

Student Mental Health and Wellbeing

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Author:	A Edwards
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Values at Huntcliff School

Huntcliff School is a community where we all aspire to be successful, to improve on our personal best and fill the unforgiving minute in all that we do.

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 Organisation)

At Huntcliff 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 targeted approaches aimed at vulnerable students. By developing and implementing a practical, relevant and effective mental health policy and procedure we can promote a safe and stable environment for students affected both directly and indirectly by mental illness.

Promoting Positive Health

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As part of our Academy culture and ethos, and dedication to the health and happiness of our students, this guidance provides a set of protocols for ensuring the well-being and welfare of all students. Progress and achievement in schools depends on this. Only medical professionals should make a diagnosis of a mental health difficulty, however, school are well placed to observe young people day to day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This guidance should be followed with close reference to the ‘[Safeguarding and Child Protection Policy 2022](#)’.

1. Warning signs

1.1. School staff may become aware of warning signs which indicate a student is experiencing mental health or wellbeing difficulties. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the relevant safeguarding/pastoral staff who will liaise with the SENDCo where applicable. Possible warning signs include:

- 1.1.1. Physical signs of harm that are repeated or appear non-accidental
- 1.1.2. Changes in eating / sleeping habits
- 1.1.3. Increased isolation from friends or family, becoming socially withdrawn
- 1.1.4. Changes in activity and mood
- 1.1.5. Lowering of academic achievement
- 1.1.6. Talking or joking about self-harm or suicide

- 1.1.7. Abusing drugs or alcohol
- 1.1.8. Expressing feelings of failure, uselessness or loss of hope
- 1.1.9. Changes in clothing – e.g. long sleeves in warm weather
- 1.1.10. Secretive behaviour

- 1.1.11. Skipping PE or getting changed secretly
- 1.1.12. Lateness to or absence from school
- 1.1.13. Repeated physical pain or nausea with no evident cause
- 1.1.14. An increase in lateness or absenteeism

1.2. Further guidance is provided in the document “Supporting Students’ Mental Health” – a copy can be found in the Staff Handbook folder on the school subjects drive.

2. What is Self-Harm?

2.1. Self-harm describes a wide range of behaviours that people use with the intent of deliberately causing harm to one’s own body. This includes, but is not limited to:

- 2.1.1. Cutting, scratching, scraping or picking skin
- 2.1.2. Swallowing inedible objects
- 2.1.3. Taking an overdose of prescription or non-prescription drugs
- 2.1.4. Swallowing hazardous materials or substances
- 2.1.5. Burning or scalding
- 2.1.6. Hair-pulling
- 2.1.7. Banging or hitting the head or other parts of the body
- 2.1.8. Scouring or scrubbing the body excessively

2.2. Self-harm is a coping mechanism and it is more important to recognise and respond to the underlying reasons. The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm.

- 2.2.1. Depression/anxiety
- 2.2.2. Poor communication skills
- 2.2.3. Low self-esteem
- 2.2.4. Poor problem-solving skills
- 2.2.5. Hopelessness
- 2.2.6. Impulsivity
- 2.2.7. Social factors
- 2.2.8. Family factors

3. What is an eating disorder?

3.1. The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person’s life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop.

Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then bingeing. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys. The strongest evidence supports:

- 3.1.1. The primary aim of intervention is restoration of weight and in many cases inpatient treatment might be necessary;
- 3.1.2. For young people with anorexia nervosa, therapeutic work with the family, taking either a structural systemic or behavioural approach may be helpful even when there is family conflict; and
- 3.1.3. For young people with bulimia nervosa, individual therapeutic work focusing on cognition and behaviour, for example to change thinking patterns and responses. Evidence also supports:
- 3.1.4. Early intervention because of the significant risk of ill-health and even death among sufferers of anorexia;
- 3.1.5. School-based peer support groups as a preventive measure (i.e. before any disordered eating patterns become evident) may help improve body esteem and self-esteem; and
- 3.1.6. When family interventions are impracticable, cognitive-behavioural therapy may be effective.

4. The Process of Referral

- 4.1. As a school, we aim to detect and address problems in their earliest stages. There is a fine line between appropriate responsiveness and inappropriate intrusiveness into the personal lives of students and their families. However, all staff must respond to well-being and welfare concerns of our students no matter what. Any staff member concerned about the mental health and wellbeing of a student should speak to the relevant pastoral team. The pastoral team will investigate and determine if a child is at immediate risk of harm or whether he/she should be supported through the SEND department's SEMH packages and programmes.
- 4.2. If the student has seriously self-harmed then staff should follow the normal procedures for medical emergencies, including seeking advice from the named member of staff responsible for First Aid.

4.3. All incidents should be recorded on CPOMS

5. Supporting students with mental health issues

- 5.1. Schools offer important opportunities to prevent mental health problems by promoting resilience. Providing pupils with inner resources that they can draw on as a buffer when negative or stressful things happen can help them to thrive even in the face of significant challenges. The PSHCE curriculum covers a range of mental health and wellbeing topics from Y7 to Y11 during our calendared "Step Up Days", with the aim of building resilience and coping strategies for all young people to deal with the pressures of life. 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 PSHCE curriculum.

The specific content of lessons will be determined by the age and specific needs of the cohort being taught 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. The school offers a wide and broad range of enrichment opportunities which promote positive wellbeing, social interaction and positive

physical and emotional health.

However, these strategies do not work for all young people and for some they may not feel able to cope with their problems. It is important when responding to students who are self-harming that you remain calm and non-judgemental. You should not:-

- 5.1.1. dismiss concerns or disclosures as insignificant, they may provide a vital link to other information;
- 5.1.2. keep such concerns to yourself;
- 5.1.3. promise secrecy to children or adults making disclosures but reassure them that information will be shared appropriately and confidentially.

5.2. The school aims to increase the appropriate level of support available to students with mental health issues in partnership with our Mental Health Champion (**Thrive coordinators**), outside health agencies and support groups. We are able to signpost and/or refer students, parents and carers to other agencies who support young people with mental health issues, including self-harm and eating disorders. Support available includes, but is not exclusive to:

- 5.2.1. Mentoring
- 5.2.2. Support Groups (Internal and external)
- 5.2.3. Teenage Health Drop-In sessions with the School Nurse
- 5.2.4. Targeted Youth Support through the Early Help Assessment Process
- 5.2.5. Counselling
- 5.2.6. Behaviour support
- 5.2.7. GP Services
- 5.2.8. Child and Adolescent Mental Health Services (CAMHS)
- 5.2.9. TAMNET (North Lincs)

6. Supporting staff who are working with students with mental health issues

6.1. Huntcliff School acknowledges that staff who are working closely with distressed students can themselves be placed under emotional strain. Huntcliff school aims to increase the level of awareness and understanding amongst staff of issues involving the mental health of young people. The school will provide a range of opportunities for staff to access training in dealing with students with mental health problems, including opportunities to talk with other specialist professionals working with students with recognised mental health issues. Huntcliff school is also committed to supporting the wellbeing of pastoral staff and will offer supervision support sessions to enable pastoral staff to take care of their own physical and emotional wellbeing.

7. Monitoring, Evaluation and Accountability

7.1. The monitoring and evaluation of this policy will be reported to the Board of Trustees

8. Suggested Resources



MindEd, a free online training tool to enable school staff to learn more about specific health problems

Counselling MindEd

Kooth

Childline

Education Endowment Foundation

YoungMinds

HeadMeds

National Institute for Health and Care Excellence (NICE)

Relate

Mindfulness apps