



Harton
Academy



Wellbeing and Mental Health Policy

February 2024

1. Our Policy - Introduction

- 1.1 *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 his or her community (World Health Organisation).*

At Harton Academy, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using whole school approaches and bespoke strategies, in order to meet the needs of the individual.

This document describes the academy's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff including Governors. Our 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.

Since 2019, we have been a holder of the 'Wellbeing Award for Schools', which recognises the outstanding work being completed to promote mental health and wellbeing in our school. In November 2023, the school successfully completed the reassessment of the Wellbeing Award for Schools.'

1.2 Lead Members of Staff

All staff have a responsibility to promote the positive mental health of students and adults in the school. However, staff with a specific remit include:

| | |
|---------------------------------------|---|
| Mr J Skurr | Head Teacher |
| Mr J Gibson | Human Resources Manager |
| Designated Mental Health Staff | |
| Mr G Varley | Deputy Head Teacher and Designated CP Lead |
| Mr D Royal | Pastoral Lead and Designated CP Lead |
| Mrs H Astrop | Head of Year and Designated CP Lead |
| Mr L Smart | Head of Year and Designated CP Lead |
| Mr D Gibson | Head of Year and Designated CP Lead |
| Mrs G Mulligan | Head of Year and Designated CP Lead |
| Mr W Green | Head of Year and Designated CP Lead |
| Mrs K Brown | Head of Year 13 and Designated CP Lead |
| Mrs K Coulter | Head of Year 12 and Designated CP Lead |
| Mr R Burroughs | Director of 6 th Form and Designated CP Lead |
| Mrs R Wall | Assistant Headteacher and SENCO |
| Miss C Collins | Wellbeing Counsellor |
| Mrs C Linklater | Wellbeing Counsellor |

2 Understanding Mental Health

2.1 Mental Health in the curriculum

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 RSHE curriculum and are offered, at various stages, in our pastoral development programme.

The content of RSHE lessons will be determined by the specific needs of the cohort 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. Staff will always teach mental health and emotional wellbeing subjects in a safe and sensitive manner.

2.2 Signposting and support

The Academy will ensure that staff, students and parents/carers are aware of sources of support within school and in the local area. **See the local authority referral pathways diagram, Appendix A and Appendix B - Information and sources of support regarding common mental health issues.**

3 Providing Help

3.1 Warning Signs

Staff may become aware of warning signs, which indicate a student is experiencing mental health or emotional wellbeing concerns. These warning signs should be taken seriously and staff observing any of these warning signs should communicate their concerns to the appropriate member of the pastoral team. Possible warning signs can include, but are not limited to:

- 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

3.2 In-school procedures

A child may choose to disclose concerns about themselves or a friend to any member of staff. If the member of staff considers that, a child is making a request (direct or otherwise) for help, the process to follow is similar to a safeguarding disclosure and in that respect, all staff should know what to do. If a student chooses to confide in a member of staff about their mental health or that of a friend, the member of staff should follow this procedure:

After listening and offering understanding to the child a 'Cause for Concern' form should be completed and forwarded to the appropriate member of CP staff. If the matter is of urgency then the pupil(s) should be immediately escorted to the designated teacher.

The Designated Teacher should:

- Speak to the member of staff reporting the disclosure. Then:
- Speak to the child and make a factual record of any information given by the child. It is essential that records distinguish between facts, allegations, observations and opinions.
- The Designated Teacher should then make a professional judgement on what to do next. Before making a referral to an external agency, at least two members of the designated team should discuss the matter to agree on steps to be taken.
- Should the Designated Teachers believe that the student is presenting with a 'mild' mental health issue, and with the parents'/carers' consent, it may be managed internally by staff named above. Some pupils may be prescribed regular contact with one of our Wellbeing Counsellors until the concerns subside or alternative support is secured.

All disclosures should be recorded on CPOMS. This written record should include:

- date of disclosure
- the name of the member of staff to whom the disclosure was made
- main points from the conversation
- a plan of action that will facilitate the management of the wellbeing of the young person and indicate next steps

This information will always be shared with appropriate staff and/or external agencies, where required.

Any referral by school to lifecycle or other outside agencies will be made at the end of a specific process and will be led and managed by the appropriate staff. The Academy will always endeavour to implement any appropriate best practice guidelines into our mental health and wellbeing provision.

3.3 Individual Care Plans

An individual care plan will be drawn up for pupils who receive a diagnosis pertaining to their mental health. This should involve the pupil, the parents/carers 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
- How the Academy can best manage the wellbeing of the young person

3.4 Confidentiality

We should be honest with regards to the issue of confidentiality. If we deem it is necessary for us to pass on our concerns about a student, then we should discuss with the student:

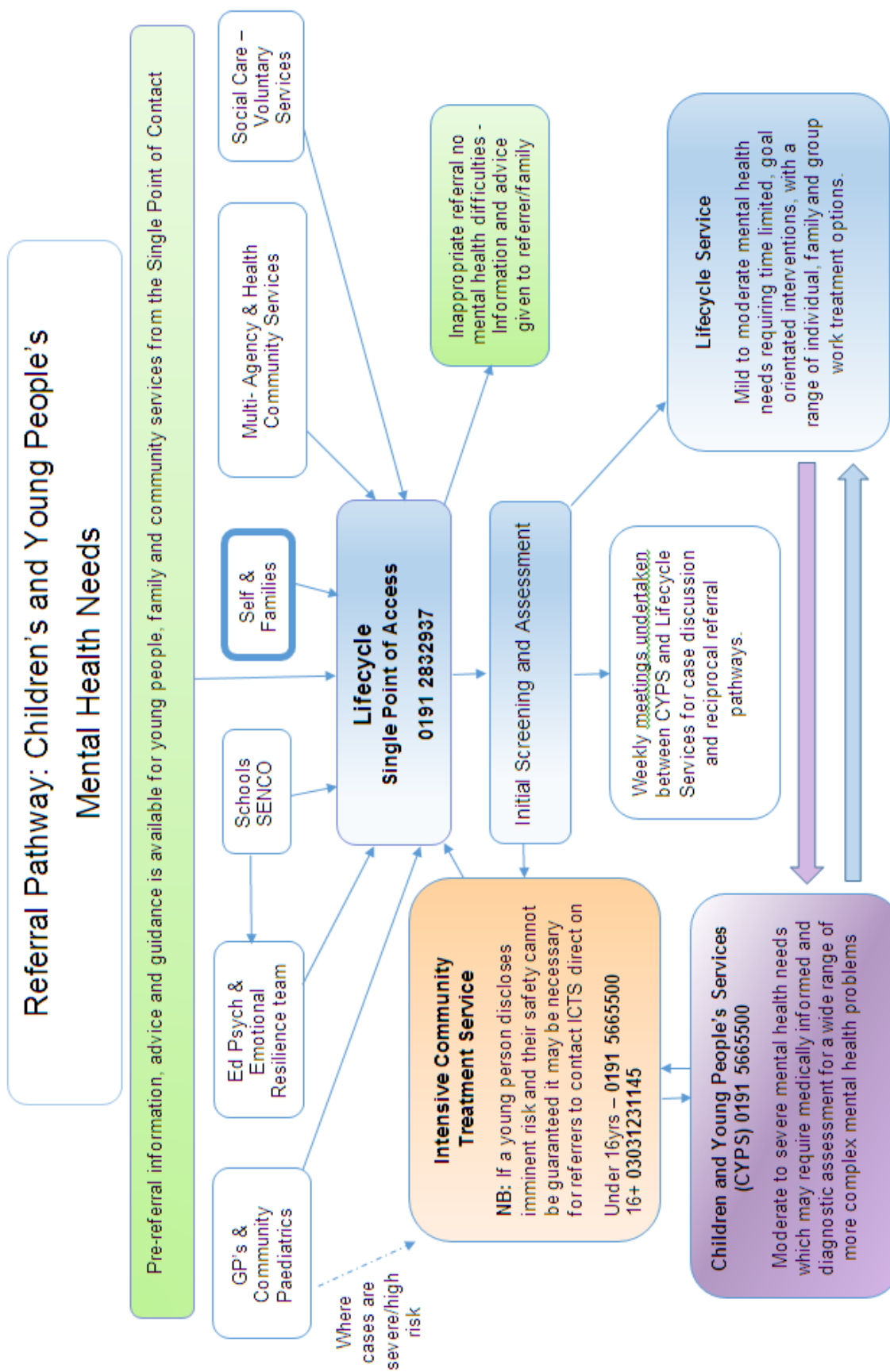
- Whom we are going to talk to
- What we are going to tell them
- Why we need to tell them

4 Staff training

As part of their regular child protection training, all appropriate staff will receive suitable training about recognising and responding to mental health issues. Using the appropriate learning environment, we will share relevant information for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our additional CPD and will be supported throughout the year when it becomes appropriate. Where the need to do so becomes evident, we will facilitate 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 will be discussed with senior staff who will also highlight sources of relevant training and support for individuals as needed.



Appendix B - Information and sources of support regarding common mental health issues

We have been asked if we are able to provide information, or links to organisations who provide advice and support for children, parents and carers regarding common mental health issues. We are pleased to provide some suggestions:

Support on a range of issues can be accessed at [Kooth](#), [Young Minds](#), [Mind](#), [MindEd](#) and [ChildLine](#).

Please bear in mind we don't have any control over the advice they give, and the resources they provide, but we feel that as nationally recognised bodies, their details are worth passing on.

For advice that is more specific:

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

www.selfharm.co.uk/

www.nshn.co.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

<https://www.kooth.com/>

www.anxietyuk.org.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 do not 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

www.ocduk.org/ocd

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

www.papyrus-uk.org

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

www.beateatingdisorders.org.uk/

www.beateatingdisorders.org.uk/types