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# **Mental Health and Wellbeing Policy**

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### Version Control

Version	Date	Author	Rationale
1	01/01/21		Original
2	24/1/2024	Philippa Foster	See changes
3	5/1/2026	Paul Chell	Change in names

## **Mental Health and Wellbeing Policy Christ Church Church of England Academy**

### **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)*

In our school our Christian vision shapes all we do. Our vision is:

**We know the extraordinary worth of all our children. Our vision is to grow children believing in their own value, their academic successes and their place in the wider family of school and community. We are all created in the image of God. Living life in all its fullness every day.**

In addition we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental health and wellbeing issues.

### **Scope**

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our First Aid and Medical Needs Policy in cases where a pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of poor mental health and wellbeing
- Provide support to staff working with young people with mental health and wellbeing issues

- Provide support to pupils suffering mental ill health and their peers and parents/carers

### **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:

Philippa Foster, Leanne Grimshaw, Carole Nightingale, Katie Bellwood Mental Health and Wellbeing Team

Leanne Grimshaw - Designated Safeguarding Lead and Pastoral Lead. Trained Mental Health First Aider for adults.

Carole Nightingale – Community Liason Officer, Deputy DSL, Mental Health First aider (adults)

Philippa Foster - Mental Health and Emotional Wellbeing Lead and CPD Lead, Trainee Mental Health First Aider (adults), Menopause support identified person.

Katie Belwood - Lead First Aider - CPD Lead. Trained Mental Health First Aider (children), Nurture lead, trained in Lego and Drawing and Talking therapies

Jenna Martin - SENDCO

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead or the head teacher. If the pupil 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.

Where a referral to CAMHS is appropriate, this will be led and managed by Jenna Martin - SENDCO.

### **Individual Care Plans and Graduated Approach Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receives a diagnosis pertaining to their mental health. This may be part of a Graduated Approach Plan

or GAP. 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

## Teaching about Mental Health and Wellbeing

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 PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix I

We will display relevant sources of support in communal areas and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

## 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 with Philippa Foster, our Mental Health and Emotional Wellbeing Lead, or Leanne Grimshaw our designated safeguarding lead.

Possible warning signs include:

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

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<sup>1</sup> Teacher Guidance: Preparing to teach about mental health and emotional wellbeing URL= <https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and> (accessed 02.02.2018)

- 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

### **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 pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix 2

All disclosures should be recorded in writing and held on the CPOMS. 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 mental health lead, Philippa Foster and the Designated Safeguarding Lead Leanne Grimshaw who will provide store the record appropriately and offer support and advice about next steps.

## Confidentiality

We should be honest with regards to the issue of confidentiality. If we believe it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

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

We should never share information about a pupil 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. Particularly if a pupil is in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead Philippa Foster or DSL Leanne Grimshaw., this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead, Leanne Grimshaw, must be informed immediately.

## Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, 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 issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.



We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

### **Working with All Parents & Carers**

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 we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

### **Supporting Peers**

When a pupil 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 by the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend 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

## Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep pupils safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue.<sup>2</sup>

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Philippa Foster, our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

## Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in January 2026

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Philippa Foster our mental health lead via phone 01274410349 or email [Philippa.foster@cca.bdat-academies.org](mailto:Philippa.foster@cca.bdat-academies.org)

This policy will always be immediately updated to reflect personnel changes.

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<sup>2</sup> [www.minded.org.uk](http://www.minded.org.uk) [accessed 02/02/18].

## Appendix I

### Resources for Support

#### **Local Support**

Local support can be found on the Bradford Council Website by following the link below:

<https://www.bradford.gov.uk/adult-social-care/care-and-support-from-us/mental-health-day-care-services/>

#### **Nationally**

**Anxiety UK** work to relieve and support those living with anxiety and anxiety-based depression by providing information, support and understanding via an extensive range of services, including 1:1 therapy. They can provide support and help if a person has been diagnosed with, or suspect they may have an anxiety condition and can also help them deal with specific phobias such as fear of spiders, blushing, vomiting, being alone, public speaking, heights – in fact, any fear that stops a person from getting on with their life.

[www.anxietyuk.org.uk/](http://www.anxietyuk.org.uk/)

**Catholic Mental Health Project** supports the Catholic community to further develop spiritual and pastoral care for mental health [www.catholicmentalhealthproject.org.uk/](http://www.catholicmentalhealthproject.org.uk/)

**Charlie Waller Memorial Trust** offers free resources, including guidance and policy templates for use by schools and colleges. [www.cwmt.org.uk/](http://www.cwmt.org.uk/)

**Child Bereavement UK** supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. Every year they train more than 8,000 professionals, helping them to better understand and meet the needs of grieving families. <https://childbereavementuk.org/>

**Childline** is a free, private and confidential service for children and young people available online, on the phone, anytime facilitated by trained counsellors. The website is easy to navigate and has many interactive resources, advice and sources of support for children and young people. [www.childline.org.uk/](http://www.childline.org.uk/)

**Education Support Partnership** is the UK's only charity providing mental health and wellbeing support services to all education staff and organisations. [www.educationsupportpartnership.org.uk/](http://www.educationsupportpartnership.org.uk/)

**Fixers: young people's stories** Fixers are young people using their past to fix the future. They are motivated by personal experience to make positive change for themselves and those around them. Fixers have different backgrounds, interests and life experiences, and

come from every corner of the UK. They are motivated by a desire to act on an issue that is important to them or a strong desire to help other people. They also have a voice that they want to be heard, whether that's on eating disorders, drugs, offending, cyberbullying or any other issue that is concerning them. Becoming a Fixer allows that to happen. Fixers are heard, understood and respected by others. Fixers choose the issue they want to fix and, using the skills of a team of creative experts, they work out how to make sure their message is heard by the right people, whether that's through a unique film, a leaflet or poster campaign, a website, an event or workshop. Then they use digital, print and broadcast media to make their voice heard as far and wide as possible.

[www.fixers.org.uk/home/news.php](http://www.fixers.org.uk/home/news.php)

**HeadMeds:** about mental health medicines HeadMeds is a website for young people about mental health medication, launched in March 2014 and is owned and managed by the national charity **YoungMinds**. [www.headmeds.org.uk/](http://www.headmeds.org.uk/)

**MeeTwo** a free App that lets users post anonymously and receive support and advice about their worries from other teens. All posts, which cannot be more than 300 characters, are seen by moderators who are trained and have experience in counselling or psychotherapy, so there is no risk of bullying. MeeTwo experts can also post and direct users to help from other organisations. The founders are in discussion with Childline about ways to refer young people to them. In exceptional cases the moderator would contact the emergency services. [www.meetwo.co.uk/](http://www.meetwo.co.uk/)

**Mental Health Access Pack** is a compact, free resource which aims to: equip you with knowledge and advice, from medical, psychological and theological perspectives; help you support those in your community who are struggling with mental health issues; help you to discuss issues and share ideas surrounding mental health and the church. [www.mentalhealthaccesspack.org/](http://www.mentalhealthaccesspack.org/)

**Mental Health Matters** contains information and resources for parishes, dioceses, chaplaincies and church community groups - and anyone else who's interested - to help improve our work with people experiencing mental illness. The Church is well placed to make a significant difference in the area of mental health. We can be a force to end stigma, and we can also be a place of inclusion, welcome and ministry. Mental Health Matters is working to make mental wellbeing a priority in our churches today. [www.mentalhealthmatters-cofe.org/](http://www.mentalhealthmatters-cofe.org/)

**Mentally Healthy Schools** brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. Our aim is to increase staff awareness, knowledge and confidence to help you support your pupils.

[www.mentallyhealthyschools.org.uk/](http://www.mentallyhealthyschools.org.uk/)

## Appendix 2

### Mental Health Disclosures

How we respond to pupils when they talk to us is important and can have a big impact. The following link is to the NSPCC website and offers detailed advice on having difficult conversations with young people

<https://learning.nspcc.org.uk/safeguarding-child-protection/how-to-have-difficult-conversations-with-children>

#### Key points to think about are:

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##### 1.1 Having a conversation

Whether you're talking to a group or an individual, there are some general principles that will help you discuss sensitive subjects with children and young people.

##### *Help them feel comfortable*

Acknowledge that the topic isn't easy to talk about but explain why it's important to talk about it.

##### *Show you're listening*

Encourage children to talk openly and make it clear that you value their opinions. You could set ground rules, such as not interrupting and respecting other people's points of view.

##### *Give them time*

Allow children to set their own pace - don't push them to say more than they want to. They may need time to process certain topics – so make sure they know they can come back to you another time if they need to.

##### *Stay neutral*

Avoid displaying strong emotions such as shock or embarrassment in response to something a child or young person says. This might discourage them from sharing their experiences with you.

### *Be open and honest*

Encourage children and young people to ask questions. Answer them as honestly as possible, whilst taking into consideration their age and emotional maturity.

### *Get your facts straight*

If you don't know the answer to a question, say so – don't provide young people with information that's incorrect. You could look for the answer together, recommend where they can find information or research and share what you have found next time you meet.

If you're talking about something like coronavirus where the situation may change quickly, explain this and let children know how to stay updated as things progress.

### *Use the right language*

Make sure children understand the terminology associated with the topic and that it is age-appropriate. Avoid using euphemisms. Look at the language used on resources developed by and for children such as the [Childline website](#).

### *Be clear about confidentiality*

It's important that children feel able to share their experiences with you. But if you have any concerns about their wellbeing you must make a report following your child protection procedures. Never promise to keep things a secret and explain that you have a responsibility to tell people who can help.

### *> Find out more about information sharing*

### *Put support in place*

Following your conversation, children may have further questions or want to talk more about the issue. Make sure they know who they can talk to.

Think about how to let parents know what you've been talking about, so that they can provide further support at home. Children and young people can also [contact Childline](#) if they need support afterwards.

Consider setting some time aside as a follow-up session to give children the opportunity to discuss their thoughts and feelings.

*Recognise the signs*

Talking about difficult or upsetting topics might make some children think about other things that are happening in their lives.

Make sure you are equipped to recognise the signs that a child you are talking to may have experienced abuse, and know how to respond.