Mental Health and wellbeing of Pupils 2024-2025

Pear Tree Mead Academy

Part of the Passmores Co-operative Learning Community

Whole School Mental Health and Wellbeing Policy

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 contribute to her or his community.

(World Health Organization)

At our school, we aim to promote positive mental health for every member of our school community including staff and students, governors and parents. We work towards Pear Tree Mead Academy being a mentally healthy school. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to and support mental ill health and work towards early intervention. In an average classroom, three children will be suffering from a diagnosable mental health issue but many more will be showing some early warning signs. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

Please read this policy in line with the Staff Mental Health and wellbeing Policy (PCLC)

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 medical procedures in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all stakeholders, including staff, students, governors and parents.
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers
- Provide support for all stakeholders to talk openly and appropriately about mental health, using the correct language and understand how to approach it and support each other.
- Provide support to help the school to become mentally healthy and be aware of all stakeholder's wellbeing.
- Provide support to complete early intervention activities to try to prevent stakeholders becoming mentally unwell.

Lead Members of Staff

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

- Rebecca Arnould - designated child protection / safeguarding officer
- Christine Peden - mental health and wellbeing lead
- Christine Peden - lead first aider
- Daniel Thurgood – staff wellbeing team leader
- Christine Peden – pupil wellbeing team leader
- Rebecca Arnould - CPD lead
- Rebecca Arnould - Head of PSHE
- Kate Townsend – Admin Lead
- Julia Williams- Learning Mentor
- Lacey Davies – Behaviour Lead
- Katrina Thurgood – Inclusion Manager

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated child protection office of staff or the head teacher. If the student 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 Christine Peden, mental health lead, or Katrina Thurgood.

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

Teaching about Mental Health

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 developmental PSHE curriculum. Our school skills (branches / skills animals) also teach children the skills to be mentally healthy. 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 students 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 to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.
We also have a bespoke PSHE scheme that covers a different skill each term which are based on our school branches. These support pupil's wellbeing and mental health.

We have a daily movement session which promotes wellness and pupil's wellbeing. We take part on Mental Health awareness events, weeks and lessons too.

We use zones of regulations to ensure children recognise and learn to manage their emotions.
We are a TPP school, this includes lessons for children.

Signposting

We will ensure that staff, students 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 can be found in our mental health folder at school.

We will ensure that sign posting happens swiftly so that staff, pupils and parents get the support they need. We will take the time to talk and support all stakeholders ending with planned actions.
Stakeholders who need more time than is possible or professional support will be signposted or referred to where they can receive this more specialised support.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum.

Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand: What help is available Who it is aimed at?

- How to access it
- Why to access it
- What is likely to happen next

Raising Awareness Indicators.

School staff may become aware of warning signs which indicate a student 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 Christine Peden, 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
- 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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Some possible Signs and symptoms of common mental ill-health conditions

Key Points to Remember:

- Negative presentations can represent the normal range of human emotions. Everyone feels sad, worried, shy or self-conscious at times and these do not necessarily mean that a child or young person is experiencing mental ill-health.
- Whilst it is important to be aware of potential warning signs, it is crucial to stress that diagnoses need to be made by appropriately qualified clinicians, who use a full range of internationally agreed criteria, not by education professionals.
- Warning signs can be different for different ages of children or different genders.
- All lists of warning signs are not exhaustive as mental health concerns can be shown in many ways.
- Stakeholders who display any of these indictors may not be suffering with mental health concerns.
- It is counter-productive for non-clinicians to use diagnostic terminology, which may not subsequently be confirmed, with parents or young people
- Stakeholders can show other signs and symptoms and still be suffering from mental health concerns.

Depression	**Anxiety**
• Feeling sad or having a depressed mood • Loss of interest or pleasure in activities once enjoyed • Changes in appetite — weight loss or gain unrelated to dieting • Trouble sleeping or sleeping too much • Loss of energy or increased fatigue • Increase in purposeless physical activity (e.g., handwringing or pacing) or slowed movements and speech (actions observable by others) • Feeling worthless or guilty • Difficulty thinking, concentrating or making decisions • Thoughts of death or suicide	• Palpitations, pounding heart or rapid heart rate • Sweating • Trembling or shaking • Feeling of shortness of breath or smothering sensations • Chest pain • Feeling dizzy, light-headed or faint • Feeling of choking • Numbness or tingling • Chills or hot flashes • Nausea or abdominal pains

Obsessive-compulsive disorders

Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. Some examples of compulsions:

- Cleaning to reduce the fear that germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings. Some people spend many hours washing themselves or cleaning their surroundings.
- Repeating to dispel anxiety. Some people utter a name or phrase or repeat a behaviour several times. They know these repetitions won't actually guard against injury, but fear harm will occur if the repetitions aren't done.
- Checking to reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some people develop checking rituals. Some people repeatedly retrace driving routes to be sure they haven't hit anyone.
- Ordering and arranging to reduce discomfort. Some people like to put objects, such as books in a certain order, or arrange household items "just so," or in a symmetric fashion.
- Mental compulsions to response to intrusive obsessive thoughts, some people silently pray or say phrases to reduce anxiety or prevent a dreaded future event.

Eating Disorders *Anorexia Nervosa:*

People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight. Over time, the following symptoms may develop as the body goes into starvation: • Menstrual periods cease

- Hair/nails become brittle
- Skin dries and can take on a yellowish cast
- Internal body temperature falls, causing person to feel cold all the time
- Depression and lethargy
- Issues with self-image /body dysmorphia
-

Bulimia Nervosa:

Patients binge eat frequently, and then purge by throwing up or using a laxative.

- Chronically inflamed and sore throat
- Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, • Tooth enamel wears off; teeth begin to decay from exposure to stomach acids
- Constant vomiting causes gastroesophageal reflux disorder
- Severe dehydration from purging of fluids

Other types of disorders are overeating or comforting eating.

Self-Harm

- Scars
- Fresh cuts, scratches, bruises or other wounds
- Excessive rubbing of an area to create a burn
- Keeping sharp objects on hand
- Wearing long sleeves or long trousers, even in hot weather
- Difficulties in interpersonal relationships
- Persistent questions about personal identity, such as "Who am I?" "What am I doing here?"
- Behavioural and emotional instability, impulsivity and unpredictability
- Statements of helplessness, hopelessness or worthlessness
- Head banging
- Ingesting toxic substances.
- Overeating or undereating

Managing disclosures

A stakeholder 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 stakeholder 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 stakeholder's emotional and physical safety rather than of exploring 'Why?'

All staff should take time to listen to what all stakeholders are saying. Make sure you are actively listening to them

All disclosures should be recorded in writing on a CPOMS and held on the staff / student's confidential file. A safeguarding report on CPOMS should be completed if the disclosure has any safeguarding concerns.

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, who will provide store the record appropriately and offer support and advice about next steps.

Anyone receiving a disclosure can work through the acronym ALGEE (The Mental Health First Aid Action Plan)

A – Approach the person, assess and assist with any crisis

L – Listen and communicate non-judgementally

G – Give support and any information if you know any

E – Encourage the person to get appropriate professional help (or if a child tell them they you will help them to get the right help they need)

E – Encourage other supports that may help them – eg talk to family, friends, wellness activities that might help, coping strategies that may help them.

We have agreed protocol on what to say when children make a disclosure to us. For example if they say they are going to self-harm or attempt suicide.

After a disclosure or a staff member notices so warning signs of ill mental health there are 3 Tiers of actions that may be completed. Please see Appendix 1 for some examples of activities in each tier. Children may not work through each tier depending on the disclosure or concerns reported.

First steps may be some Tier 1 actions that can be completed in class.

Children can be referred in the next instance to one of our learning mentor or in house counsellor. Referral forms for the leaning mentor can be completed for this by any member of staff. (Tier 2). SLT will support decisions on who will see our Harbor Counsellor

Actions will be agreed and reviewed within the agreed timescales.

If an external referral (Tier 3) needs to be made this will be made by either the mental health lead or a member of the SLST (senior leadership support team) or FST (family support team) depending on the individual child.

When to raise a concern?
It is important to record all concerns that you have about a stakeholder. You may want to consider the frequency of the concern, the severity of the concern and the duration that you have been seeing it. This will help you make an informed decision.

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

- 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 stakeholder 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. This will be if students up to the age of 16 are in danger of harm. It is always advisable to share disclosures with a colleague, usually the mental health lead, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the stakeholder, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if a child may be at risk of harm, but students may choose to tell their parents themselves if they are not seriously at risk. If this is the case, the student should be given some time to share this information before the school contacts parents. We should always give students 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 may not be informed, but the child protection office Rebecca Arnold must be informed immediately. Consent may not need to be gathered from the stakeholder if they are in danger of harm.

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 student, 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

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 sessions
- Keep parents informed about the mental health topics their children are learning about in PSHE (via our curriculum letter and school website) and share ideas for extending and exploring this learning at home.

Supporting Peers

When a stakeholder 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 student 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 child protection training in order to enable them to keep students safe. We will offer opportunities for staff who wish to learn more about mental health. The MindEd learning portal2 provides free online training suitable for staff wishing to know more about a specific issue.

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 students.

We have trained Mental Health First Aiders at the school who can support other members of staff and 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 Rebecca Arnould our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

More information can be found at

https://www.mentallyhealthyschools.org.uk/

www.time-to-change.org.uk

www.mind.org.uk

www.nhs.uk/livewell/mentalhealth www.rethink.org.uk

www.acas,org.uk/managingmentalhealth

Appendices

Mental Health and Wellbeing Intervention Tiers for pupils

These are some examples of activities or resources for support wellness and pupil mental health. If pupils are receiving Tier 2 or Tier 3 interventions, they will be monitored and appear on our register.

Tier 1 – Classroom support – (Early intervention) (for all)	
5 ways to wellbeing activities Movement breaks – daily activity Wellness tasks Mindful monsters' activities PSHE lessons Working towards the skills on the branches Circle Time activities School council – children involved in decision making – having a budget Pupil voice through PLT and school council Offering active listeners with staff. Experience based curriculum. Outdoor learning opportunities Positive affirmations and activities TPP Sessions	Bespoke sessions when an incident or first concern arises. Special jobs in class and yr. 6. Wellbeing reps in all KS2 classes Family groups Peer class work / Paired classes Teach pupils strategies to support own mental health Friendship bench Classroom environment Consistent approaches to behaviour managing and consequences. Mental health week Transition events. Whole school special days and trips MIND workshops Zones of regulation

Tier 2 - School support (Mid intervention)	
Group learning mentor 1 to 1 learning mentor sessions Activity agreed through the wellbeing team Parenting workshops held at school Fun with friends Friendship groups Essex fire and police services NSPCC workshops Special clubs organised Home support with Katrina Thurgood Plans put in place The Warren – A place to go. Write a WRAP – Wellness Recovery Action Plan Lunchtime Club Harbor Counselling	Talk and Draw / mindfulness colouring Forest school mentoring Gardening sessions Cooking sessions Playleaders / Student Leaders Buddy system Relaxation sessions Sports session with specialist Home / schoolbooks Individual changes – eg homework, uniform support. CBT programme run by mentors Strengths and difficulties questionnaires MIND workshops for parents Zones of regulations interventions 1 on 1 time with a member of staff LM meet and greet 1to 1 and group drawing sessions
Tier 3 – External support (Higher intervention)	
CAMHS Art therapy Play therapy External parenting workshops HET School to school support NHS support - CDC School Nursing service YCT-Child counselling	Kids inspire Children's society Pets corner – animal mentoring Music therapy Essex fire and police services Essex youth services Dog assisted therapy 1 to 1 sessions with MIND for parents

Screening Tool to structure and inform conversations with relevant external agencies

Name of Young Person …… Date of screen: ….. / ….. / 20…..

	INVOLVEMENT WITH CAMHS
	Current CAMHS involvement *
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

	DURATION OF DIFFICULTIES
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

*** Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care before proceeding**

Level of concern in school – add the relevant score

Little or none Score = 0	Some Score = 1	Moderate Score = 2	Severe Score = 3

	SIGNS AND SYMPTOMS OF CONCERN
	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	Depressive symptoms (e.g. tearful, irritable, sad)
	Sleep disturbance (difficulty getting to sleep or staying asleep)
	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	Symptoms of hearing and / or appearing to respond to voices; overly suspicious
	Delusional thoughts (grandiose thoughts, thinking they are someone else)

	High levels of overactivity & impulsivity above what would be expected developmentally and, in all settings,)
	Obsessive thoughts and/or compulsive behaviours (e.g. handwashing, cleaning, checking)

HARMING BEHAVIOURS	
	History of self-harm (cutting, burning etc)
	History of thoughts about suicide
	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	Current self-harm behaviours
	Anger outbursts or aggressive behaviour towards children or adults
	Verbalised suicidal thoughts***** (e.g. talking about wanting to kill self / how they might do this)
	Thoughts of harming others***** or actual harming / violent behaviours towards others

If yes – call relevant external agencies and/or emergency services and implement immediate risk management/safeguarding strategies