



Avonreach

# Pupil Mental Health & Wellbeing Policy

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Avonreach Academy Trust

This document sets out the regulations for the MAT and member academies.

Responsibility	Curriculum and Quality Committee
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## 1. Introduction

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).

Mental Health affects all aspects of a child's development, including their cognitive abilities and their emotional wellbeing. Children who are mentally healthy have the ability to:

- Develop psychologically, emotionally, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong; and
- Resolve (face) problems and setbacks and learn from them.

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders. Mental health professionals have defined these as:

- Emotional disorders, eg phobias, anxiety states and depression;
- Conduct disorders, eg stealing, defiance, fire-setting, aggression and anti-social behaviour;
- Hyperkinetic disorders, eg disturbance or activity and attention;
- Development disorders, eg delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders.
- Attachment disorders, eg children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
- Other mental health problems include eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders and psychotic disorders, eg schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

## Purpose

The schools of the Avonreach Academy Trust aim to promote positive mental health for everyone. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. We also increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems by:

- Alerting staff to mental health warning signs and risk factors;
- Providing support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer mental health issues;
- Providing support to pupils who suffer from mental health issues, their peers and parents/ guardians;
- Describing the school's approach to mental health issues.

## Responsibilities

All staff at schools in the Avonreach Academy Trust are responsible for fostering a culture which encourages pupils to openly discuss their problems, including any mental health concerns. Those with day-to-day contact with pupils are usually best placed to identify any changes in behaviour which may indicate that a pupil is at risk of a mental health problem. Staff should report any concerns to the relevant head teacher or Executive Officer who will assess the risks to that pupil's welfare to determine appropriate action to be taken to safeguard, support and monitor that pupil.

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 action to safeguard a pupil.

## Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSI-IE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are 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 relevant guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 to the relevant head teacher or Executive Officer, who is our mental health and emotional wellbeing lead. 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
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism.

## Managing Disclosures

A pupil 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 pupil 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 in writing and held on the pupil's confidential file. 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

## Investigation

Following a welfare concern referral, the relevant head teacher or Executive Officer will decide on the appropriate course of action. If the pupil also has special educational needs, the pupil will be referred to the SENCo, who will act in accordance with the SEN Policy.

An assessment of risk will be made and a decision taken as to whether any further action is required, this may include:

- Contacting parents/guardians where appropriate;
- Arranging professional assistance, eg doctor/nurse;

- Giving advice to parents, teachers and/or other students;
- Support for the friends of the affected pupil, where appropriate.

Where it is decided that support and/or intervention is required, the relevant head teacher or Executive Officer will ensure that the pupil is monitored and periodically review the pupil's welfare plan. The assessment will include consideration as to whether further intervention and/or a CAMHS referral should be sought.

## Individual Care Plans

It is helpful to draw UP an individual 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.

## Examples of Mental Health and Emotional Wellbeing Issues

### 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.

### 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.

### Risk Factors

Experiencing other mental or emotional problems  
 Divorce of parents  
 Perceived poor achievement at school  
 Bullying  
 Death of someone close

### Symptoms

Effects on emotion: sadness, anxiety, anger, mood swings lack of emotional responsiveness; Effects on thinking: frequent self-criticism, self-blame, worry,

pessimism, impaired memory and concentration, a tendency to believe others see YOU in a negative light.

## Anxiety, Panic Attacks and Phobias

All children and young people get anxious at times; this is a normal part of their development. Welfare concerns are raised when anxiety is impairing their development, or having a significant effect on their schooling or relationships. Anxiety disorders include:

- Generalised anxiety disorder
- Panic disorder and agoraphobia
- Acute stress disorder
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder Phobic disorders.

## Psychological Effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Restlessness or feeling on edge, nervousness

## Behavioural Effects

- Avoidance of situations
- Repetitive compulsive behaviour, eg excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour).

## 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. Obsessive compulsive disorder (OCD) can take many forms - it is not just about cleaning and checking.

## 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.