</p>	 <p><b>Feeling low regularly</b></p> <p>Struggling with emotions Struggling to cope with things Difficulties at home Difficulties in school Friendship problems See a teacher or the school nurse.</p> <p>Text Chat Health 07507330509 Ring Childline 0800 1111</p> <p>Go to see Mrs Hadfield, Miss Towers or Mrs Smith</p>	 <p><b>Struggling to Cope</b></p> <p>Unable to cope Low mood regularly or all the time Trouble sleeping or sleeping too much Not able or wanting to go to school Isolated, avoiding others</p> <p>Tell a teacher, your parents/carers.</p> <p>Speak to Mrs Hadfield she knows lots of other people outside of school who maybe able to help you. Go to see your GP</p>	 <p><b>Mental Illness</b></p> <p>Unable to function normally Very distressed Bizarre thoughts Suicidal thoughts Hearing voices/seeing things that are not there Substance abuse Self-harm Risky behaviour</p> <p><b>EMERGENCY HELP NEEDED !</b></p> <p><b>GO TO THE HOSPITAL</b> <b>CALL 999</b> <b>Samaritans 116 123</b></p>
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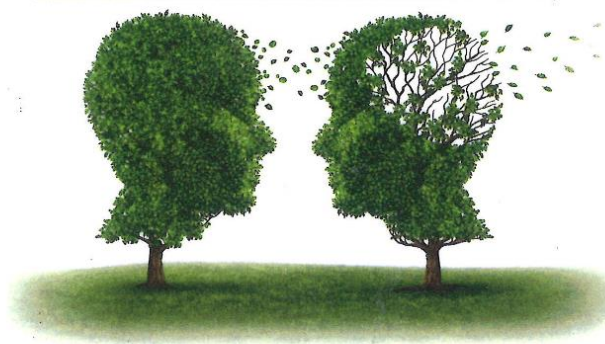


## APPENDIX 2

### HEALTH ASSURED

A 24 hour helpline  
from **Health Assured** to  
support you through any  
of life's issues or problems

#### Employee Assistance Programme



We don't know  
when you might need us.

That's why we're here  
**24 hours a day.**



**Health Assured**

Registered Office: The Peninsula, Victoria Place, Manchester, M4  
4FB Registered in England. No 6314620



**Health Assured**

**A confidential support service for employees**

#### About Your Employee Assistance Programme

Sometimes it can be difficult to balance the pressures of work with the needs of home life. Your employer recognises help is sometimes needed to deal with the challenges you may face in life, both practical and emotional. Health Assured provides confidential support services which are available to you and your immediate family.\*

**Please make that call rather than allowing your concerns to grow  
you can speak with the same counsellor more than once**

#### What can I use this service for?

- Family issues
- Financial information
- Legal information
- Medical information
- Relationships
- Housing concerns
- Alcohol or drug issues
- Childcare advice
- Stress and anxiety
- Gambling issues
- Domestic abuse
- Retirement
- Consumer issues
- Tax information
- Bereavement

#### Telephone Counselling

Your call will always be answered by a qualified, experienced counsellor who will offer help and support in a professional, friendly and non-judgmental manner.

#### Online Health Portal @ [www.healthassuredeap.com](http://www.healthassuredeap.com)

- Nutritional advice
- Health checks
- Fitness advice
- Personal coaching
- Medical factsheets
- BMI assessment

**FREE 24 HOUR 0800 030 5182**  
[www.healthassuredeap.com](http://www.healthassuredeap.com)

**Pop out card and put it in your wallet**

#### EMPLOYEE ASSISTANCE PROGRAMME

Family Issues

Debt

Work

Lifestyle Addictions

Relationships

Legal

**FREE 24 HOUR**  
personal support service  
**0800 030 5182**

[www.healthassuredeap.com](http://www.healthassuredeap.com)



## APPENDIX 3

# SIGNS AND SYMPTOMS OF COMMON MENTAL ILL-HEALTH CONDITIONS

<p><b>Depression</b></p> <ul style="list-style-type: none"> <li>• Feeling sad or having a depressed mood</li> <li>• Loss of interest or pleasure in activities once enjoyed</li> <li>• Changes in appetite — weight loss or gain unrelated to dieting</li> <li>• Trouble sleeping or sleeping too much</li> <li>• Loss of energy or increased fatigue</li> <li>• Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)</li> <li>• Feeling worthless or guilty</li> <li>• Difficulty thinking, concentrating or making decisions</li> <li>• Thoughts of death or suicide</li> </ul>	<p><b>Anxiety</b></p> <ul style="list-style-type: none"> <li>• Palpitations, pounding heart or rapid heart rate</li> <li>• Sweating</li> <li>• Trembling or shaking</li> <li>• Feeling of shortness of breath or smothering sensations</li> <li>• Chest pain</li> <li>• Feeling dizzy, light-headed or faint</li> <li>• Feeling of choking</li> <li>• Numbness or tingling</li> <li>• Chills or hot flashes</li> <li>• Nausea or abdominal pains</li> </ul>
<p><b>Obsessive-compulsive disorders</b></p> <p>Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions:</p> <ul style="list-style-type: none"> <li>• Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings.</li> <li>• Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done.</li> <li>• Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone.</li> <li>• Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion.</li> <li>• Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.</li> </ul>	<p><b>Eating Disorders</b></p> <p><b>Anorexia Nervosa:</b></p> <p>People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation:</p> <ul style="list-style-type: none"> <li>• Menstrual periods cease</li> <li>• Hair/nails become brittle</li> <li>• Skin dries and can take on a yellowish cast</li> <li>• Internal body temperature falls, causing person to feel cold all the time</li> <li>• Depression and lethargy</li> <li>• Issues with self-image /body dysmorphia</li> </ul> <p><b>Bulimia Nervosa:</b></p> <p>Patients binge eat frequently, and then purge by throwing up or using a laxative.</p> <ul style="list-style-type: none"> <li>• Chronically inflamed and sore throat</li> <li>• Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids</li> <li>• Constant vomiting causes gastroesophageal reflux disorder</li> <li>• Severe dehydration from purging of fluids</li> </ul>

**Self Harm**

- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long trousers, even in hot weather
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioural and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness
- Head banging
- Ingesting toxic substances.

**Key Points to Remember:**

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people.

## APPENDIX 4

# MENTAL HEALTH AND WELLBEING STRATEGY

