

LEITH ACADEMY
MENTAL HEALTH AND WELLBEING
POLICY
2023



Success in Learning for All

VALUES

 Respect

 Diversity

 Honesty

 Fairness

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Positive Mental Health & Wellbeing Policy and Rationale

At Leith Academy, we aim to promote positive mental health and wellbeing for our whole school community (pupils, staff, parents and carers) and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that young people's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All young people go through ups and downs during their school careers and some face significant life events. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils who are affected both directly, and indirectly by mental ill health.

Policy Created: May 2021

Policy Reviewed: Jan 2024

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)

Scope

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

This policy should be read in conjunction with our medical information in cases where a pupil's mental health overlaps with or is linked to a medical issue and the ASN policy where a pupil has an identified special educational need. This information is available to all staff through the PSB. [PSB Link](#)

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- 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 pupils suffering mental ill health and their peers and parents/carers

Key Members of Staff

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

ROLE	STAFF
CHILD PROTECTION OFFICER	Alison Fair
PUPIL SUPPORT TEAM	Blair Connor Laura Lindsay Jenna Hamill Daniel Fox Jane Park Sian Sievwright Craig Maughan Ali Taylor Asa Hanlon Michelle Laidlaw
HEALTH & WELLBEING LEAD	Lorna Dewar
MENTAL HEALTH STAFF CHAMPIONS	Lorna Dewar Alison Fair Sian Sievwright Kieran Ferns
FIRST AIDER LEAD/WELFARE ASSISTANT	Kelly Hanlon
MENTAL HEALTH FIRST AIDERS	Lorna Dewar, Alison Fair, Anna Bowman, Angela Leggat, John Mullen, Jane Park, Christine Boal, Kelly Simpson, Amaia Zulaica, Ben Stewart, Blair Connor, Estelle Richardson, Jenna Hamil, Lorna Macrae, Jesanna Gooch, Sheila Ralston, Julie Mckay, Laura Lindsay, Sian Sievwright.

Mental Health & Wellbeing Protocol Flow Chart

MENTAL HEALTH AND WELLBEING PROTOCOL

1 CONCERN IDENTIFIED
Young person (YP) discloses a mental health concern about themselves or a peer (eg; anxiety, depression, eating disorder, self harm or suicidal thoughts)

2 INITIAL STEPS TO SUPPORT YOUNG PERSON

- Listen in a supportive and non-judgemental way
- Make YP aware of confidentiality protocol
- Make notes for accuracy of information
- Signpost pupil to support

3 RECORDING INFORMATION & NEXT STEPS

- Complete Wellbeing Concern Form (WCF)
- Make sure to include the date, time and relevant information about YP
- Email relevant House Head ASAP

4 CHILD PROTECTION
If at any point you have a child protection concern please follow the school child protection guidelines.



IS THE YOUNG PERSON AT SERIOUS RISK?
Has the YP made a serious suicide attempt or is at risk of serious harm?

- 1. Provide first aid
- 2. Phone House Head
- 3. Phone DO/ SLT/ Seek advice from Mental Health First Aider

Early Warning Signs

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 follow the Mental Health Protocol.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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 secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Procedure for Concern in Relation to Mental Health

Any member of staff who is concerned about the mental health or wellbeing of a pupil should follow the Mental Health and Wellbeing protocol. This is clearly displayed in every classroom and in staff bases around the school.

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.

Initial Steps to Supporting the Young Person

- Listen in a supportive and non-judgemental way
- Make the young person aware that you may have to pass on any information to their House Head
- Make notes for accuracy of the information
- Signpost pupil to support

Recording Information and Next Steps

- Complete Wellbeing Concern Form (WCF) [Wellbeing Concern Form](#)
- Make sure to include the date, time and relevant information about the young person
- Email relevant House Head with WCF
- Delete WCF from email and computer once you have sent it

Child Protection

If there is a fear that the pupil is in danger of immediate harm, child protection procedures must be followed, with an immediate referral to the designated Child Protection Officer, and a WCF completed.

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.

1. Provide First Aid
2. Phone House Head
3. Phone Duty Officer/ SLT/ Seek advice from Mental Health First Aider

Child's Plan

When a child or young person is diagnosed as having a mental health concern, it is important that as part of Getting it Right for Every Child, a Child's Planning Meeting (CPM) is created to support their individual needs. This should be drawn up by Pupil Support staff and will involve the pupil, the parents and relevant health professionals.

This can include:

- School staff and Partners involved creating the plan
- Reason for the plan
- Summary of the child's needs against the well-being indicators
- Desired outcomes
- Resources
- Timescales for action and change
- What needs to be done and by whom - who to contact in an emergency
- Any contingency arrangements, if necessary
- Arrangements for reviewing the plan

Commented [M11]: I don't understand the term 'who is a partner to the plan'. Perhaps 'who are the partners involved in the plan?'

Confidentiality

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

- Who we will discuss the concern with.
- 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, for example, for pupils who are in danger of harm.

It is always advisable to share disclosures with the Child Protection Officer or House Head/DHT. 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 must always be informed if;

- A child has self-injured or disclosed that they have considered self-injuring
- A child suggests or expresses they are having suicidal thoughts or have attempted suicide
- A child discloses disordered eating behaviours

Pupils may choose to tell their parents themselves.

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 School Manager for Child Protection must be informed immediately.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

We will display signposting posters, recommended apps, and where to go for help and support in every classroom. We will also display support in communal areas of the school such as the Cafeteria, Nurture Base, toilet doors, noticeboards and will regularly highlight sources of support to pupils. We will regularly update the school twitter page and school website signposting young people and parents to different areas of support.

Every member of staff will receive a support pack for their classroom. This pack will have a range of leaflets to signpost young people to a range of supports including CAMHS resources, apps, QR codes for help and a range of support charities.

Whenever we highlight sources of support, we will increase the chance of a pupil seeking help.

It is vital that 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

Commented [M12]: Consider the formatting, in a few pages there have been bullet points, number bullets and tick box bullets. May be worth having a consistent approach?

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/via video call? This is preferable.
- Where should the meeting happen?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

It can be upsetting and unexpected 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 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 are 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 the relevant person, if they have further questions. Consideration should be given to 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 steps and always keep a brief record of the meeting on the child's pastoral note on seemis.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues and trauma informed practice, as part of their regular child protection training to enable them to keep pupils safe.

All staff will receive training on how to manage and support wellbeing conversations, how to recognise the early warning signs that an individual needs wellbeing and mental health support and how to manage disclosures.

We will provide information on a range of mental health issues as well as signposting as to where we can seek support on our website.

Mental Health and Wellbeing in the Curriculum

SQA National 4 Mental Health and Wellbeing has been introduced into the PSHE curriculum for all S2-S4 pupils. This has involved adding an 8 Week block into the PSE course for S2, S3 and S4. This will be led by the pupils PSE teacher.

The National 4 and 5 Mental Health Award is also being delivered in the WellBeing Hub for those who do not attend class.

Through studying this course, young people will learn about a range of mental health illness and problems. Pupils will also learn about a range of influences on mental health as well as learning about coping strategies for mental health and wellbeing.

We will follow the Curriculum for Excellence Health & Wellbeing guidelines to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than creates harm.

Key Adults within the school are also a key part of delivering mental health and wellbeing activities during Key Adult time. They are also the first point of contact for pupils on a daily basis.

Further Information About Common Mental Health Issues

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents, but they are listed here because we think they are useful for school staff too.

Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

1 Source: Young Minds

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Updated and reviewed by A Fair – 23.1.24

