

Mental Health and Wellbeing Policy

Policy Statement

The School promotes the mental and physical health and emotional wellbeing of all its pupils. Wellbeing is at the forefront of the school's PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all. Through the school council, the school community has identified 10 key qualities that are fundamental to good mental health and wellbeing:

1. Proper sleep patterns
2. Time for exercise
3. Eating healthily at regular times
4. Time to relax
5. Emotional resilience – accepting being 'good enough'
6. Sense of humour
7. Firm boundaries
8. Random acts of kindness
9. Walking in fresh air
10. A sense of perspective

Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through tutorials and PSHE with the pupils, through staff Inset and through parent discussion evenings that take place twice yearly.

The policy aims to:

- describe the school's approach to mental health issues
- increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- alert staff to warning signs and risk factors
- provide support and guidance to all staff, including non-teaching staff, dealing with students who suffer from mental health issues
- provide support to students who suffer from mental health issues, their peers and parents / carers

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This policy is addressed to all members of staff and volunteers, is available to parents on request and is published on the school website. It applies wherever staff or volunteers are working with pupils even where this is away from the school, for example on an educational visit.

Child Protection Responsibilities

Leicester Community Academy is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self - confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

The school takes seriously its responsibility to uphold the aims of its duty in promoting an environment in which children can feel secure and safe from harm.

The Head Teacher is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis.

The school has appointed a senior member of staff with the necessary status and authority (Designated Person) to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the Designated Person if they have any concerns about the 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 form teacher or the Head Teacher who will notify the Designated Person in accordance with these procedures.

In addition to the child protection measures outlined in the School's child protection policy, the School has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

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Background

One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence.

Identifiable mental health issues

- Anxiety and Depression
- Eating disorders
- Self Harm

Signs and Symptoms of Mental or Emotional Concerns

These are outlined at Appendix I, II and III.

Procedures

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined at Appendix I, II & III.

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Individual Care Plans (ICPs)

Following consultation with the Head Teacher an ICP would be agreed between the Head Teacher, the pupil and the pupil's parents (see Appendix IV). This would be available to the relevant teaching staff in order to provide the appropriate level of support for the pupil. The medical centre will agree an enhanced care plan that may include confidential information.

Confidentiality and information sharing

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students should be made aware that it may not be possible for staff to offer complete confidentiality. **If a member of staff considers a student is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.

It is likely that a student will present at the medical centre in the first instance. Young people with mental health problems typically visit the medical centre more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early. **Confidentiality will be maintained within the boundaries of safeguarding the student.**

Parents must disclose to the school any known mental health problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing.

Records and reporting

Further guidance on procedures for specific mental health concerns is given at Appendix I, II and III.

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Staff Roles / Procedures

Procedures for dealing with specific mental health issues are given as follows:

- Anxiety and Depression (Appendix I)
- Eating Disorders (Appendix II)
- Self Harm (Appendix III)

A record must be kept of all incidents and the first aid treatment / support given. A copy should be kept in the school office and be recorded in the individual pupil / staff health file. Records are kept for a minimum of eight years in accordance with guidelines for storage of medical records.

If an incident that is linked to a mental health concern is serious, an incident report form should be completed.

Absence from school

If a student is absent from school for any length of time then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a student.

If the school considers that the presence of a student in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a student's mental health concern cannot be managed effectively and safely within the school, the Head Teacher reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

Reintegration to school

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

The Head Teacher will work alongside the subject teachers, the pupil and their parents to draw up an appropriate care plan (see Appendix IV). The pupil should have as much ownership as possible

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with regards the ICP so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.

Appendix I

Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety **is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships.** It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder

These can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath

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- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

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
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

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

How to help a student having a panic attack

- If you are at all unsure whether the student is having a panic attack, a heart attack or an asthma attack, and / or the person is in distress, call an ambulance straight away.
- If you are sure that the student is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the student by encouraging slow, relaxed breathing in unison with your own.
- Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Be a good listener, without judging.
- Explain to the student that they are experiencing a panic attack and not something life threatening such as a heart attack.
- Explain that the attack will soon stop and that they will recover fully.
- Assure the student that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be

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more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide.

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

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First Aid for Anxiety and Depression

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the designated teacher for safeguarding children aware of any child causing concern.

Following the report, the designated safeguarding teacher will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to Child and Adolescent Mental Health Service (CAMHS) – with parental consent
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Appendix II

Eating Disorders

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and / or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum / drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes he / she is fat when he / she is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the designated teacher for safeguarding children aware of any child causing concern.

Following the report, the designated teacher for safeguarding children will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

The designated teacher for safeguarding children will ask the medical centre to weigh the student and to monitor their weight on a regular basis. Parents will be consulted once the child has been weighed regardless of whether the weight gives cause for concern. Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Management of Eating Disorders in School

Exercise and Activity – PE and Games

Taking part in sports, games and activities is an essential part of school life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the designated teacher for safeguarding children deem it appropriate they may liaise with PE staff to monitor the amount of exercise a child is doing in school. They may also request that the PE staff advise parents of a sensible exercise programme for out of school hours. All PE teachers at the school will be made aware of which pupils have a known eating disorder.

The school will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form tutor will initially talk to the parents / carers to work out how to prevent their child from falling behind. If applicable, the Head Teacher will consult with the professional treating the girl. This information will be shared with the relevant teaching staff on a need to know basis.

Students Undergoing Treatment for / Recovering from Eating Disorders

The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

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Further Considerations

Any meetings with a student, their parents or their peers regarding eating disorders should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the student's safeguarding file held by the Designated Person.

Appendix III

Self Harm

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Head Teacher.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- 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. always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g. swimming

Staff Roles in Working With Students Who Self-Harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students, it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the designated teacher for safeguarding children.

Following the report, the designated teacher for safeguarding children will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- **In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times**
- **If a student has self-harmed in school a first aider should be called for immediate help**

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Further Considerations

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the student's safeguarding file held by the Designated Person.

It is important to encourage students to let staff know if one of their groups is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible actions and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

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Appendix IV

Individual Care Plan (ICP) for pupils with mental health/emotional concerns

Name	
Date	
Symptoms	
Internal referral to CAMHS worker?	Yes / No
Receiving treatment?	Yes / No
Advice for staff	

Goal

Parental involvement and review arrangements

Reviewed: December 2017

Next Review: December 2018