



Abingdon School
Mental Health & Emotional Wellbeing for Pupils Policy

1. 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)

The School aims to promote positive mental health for every member of our student body. We pursue this aim using universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. Approximately 1 in 4 people in the UK will experience a mental health problem each year (mind.org.uk). By developing and implementing practical, relevant and effective mental health policies and procedures the School can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

It is further recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood

This policy is drafted pursuant to:

- DfE Research and analysis: Supporting mental health in schools and colleges (August 2017)
- DfE Advice on Mental health and behaviour in schools (March 2014; 2016)
- DfE Guidance: Information sharing advice for safeguarding practitioners (March 2015)
- Guidance from Public Health England: Promoting children and young people's emotional health and wellbeing (March 2015)
- Children Act 2004;

2. Scope

This policy describes the school's approach and procedures to aid the promotion of positive mental health and emotional wellbeing and is intended as guidance for all staff

including non-teaching staff and governors.

This policy should be read in conjunction with the [Safeguarding and Child Protection Policy](#), the [Medical Manual](#) (accessible to Abingdon School staff) 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.

Public Health England identify eight key principles to promote emotional health and wellbeing in schools and colleges:



With these principles in mind, the School aims to:

- Promote positive mental health and emotional wellbeing for all 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

3. 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 PSCHE curriculum.

The specific content of 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.

4. Signposting

The School will ensure that staff, students and parents are aware of sources of support within school and in the local community. Displays of relevant sources of support will be placed in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. The School 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

The School has a number of student focused policies that deal with issues that relating to mental well-being. These include an Anti-Bullying Policy, a Drugs and Substances Policy, Safeguarding and Child Protection Policies, a Sex & Relationships Education Policy, a Transgender Policy, a document called 'Feeling Worried?' directing pupils to help and advice, and the ICT Pupils Policy. These are available to all students via Firefly and the School website.

The School also has a dedicated confidential counselling service accessible by all pupils.

5. Responsibilities and Leadership

The Deputy Head Pastoral is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis. In addition, the school has appointed a senior member of staff, the Head of Wellbeing and Mental Health who has particular oversight of mental health and wellbeing within the School.

In addition, all Abingdon school staff are responsible for fostering a culture which encourages pupils to openly discuss their problems, including any mental health concerns. Where a concern about a pupil's mental health is identified, the Head of Wellbeing and Mental Health in conjunction with the Designated Safeguarding Lead (DSL) will assess the risks to that pupil's welfare and will consult with the pupil, his parents (where appropriate)

and other members of staff and the Medical Centre (as necessary) to determine appropriate action to be taken to safeguard, support and monitor that pupil. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed (detailed in the Safeguarding Policy). 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.

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined in section 7 and to report any concern in line with the procedures outlined in this policy.

6. Procedures

Staff may become aware of concerns over a pupil's mental health in a variety of different ways, including where:

- A pupil acknowledges that they have a problem and seeks help;
- A pupil exhibits consistent disruptive, unusual or withdrawn behaviour which may be indicative of an underlying problem and/or indicates that a pupil could be at risk of developing mental health problems;
- A member of staff, parent or another adult reports a concern about, or issues relating to, a child's mental health or behaviour;
- Where another pupil or child reports concerns about, or issues relating to, a pupil's mental health or behaviour.

The School will take all reports of concerns over the mental health and wellbeing of its pupils seriously and not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking immediate steps to safeguard a pupil.

Following a welfare concern referral, the DSL in conjunction with the Head of Wellbeing and Mental Health will decide on the appropriate course of action. If the pupil also has special educational needs/disability (SEND), there will be liaison with the Head of Learning Support.

An assessment of immediate risk will be made (in consultation with the Housemaster where appropriate) and a decision taken as to whether any further action is required, this may include:

- Immediate medical assistance and/or
- Contacting parents/guardians where appropriate
- Arranging professional assistance e.g. doctor/nurse
- Arranging an appointment with a counsellor
- Giving advice to parents, teachers and other students
- The Head of Wellbeing and Mental Health will coordinate discussions of the matter with the pupil to develop a strategy to support and assist them.
- Support for the friends of the affected pupil, where appropriate.

Where it is decided that support and/or intervention is required, the Head of Wellbeing and Mental Health will ensure that the pupil is monitored and periodically review the welfare plan seeking feedback from the child, Housemaster and members of the Safeguarding team as necessary. The review will include consideration as to whether further therapeutic or medical intervention and/or external referrals should be sought.

7. Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the Head of Wellbeing and Mental Health who will liaise with the DSL as appropriate.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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

8. 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 the first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'.

All disclosures should be recorded in writing (either on paper or electronically). 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

This information should be shared with the Designated Safeguarding Lead and the Head of Wellbeing and Mental Health who will store the record appropriately and offer support and advice about next steps.

9. Individual Plans

It may be helpful to draw up an individual plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up by the School 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

10. Confidentiality

The School will be honest with regard to the issue of confidentiality. If it is necessary for the School to pass our concerns about a student on, then we should discuss with the student:

- Who the School are going to talk to
- What we are going to tell them
- Why we need to tell them

The School will not share mental health information about a student without first telling them. 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 such as when there is a risk of serious harm.

If a child gives the School reason to believe that there may be underlying child protection issues, the processes detailed in the Safeguarding and Child Protection Policy must always be followed.

11. Working with Parents

Where it is deemed appropriate to inform parents, the School will be sensitive to the issues that this may raise. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Should the meeting happen face to face?
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.

- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's mental health issues and some parents may respond with anger, fear or upset during the first conversation and parents may need some time to reflect.

12. 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 the School will:

- Make the mental health and emotional wellbeing policy easily accessible to parents
- Keep parents informed about the mental health topics their children are learning about in PSICHE and share ideas for extending and exploring this learning at home

Staff and parents are welcome to approach the Head of Wellbeing and Mental Health or the Designated Safeguarding Lead (the DSL) if they have any concerns about the mental health and emotional welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's Housemaster or the Headmaster who will notify the Head of Wellbeing and Mental Health and Designated Safeguarding Lead in accordance with these procedures.

13. 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 with the student who is suffering and their parents with whom we will discuss:

- What 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

14. Training

As a minimum, all staff will receive regular training about recognising and responding to mental and emotional health issues as part of their regular child protection training to enable them to keep students safe.

Suggestions for individual, group or whole school CPD should be discussed with the Deputy Head Pastoral who can also highlight sources of relevant training and support for individuals as needed.

Deputy Head Pastoral

Last Internal Review: March 2018

Last Governor Review: May 2018

Next Governor Review: May 2019

Appendix A: Further information / support on mental health issues

Appendix B: Guidance and advice documents

Appendix A: 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.

Common mental health issues

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

Support on all 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

SelfHarm.co.uk: www.selfharm.co.uk

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

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

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

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

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 – POPYRUS: 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/

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

Appendix B: Guidance and advice documents

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

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (2015)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2015). PSHE Association. Funded by the Department for Education (2015)

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2014)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

[Healthy child programme from 5 to 19 years old](#) is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

[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)

[NICE guidance on social and emotional wellbeing in primary education](#)
[NICE guidance on social and emotional wellbeing in secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)