David Ross Education Trust

Broadening Horizons

Mental Health and Wellbeing Policy (Pupils)

Document Management Information

Applicable to:	All staff in all Academies and Central Support Services including individuals employed by the Trust, contractors and agency staff. All Members and Trustees.
Development and Consultation:	The policy has been developed with reference to non-statutory guidance and advice including Behaviour in Schools and Mental Health and Behaviour in schools.
Dissemination:	The policy will be available to staff via the Trust's Policy Centre
Implementation:	The policy will be used by staff at all academies.
Training:	Policy implementation will be led and managed by the Senior Mental Health lead in the academy with other staff who have received training in Mental Health First Aid. Through frequent and routine safeguarding training, staff at each academy will be trained to recognise the changes in a child's behaviour that might be indicative of low mood and possible mental health concerns.
Review Frequency:	Three Years. Policies will also be reviewed earlier if needed in the light of new legislation and guidance.
Policy Author:	Juliet Jaggs, Director of Quality Assurance.
Executive Policy Owner:	Mark Neild, Deputy CEO and Director of Secondary Education.
Approval by:	Level 2 Education Committee
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Revision History

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1. Introduction

23.1. The David Ross Education Trust (the Trust), all its employees and volunteers, are committed to promoting the mental health and wellbeing of all children. The policy reflects its responsibilities in ensuring all members of the Trust create a safe environment in which children can thrive and learn.

23.2. This policy is intended to provide guidance to academy staff on the Trust's approach to promoting positive mental health and wellbeing across all academy communities. The policy informs pupils and parents about the support that they can expect from each in respect of supporting mental health and wellbeing.

23.3. All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education. Staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Any such concerns will be passed immediately to the DSL (or deputy) for further referral to appropriate specialist agencies.

23.4. Academy staff will not attempt to diagnose mental health problems but will consider signs of mental distress understanding pupil's vulnerabilities, such as those social transitioning, in working with parents and local authorities in the care of pupils.

2. Policy Scope

24.1. This policy sets out our approach to promoting pupils' mental health and wellbeing.

24.2. The aims are:

- Create a culture of wellbeing and inclusion that promote positive mental health and wellbeing across each academy including spreading awareness of the varieties of ways mental health issues can manifest.
- Foster a positive atmosphere in each academy, where pupils feel able to discuss and reflect on their own experiences with mental health openly.
- Give pupils the opportunity to develop their self-esteem by taking responsibility for themselves and others, by participating in a wide range of activities that promote their sense of self and celebrate all the ways pupils achieve at the academy, both inside and outside the classroom.
- Provide support to staff working with pupils with mental health issues and support all staff in identifying and responding to early warning signs of mental health issues.

3. Definitions

25.1. **Trust** means all Academies within the David Ross Education Trust, as well as Head Office and central services operations.

25.2. **Senior Executive Leadership Team** means the Chief Executive Officer ("CEO") and the direct line management reports of the CEO (the "Directors")

4. Prevention

26.1. Each academy will create a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos. The Senior Mental Health lead will develop and implement an academy wide strategy that seeks to normalise mental health issues, raise awareness of how and where pupils can access support and develop emotional literacy and resilience to help pupils to explain, understand and find ways to manage their emotions and mental health. The strategy is likely to include the following features:

- Raising awareness of mental health during assemblies, tutor time, PSHE and mental health awareness week.
- Ensuring all staff know that they contribute as protective factors for all children and young people. They all have the potential to support pupils.
- Providing a fulfilling enrichment programme that encourages pupils' self-esteem and sense of belonging.
- Signposting all pupils to sources of online support on the school website.
- Having open discussions about mental health during lessons.
- Providing pupils with avenues to provide feedback on any elements of the academy that is negatively impacting their mental health.
- Monitoring of all pupils' mental health through assessments e.g. a strengths and difficulties questionnaire.
- Appointing a senior mental health lead with a strategic oversight of our whole school approach to mental health and wellbeing.
- Offering pastoral support through heads of year, heads of houses, pastoral and welfare teams.
- Making classrooms a safe space to discuss mental health and wellbeing through interventions such as:
    - Worry boxes
    - Circle time

5. Identification:

27.1. Staff training will prepare staff to identify pupils with mental health needs as well as more formal means such as through the analysis of pupil records for attainment, behaviour and attendance. Staff will also be aware that pupils' mental health needs can emerge through the admissions process, through mental health professionals or through children referring themselves to a trusted adult.

6. Early support:

28.1. Academy staff will help pupils to access evidence based early support and interventions. If a pupil is identified as having a mental health need, the DSL, senior mental health lead and the SENCO will take a graduated and case-by-case approach to making an assessment and providing tailored support. This is likely to include assessing the pupil's mental health needs, creating and implementing a

support plan that is reviewed regularly for the impact on outcomes. Where appropriate, a pupil will be offered internal intervention support that is tailored to their needs as part of the graduated approach. This is likely to include nurture groups, reduced timetable or time out pass. The academy will work with medical professionals to create an Individual Health Care Plan where appropriate. The pupil's IHP will contain the following details:

- The mental health issue (and its triggers, signs, symptoms and treatments).
- The pupil's needs resulting from the condition.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed.
- Who will provide the support.
- Who in the school needs to be aware of the child's condition.
- What to do in an emergency.

7. Access to specialist support

29.1. Academies will work effectively with external agencies to provide swift access or referrals to specialist support and treatment. They will engage other agencies in supporting these pupils such as educational psychological support, Mental Health Support Teams, counselling services, local and specialist health providers and recommended therapies such as art and music therapy. Academies will maintain a dedicated space where all pupils have access to calming or specialist provision.

8. The link between mental health and behaviour

30.1. Short term stress and worry is a normal part of life, and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children.

30.2. 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 experiencing mental health problems. Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- emotional disorders, for example phobias, anxiety states and depression;
- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, for example disturbance of activity and attention;
- developmental disorders, for example 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, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;

- Trauma disorders, such as post-traumatic stress disorder, because of traumatic experiences or persistent periods of abuse and neglect; and

- other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic depressive disorder.

30.3. Only appropriately trained professionals will attempt to make a diagnosis of a mental health problem. Academies are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. The safeguarding, pastoral, welfare and behaviour teams will collaborate in seeking to identify pupils who made need specialist support. Where appropriate, staff should take account of any contributing factors associated with a pupil's mental health needs that are identified after a behaviour incident has occurred.

9. Attendance

31.1. Academies have the same high expectations for the good attendance of pupils with mental health needs, but they understand that some of these pupils face greater barriers to attendance than their peers. Academies will put additional support in place where necessary to help these pupils access their full-time education. This will include putting in place an individual healthcare plan where needed. Senior leaders will rigorously analyse attendance data to identify patterns of poor attendance at individual and group level, paying particular attention to pupils with mental health conditions.

10. Support for other pupils

32.1. Watching a friend experience poor mental health can be extremely challenging for pupils. Pupils may also be at risk of learning and developing unhealthy coping mechanisms from each other. All academies offer support to pupils impacted by mental health directly and indirectly.

11. Recognising mental health concerns

33.1. Staff at each academy will be alert to the changes in a child's behaviour that might be indicative of a mental health concern, i.e. when low mood continues for longer than two weeks. These changes might include:

- Changes in mood or energy level
- Changes in eating or sleeping patterns
- Changes in attitude in lessons or academic attainment
- Changes in level of personal hygiene
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Weight loss or gain
- Secretive behaviour

- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide

33.2. Staff will pass on to the DSL (or deputy) any factors that might affect a child's mental health, such as bereavement, and they will be aware that key events such as starting a new school can affect children's mental health. DSLs (or deputies) will always work with health professionals in raising concerns about a child's low mood over time.

33.3. Staff will be alert to visible signs that children may be self-harming such as unexplained accidents or injuries, covering up or avoiding situations where they have to change clothing as well as concealing sharp items. Staff will never actively search for signs of injury. Staff know that all children are at risk of suicide ideation as well as the risk factors associated with it such as alcohol and drug misuse, sexuality, physical and sexual abuse, family breakdown and school problems including bullying and exam pressure.

33.4. If a pupil makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring. Staff will focus on the pupil's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice. Staff will always follow the school's safeguarding policy and pass on all concerns to the DSL via the academy internal safeguarding referral process. All disclosures will be recorded and stored in the pupil's confidential child protection file, typically on Safeguard or CPOMS. When making a record of a disclosure, staff will include:

- The full name of the member of staff who is making the record
- The full name of the pupil(s) involved
- The date, time and location of the disclosure
- The context in which the disclosure was made
- Any questions asked or support offered by the member of staff

33.5. Staff should not promise a pupil that they will keep a disclosure secret, instead they will be honest about the limits of confidentiality. A disclosure cannot be kept secret because:

- Being the sole person responsible for a pupil's mental health could have a negative impact on the member of staff's own mental health and wellbeing.
- The support put in place for the pupil will be dependent on the member of staff being at school.
- Other staff members can share ideas on how to best support the pupil in question.
- Staff should always share disclosures with at least one appropriate colleague. This will usually be the DSL in the first instance who will then work with the mental health lead in the ongoing care of the child. If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

33.6. Before sharing information disclosed by a pupil with a third party, the member of staff will discuss it with the pupil and explain:

- Who they will share the information with.
- What information they will share.
- Why they need to share that information.
- Staff will attempt to receive consent from the pupil to share their information, but the safety of the pupil comes first.
- Parents or carers will be informed unless by doing so the child will be placed at additional risk. The DSL will discuss all such decisions and act in accordance with the DRET Safeguarding and Child Protection policy. The DSL or the Mental Health Lead will agree who will be the main point of contact with the parents or care givers, providing continuity and stability for the child.

12. Record keeping

12.1. The Trust will retain records evidencing compliance with this policy, as set out in the Trust's Data Retention Policy.

12.2. Clear and comprehensive details regarding case work for each child, including concerns, subsequent actions, decisions and outcomes will be recorded electronically. This information will be kept confidential and stored securely and separately in the safeguarding management system, accessible only by those authorised to do so from the safeguarding leaders. Records will include a robust chronology, relevant internal and external information with respect to the plans in place to support the child. The designated safeguarding lead will assure the quality of each entry ensuring that they represent an accurate case history.

13. Roles and Responsibilities

13.1. The Academy Principal

13.1.1. The Principal of each academy is responsible for the implementation of this policy, delegated to other senior colleagues including the Senior Mental Health Lead and the Designated Safeguarding Lead.

13.1.2. The Senior Mental Health Lead is responsible for establishing and sustaining a robust culture promoting pupils' mental health and wellbeing. Their strategy will be well coordinated with other colleagues responsible for pupils' personal development, including their spiritual, moral, social and cultural development. Provision should be aligned to the PSHE curriculum and associated activities such as the assembly programme, the co-curriculum and the enrichment offer.

13.1.3. The Designated Safeguarding Lead is responsible for supporting pupils known to have a mental health condition, and coordinating that support with specialist providers within the academy, with local safeguarding partners and with specialised external agencies. The DSL is also responsible for establishing and sustaining an effective system for identifying pupils who may be experiencing mental health difficulties, such as through analysing pupils' attendance data and in collaboration with other academy specialists such as the SENCO.

14. Reporting and Consequences of Non-Compliance

14.1. Compliance will be reported routinely to the Trustees via the Safeguarding report to the Education Committee and to Education leadership team via Principal's meetings with the respective Head of

Primary/Secondary and Regional Director. Non-compliance will be managed in accordance with the Trust Disciplinary Policy.

15. Policy Status

15.1. This policy does not form part of any employee's contract of employment.

16. Related Policies

16.1. This policy is related to the following other Trust policies:

- Safeguarding and Child Protection Policy
- Behaviour and Ethos Policy
- Exclusions Policy
- Attendance Policy
- Special Educational Needs and Disabilities Policy
- Policy for Transgender Pupils