

Emotional Health and Wellbeing (Student) Policy

Date of Review: December 2023

Review by: Personnel/Student Care and Discipline

Final Approval: Personnel/Student Care and Discipline

Context

The Core Values which relate specifically to this policy state that we are working together to form relationships based on

- **Responsibility** - everyone is expected to understand the consequences of their actions
- **Truth** - everyone is required to be honest and to communicate in a positive manner
- **Justice** - everyone is entitled to be treated fairly and to promote the self-esteem of others
- **Faith** - everyone is invited to develop their understanding of Christian belief, worship and lifestyle.
- **Compassion** - everyone is encouraged to be generous in their concern for others

These values contribute to our common purpose of “Striving for high quality education with a strong Christian ethos”, and as such underpin the Academy’s approach to wellbeing

Data Protection

Any personal data processed in the delivery of this policy will be processed in accordance with the Academy Data Protection Policy.

Introduction

There has been a significant rise in mental health issues among young people in the past ten years. Statistics¹ show:

- One in four young people in the UK experience suicidal thoughts. (ChildLine UK has revealed a 116% increase since 2010/11.)
- Among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years;
- The number of children and young people who have presented to A&E with a psychiatric condition has more than doubled since 2009. (8,358 in 10/11; 17,278 in 13/14)
- 55% children who are bullied develop depression as adults;
- In 2012-13, 45% young people under the age of 18 taken into police custody were categorised under Section 136 (removing a person from a public place who the police deem is mentally disordered and in immediate need of care or control).

Given the reduced capacity in mental health services, schools are dealing with greater numbers of students with mental health issues with less support from outside agencies.

- This policy should be read in conjunction with *Keeping Children Safe in Education 2020* and the Safeguarding suite of policies.

Principles

- Wellbeing is central to the academy’s ethos and is promoted daily through assemblies, the curriculum and the wider life of the Academy.
- Mental health issues can be de-stigmatised by educating staff, students and parents.
- Bishop Stopford School recognises its responsibilities to promote the mental and physical health, and the emotional wellbeing of all its students during the academy day or whilst in the care of the academy.
- Self-esteem and achievement can be adversely affected by mental health difficulties.
- Staff employed at the academy are not mental health practitioners, and this policy defines the boundaries which the academy establishes for the wellbeing of all.

¹ YoungMinds Impact Report 2014

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Definitions

Frontline staff: Those staff to whom students are most likely to present with a mental health issue. This is likely to include Heads of Year, Pastoral Support Assistants, Chaplaincy Team, Sixth Form Pastoral Lead, staff who work in the Medical Room, and the Assistant Head, Student Services.

Parent/s: anyone with parental responsibility for a student.

Policy

The academy will

- work with mental health professionals, including the School Nurse and CAMHs to maintain an up to date general knowledge of mental health issues which affect young people;
- partner with other appropriate agencies to educate staff, students and parents in this area;
- provide relevant professional development for frontline and for all staff;
- provide opportunities for students to learn about mental health and to manage their own mental health;
- maintain effective working relationships with mental health professionals to ensure that practices are appropriate;
- ensure clear and effective referral processes are in place;
- communicate mental health processes to parents and provide them with appropriate information on mental health issues;
- obtain parental consent for any referral for mental health services for all students aged under 16;
- 'signpost' students and parents to appropriate mental health agencies, as appropriate;
- ensure that frontline staff are supported and have supervision systems which enable them to function effectively;
- ensure the wellbeing of staff is considered in any developments, and that there is provision to support this.

Responsibilities

Frontline Staff

- To maintain their own professional development with regard to mental health issues
- To follow processes regarding reporting of mental health issues and concerns
- To maintain professional boundaries as outlined in the Staff Guidelines (Appendix 1)

Deputy Head: Student Services

- To oversee the implementation of the Emotional Health and Wellbeing Policy and the accompanying procedures
- To ensure that any overlap between mental health and Child Protection is adequately managed
- To develop curriculum related to wellbeing
- To plan activities relating to wellbeing for key stakeholders

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Appendix 1

Staff Guidelines

Students presenting with mental health issues in the academy can be challenging for a number of reasons:

- a) Mental health issues can be minor or severe, acute or chronic;
- b) Home and other personal circumstances which are outside the academy's control often plays a significant part in a students' mental health;
- c) Mental health issues can be accompanied by challenging behaviour – emotional or otherwise;
- d) Staff do not have the capacity or professional skill to respond fully to individual needs

At all levels, staff employed by Bishop Stopford School must operate in full awareness that they are not mental health professionals, and that they cannot provide mental health interventions.

Staff can, however, familiarise themselves with risk factors and warning signs for general mental health problems and make a contribution to the support of a student suffering with poor mental health. Frontline staff should use the in-house School Guide to Mental Health Conditions (Appendix 2) to support their understanding of particular conditions.

Confidentiality

Students may confide in a member of staff if they are concerned about their own welfare, or that of a peer. **They need to be made aware that it is not possible to offer confidentiality.** They can be informed, however, that the matter will only be communicated to those who need to know.

Referral Procedures

The academy's Mental Health/Self Injury Flow Diagrams should be followed and reviewed in all cases where students present with mental health issues (Appendices 3a and 3b).

All contact with students presenting with mental health issues should be recorded on a Student Welfare Concern Form - SWCF (Appendix 4).

Upon completion of a SWCF, the Deputy Head (Student Services) will agree the next steps with the relevant member/s of staff. These could include:

- Contacting parents;
- Arranging professional assistance e.g. doctor, nurse;
- Arranging an appointment with a counselor;
- Liaison with CAMHS;
- Giving advice;

In all cases, information will only be shared on a 'need to know' basis.

Personal Boundaries

- No member of staff will promise confidentiality to a student or a parent.
- No member of staff will give his/her personal contact details to a student or parent.
- Members of staff will be able to give contact details for relevant organisations to students and their families, if they are in crisis (Appendix 5).

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Appendix 2

Academy Guide to Mental Health Conditions

There are a vast number of mental health conditions prevalent in young people, and in society in general. This guide provides general comment² and suggested responses for staff encountering some of the most likely mental health conditions to be encountered in the academy:

- Anxiety, stress and depression;
- Eating disorders;
- Self-Injury;
- Suicidal thoughts

Confidentiality

Students may confide in a member of staff if they are concerned about their own welfare, or that of a peer. They need to be made aware that the academy operates under rules governing confidentiality. You can, however, confirm that you will only pass on the matter to those who need to know.

Anxiety, Stress and Depression

Anxiety and stress are natural, normal feelings experienced by everyone from time to time. They can be positive (eg stress before taking part in a race), as well as negative. Sufferers may encounter a range of symptoms from mild uneasiness through to panic attacks.

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

Concerns are raised when anxiety gets in the way of a student's day to day life, slowing down their progress, or having a significant effect on their 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
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms

Physical

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

² The information in Appendix 2 is taken from a number of sources (eg NHS website), but should not be taken as diagnostic or as medically validated. It is intended as a general guide only. For up to date information please refer to the NHS website or Asknorman

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Psychological

- 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

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

Response

A student presenting with general anxiety should be reassured that this is not abnormal.

Panic attacks

- Call for a first aider.
- If you unsure whether or not the student is having a panic attack, a heart attack or an asthma attack, call an ambulance immediately.
- 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.
- 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 stop and that they will recover.
- Assure the student that someone will stay with them and keep them safe until the attack stops.
- Be a good listener, without judging.
- Encourage the student to talk through their panic attack at home, and to seek medical advice if necessary.

Depression

There is a difference between someone who is feeling 'low' or 'down' and someone who is clinically diagnosed with depression. Depression is a mood disorder which causes persistent³ feelings of sadness and/or loss of interest. 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. Rates of depression are currently higher in girls than in boys.

Depression in young people often occurs alongside other mental disorders. Recognition and diagnosis can be more difficult in children because the way symptoms are expressed varies with developmental age. Stigma associated with mental illness may also obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Parental divorce

³ 'Symptoms for most of the day, every day for more than two weeks'. (www.nhs.uk)

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- Perceived poor achievement in lessons
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship

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

Symptoms

Emotional: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Psychological: 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

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

Physical: 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.

Response

Encourage the student to talk about their feelings at home, if this is possible. Also advise them to seek medical help. Complete a Student Welfare Concern Form.

Eating Disorders

Eating disorders can affect anyone, regardless of age, gender or culture. Those with eating disorders are usually preoccupied with food and/or their weight and body shape, and highly dissatisfied with their appearance. Eating disorders are often associated with low self-esteem, shame, secrecy and denial.

Anorexia nervosa and *bulimia nervosa* are the most common eating disorders. Those with anorexia live at a low body weight and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, those 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 factors, particularly in combination, may make a young person vulnerable to developing an eating disorder:

Individual

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

Family

- A home environment where food, eating, weight, appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor relationships with parents/carers
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations

Social

- 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

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Symptoms

Physical

- Weight loss
- Dizziness, tiredness, fainting
- Feeling cold
- Dull or lifeless hair
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural

- Restricted eating/ skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive gum chewing/water drinking
- Increased conscientiousness
- Increasing isolation / loss of friends
- Secretive behaviour
- Visiting the toilet immediately after meals
- Excessive exercise

Psychological

- 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

Response

A student whose physical presentation gives cause for concern, or who manifests an apparently unhealthy attitude towards exercise should be referred, recording your concerns on a Student Welfare Concern Form.

Students Diagnosed with Eating Disorders

If a student's absence is high or s/he is unable to learn effectively because of her/his eating disorder, the academy will liaise with parents and medical professionals, if necessary, to identify how to maintain academic progress.

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 professionals, the student, their parents and academy staff.

The reintegration of a student into needs to be handled sensitively and carefully. Professionals, the student, their parents and academy staff should co-construct the planning and reintegration phases.

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Self-Injury

Self-injury is behaviour where the intent is to cause deliberate harm to one's own body. This includes:

- 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.

Recent research indicates that up to one in ten young people in the UK engage in self-injuring. Girls are thought to be more likely to self-injure than boys.

Risk Factors

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

Individual

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- A sense of hopelessness
- Impulsivity
- Drug or alcohol abuse

Family

- Unreasonable expectations
- Neglect; physical, sexual or emotional abuse
- Poor relationships with carers
- Depression, self-injury or suicide in the family

Social

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

Symptoms

- Changes in eating/sleeping habits
- Increased isolation, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lower academic achievement
- Talking or joking about self-injury 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 sports activities

Response

A student's physical wellbeing should be the priority. If s/he has a physical injury, immediate medical attention should be sought. If you have a concern, but there is no obvious sign of physical harm, the issue should be referred via a Student Welfare Concern Form.

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Appendix 4

Academy Welfare Concern Form

Use this form to record any concern about a student's welfare and give it to the designated senior person for child protection: Rob King

If you suspect the student may be suffering abuse or neglect, or you have received a disclosure of abuse from a student, or you have heard about an allegation of abuse, you must complete the child protection record of concern form instead, and hand it to the designated person **today**.

Student's full name :

Date of this record:

Why are you concerned about this student?

What have you observed and when?

What have you heard and been told? When was this?

Date and time you handed this form to the designated person:

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Are the parents/carers aware of your concern? Yes No

Form

Form tutor

Your name

Signature _____

Have you spoken to the student? Yes No

What did they say? Use the student's own words

Have you spoken to anyone else about your concern? Yes No

If yes, who ?

Is this the first time you have been concerned about this student? Yes No

If no, please give further details

What do you want to happen as a result of this referral?

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Appendix 5

Contact Detail for Relevant Organisations

Ask Normen	http://www.asknormen.co.uk/
b-eat	https://www.b-eat.co.uk/
CAMHS Consultation Line	01604 656 060
CAN	011604 824 777
Childline	0800 1111
Community Paediatrician	http://www.nht.nhs.uk/main.cfm?type=REFERRALMANAGEMENT
Service 6	01933277520 / 01933273746
Social Services Duty Team Leics	0116 3050005
Social Services Duty Team Northants	0300 126 1000
Young Minds	0808 802 5544
Youthworks (CATs)	01536 519169

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Appendix 6a

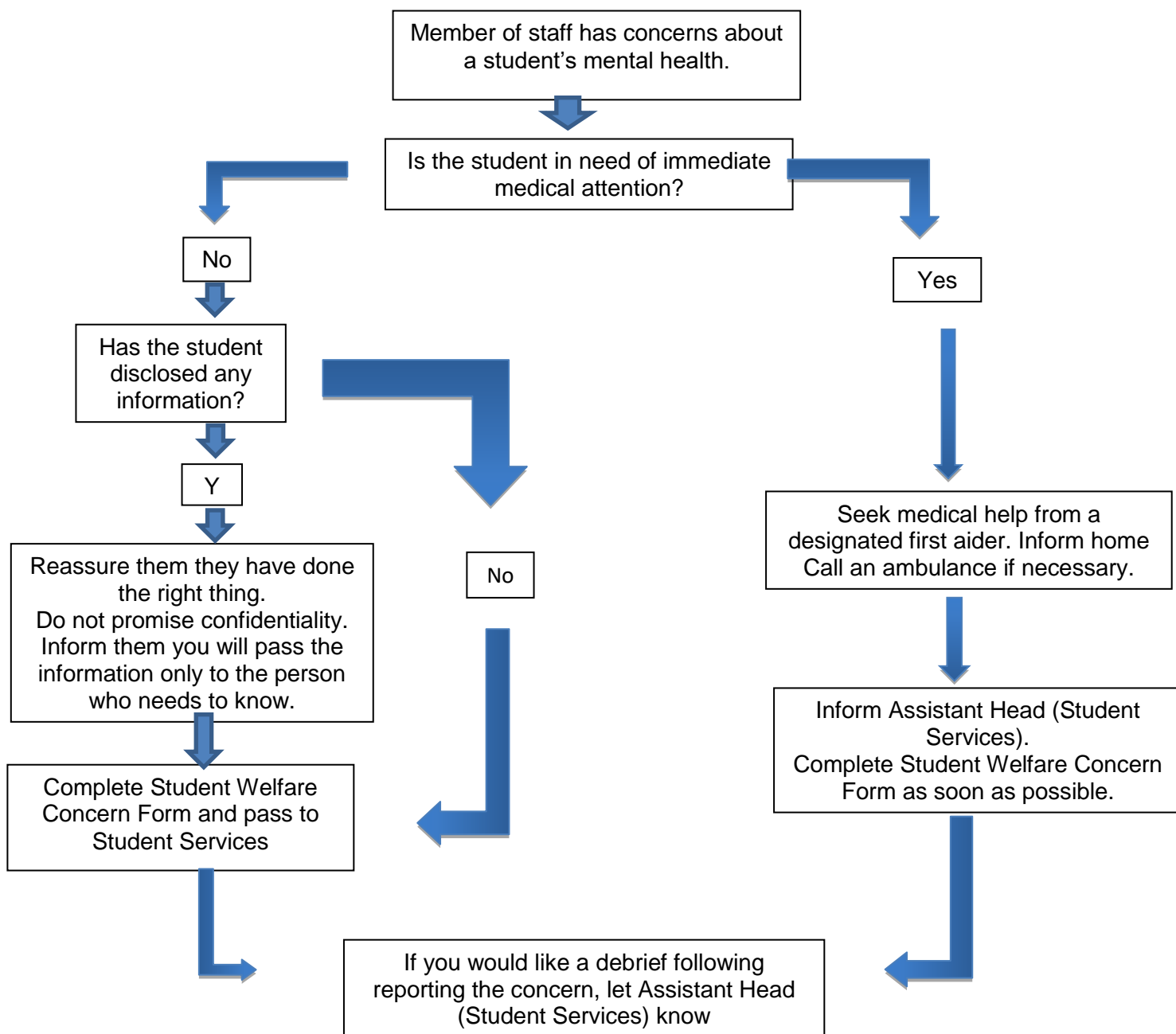
Student Wellbeing Questionnaire

Please answer the questions by ticking the most relevant box AS HONESTLY AS YOU CAN.			
Try to think how you have felt for the LAST 7 DAYS ONLY.			
Well Being Questionnaire	Not at	Sometim	Often
Set 1			
I have felt tense, anxious or nervous.			
I have been troubled by aches, pains and other physical problems.			
I have been upset by unwanted thoughts and feelings.			
I have had difficulty getting to sleep or staying asleep.			
I have felt unhappy			
Unwanted pictures or memories have been upsetting me.			
I think I am to blame for my problems and difficulties.			
Set 2			
I have felt good about myself.			
I have felt like crying.			
I have felt that my problems are too much to cope with.			
I have felt excited about my future.			
Page 1			
Set 3			
I feel I have someone to turn to for support when needed.			
I have felt able to cope when things go wrong.			
I have been able to do most things I needed to.			
I have thought I have no friends.			
I have done all the things I wanted to.			
I have felt embarrassed or shamed by other people.			
Set 4			
I have thought of hurting myself.			
I have thought of hurting others.			
I have hurt myself or taken dangerous risks with my health.			
Name			
Form			
Date			
PLEASE RETURN THIS FORM TO STUDENT SERVICES			

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Appendix 3a

Student Welfare Concern – Mental Health and Self-Injury Flow Diagram

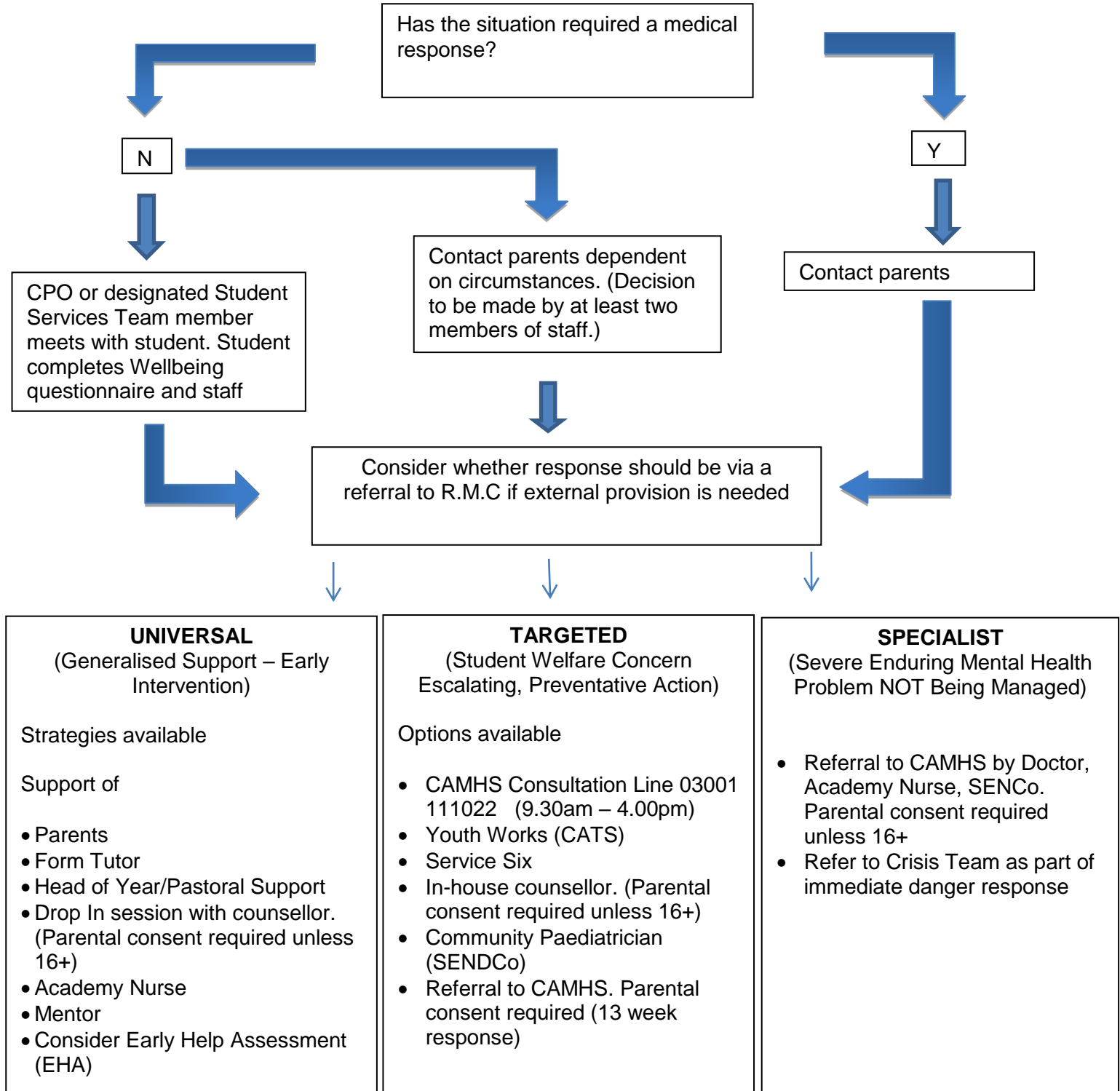


- **Do not try to deal with the situation on your own.**
- **Complete the Student Welfare Concern Form.**

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Appendix 3b

Procedure on receiving a Student Welfare Concern Form (Self-Injury or Mental Health)



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