MENTAL HEALTH AND EMOTIONAL WELLBEING POLICY

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Contents

1.0 Policy statement

At *King Edward VI Handsworth Wood Girls' Academy*, we are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and governors. Our open culture allows students' voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

2.0 Scope

This policy is a guide to all staff – including non-teaching and governors – outlining King Edward VI Handsworth Wood Girls' Academy approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other relevant school policies.

3.0 Policy Aims

- Promote positive mental health and emotional wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4.0 Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

Designated Safeguarding Lead (DSL)	Stacy Dennis
SENDCo	Laura Bindley
Mental Health First Aiders	Emma Jones Stacy Dennis Aroosa Liaqat Amy Dingwall
PSHE Co-ordinator	Marie Robin
Senior Mental Health Lead	Emma Jones

If a member of staff is concerned about the mental health or wellbeing of student, in the first instance they should log it on CPOMs and speak with Ms Jones (Academy's Senior Mental Health Lead). If there is a concern that the student is high risk or in danger of immediate harm, the school's child protection procedures should be followed.
If the child presents a high risk medical emergency, relevant procedures should

be followed, including involving the emergency services if necessary.

5.0 Individual Healthcare Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Healthcare Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

Suggested elements of this plan include:
- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role the school and specific staff

The IHCP's are available on Arbor for all students except in any case where a diagnosis

may need to be confidential. If this is the case, an IHCP will be created and only uploaded to

CPOM's. There will be an initial assessment of each case to determine whether this is in the

best interests of the pupil before any medical information is disseminated.

6.0 Teaching about mental health

The skills, knowledge and understanding our students need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum and our peer mentoring programme.

We will follow the guidance issued by the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively. https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and emotional wellbeing. Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.

Additionally, we will use such lessons as a vehicle for providing additional support to any students who may find it difficult to keep themselves healthy and safe. We will also empower students to be able to support any of their friends who are facing challenges. **See Section 14 for Supporting Peers**

7.0 Signposting

We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services.
Within the school (noticeboards, common rooms, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

- What help is available
- Who it is aimed at
- How to access it

- Why should they access it
- What is likely to happen next

8.0 Sources or support at school and in the local community

School Based Support – we at King Edward VI Handsworth Wood Girls' Academy take Mental Health very seriously, hence there are a number of provisions in place to support the Mental Health of our students:

-A named Mental Health Lead for the academy (Ms Jones)

-A team of ASIST trained staff (to advocate suicide prevention)

-A team of Mental Health First Aiders (across the academy Safeguarding, Pastoral, SEND and Medical teams)

-A team of staff who are trained in identifying when and how to make Forward Thinking Birmingham and STICK referrals -In-house mentoring sessions on offer

-In-house counselling sessions on offer

-A staff body who are regularly trained in order to ensure that they are aware of Mental Health and its contextual impact in our academy

-Regular signposting events for the students (such as assemblies and literature given to them to signpost external support they can access independently – such as Kooth)

Local Support

In Birmingham, there are a range of organisations and groups offering support, including the **CAMHS partnership**, a group of providers specialising in children and young people's mental health wellbeing. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation. Mental health services | Birmingham City Council (https://www.birmingham.gov.uk/info/20064/mental_health_services)

These are further advocated through our Mental Health and Wellbeing Tiers to support:

HWGA Tiers to Wellbeing

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Universal support	HoY or form tutor	In school mentor	In school support service	Out of school support service
Nature of issues: To protect the wellbeing and develop the knowledge of the whole school community about mental health.	Nature of issues: Low lever anxiety Attendance concerns Friendship issues Education issues	Nature of issues: All of those in steps 1 but where additional support is needed. Other mental health concerns.	Nature of issues: All of those in steps 1 & 2 but where additional support is needed. Other mental health concerns.	Beyond school services due to severity/nature of concern or internal support has not been effective.
Nature of support: Assemblies PD days signposting Tutor time activities Student, staff and parent/carer communication Information on school website and student	Nature of support: Regular short check-ins with students and parent/carer. 6 weeks minimum unless the concern needs to be escalated. Contact made with home at the point of the referral unless there is a reason not to.	Nature of support: named school mentor. Weekly or bi-weekly mentoring sessions. ^ sessions of support as standard. The support can be 1-1 or group sessions.	Nature of support: Emotional literacy support. Referral to in-house counsellor for a minimum of 10 sessions – this will then be reviewed.	To be accessed via external referral made by school or family who have taken the student to the service.

9.0 Warning Signs

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 alert a mental health first aider and report to the DSL via CPOMS.

Possible warning signs, which all staff should be aware of 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

10.0 Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic abuse.

We work closely with school nurses and their teams in supporting the emotional and mental health needs of school-aged children and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.
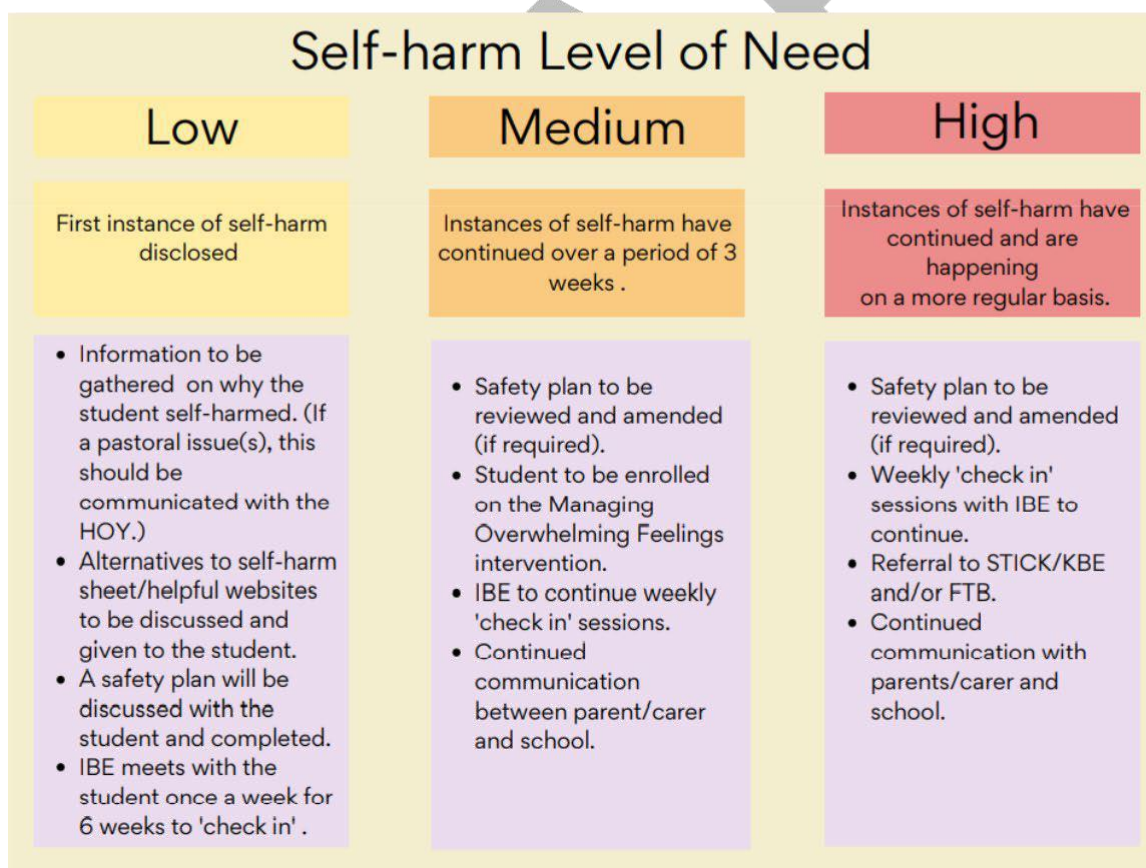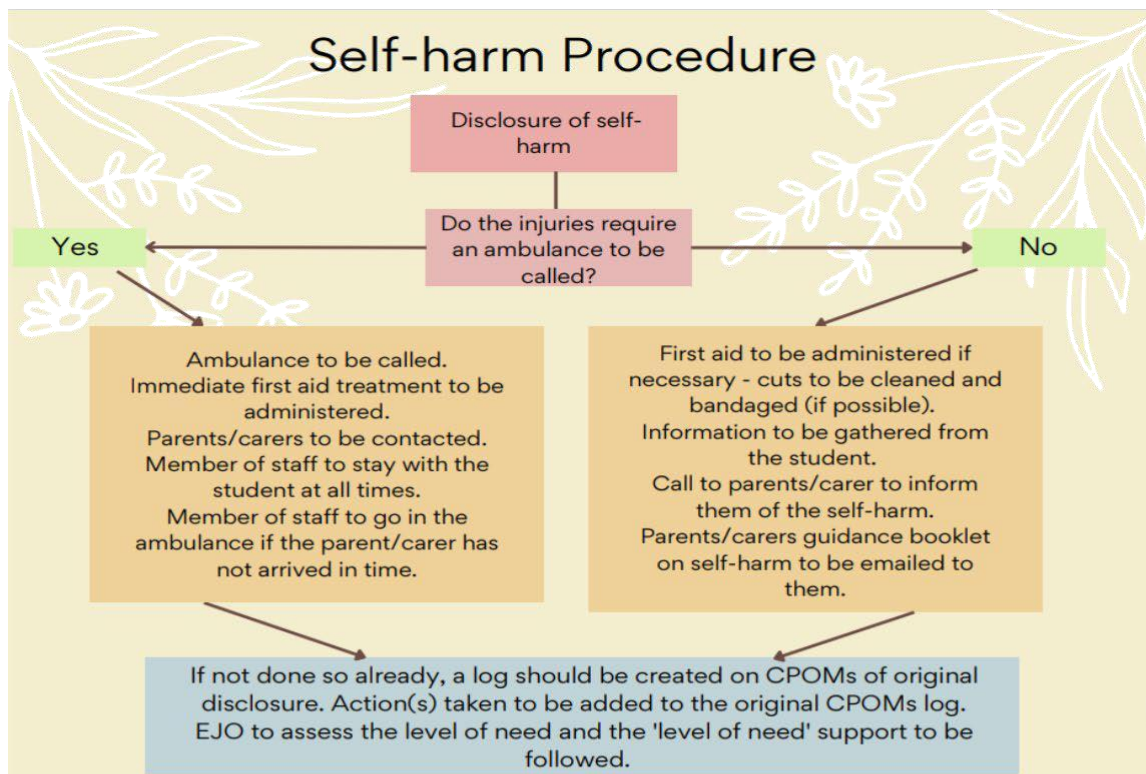
We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:
- Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- Working closely with Birmingham Children's Services, Birmingham CAMHS

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and other agencies services to follow various protocols including assessment and referral;

- Identifying and assessing in line with the Early Help Assessment Tool (EHAT), children who are showing early signs of anxiety, emotional distress, or behavioural problems;

- Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach;

- Providing a range of interventions that have been proven to be effective, According to the child's needs;

- Ensure young people have access to pastoral care and support, as well as specialist services, including Birmingham CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;

- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;

- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and

- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

Disclosures of self-harm may require the attention of a first aider and should always be reported via CPOMs in addition to speaking to a DSL. The procedure for self-harm disclosures can be seen in more detail below:

Self-harm Procedure

Disclosure of self-harm

Do the injuries require an ambulance to be called?

Yes ← → **No**

Ambulance to be called.
Immediate first aid treatment to be administered.
Parents/carers to be contacted.
Member of staff to stay with the student at all times.
Member of staff to go in the ambulance if the parent/carer has not arrived in time.

First aid to be administered if necessary - cuts to be cleaned and bandaged (if possible).
Information to be gathered from the student.
Call to parents/carer to inform them of the self-harm.
Parents/carers guidance booklet on self-harm to be emailed to them.

If not done so already, a log should be created on CPOMs of original disclosure. Action(s) taken to be added to the original CPOMs log. EJO to assess the level of need and the 'level of need' support to be followed.

Self-harm Level of Need

Low	Medium	High
First instance of self-harm disclosed	Instances of self-harm have continued over a period of 3 weeks .	Instances of self-harm have continued and are happening on a more regular basis.
- Information to be gathered on why the student self-harmed. (If a pastoral issue(s), this should be communicated with the HOY.) - Alternatives to self-harm sheet/helpful websites to be discussed and given to the student. - A safety plan will be discussed with the student and completed. - IBE meets with the student once a week for 6 weeks to 'check in' .	- Safety plan to be reviewed and amended (if required). - Student to be enrolled on the Managing Overwhelming Feelings intervention. - IBE to continue weekly 'check in' sessions. - Continued communication between parent/carer and school.	- Safety plan to be reviewed and amended (if required). - Weekly 'check in' sessions with IBE to continue. - Referral to STICK/KBE and/or FTB. - Continued communication with parents/carer and school.

Extra Information

- The 'Level of Need' chart will be assessed on a case-by-case basis. E.g if a student self-harms with the intention for the outcome to be suicide then they would be 'high risk' and the support offered to them would have to be reviewed to meet their needs.

- Any student who self-harms on the school site will have a risk assessment completed.

- If support in low/medium levels has not had an impact and self-harm is becoming more persistent rather than decreasing then the student would be moved to the 'high level' of need.

- If a student discloses they have self-harmed during the weekly touch-base sessions with IBE she will contact home to inform parents/carers, reassess the students safety plan with them and discuss alternatives to self-harm/distractions that the student can use but may not have implemented before.

- All actions should be logged on CPOMs as per the safeguarding policy.

11.0 Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on the student's personal file, including:

- Date

- Name of member of staff to whom the disclosure was made

- Nature of the disclosure & main points from the conversation (using the child's own words as much as possible)

- Agreed next steps

This information will be shared with the safeguarding team.

If a Peer Mentoring Programme is in place, any disclosures made will also map with this process.

12.0 Confidentiality

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student. We will tell them:

- Who we are going to tell
- What we are going to tell them

- Why we need to tell them
- When we're going to tell them

Ideally, consent should be gained from the student first, however, there may be instances when information must be shared, such as students up to the age of 16 who are at immediate risk of harm (either to themselves or a posing a risk to others).

As a school we would follow the guidance of gillick competence.

https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#article-top

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague – which in this case, should be the DSL or a DDSL - this ensures one single member of staff isn't solely responsible for the student. In most This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may choose to tell their parents themselves. If necessary, staff will provide emotional support to a child sharing this information with their parents/carers.

The school will take every measure to ensure that parents/carers are made aware on the same day, particularly in the case of self-harm, suicidal ideation (please see the Suicide Safer School Policy for further details) or acute mental ill-health.

In liaising with parents/carers, advice and support will be offered to ensure parents/carers feel equipped to keep their child safe at home.

If a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

13.0   Whole school approach

13.1 Working with parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

- Can we meet with the parents/carers face-to-face?

- Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- Who should be present – students, staff, parents etc.?
- What are the aims of the meeting and expected outcome

We are mindful that for a parent/carer, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents/carers to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the Parents/carers have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to the pupil's record and an Individual Healthcare Plan created if appropriate.

13.2 Supporting parents

We recognise that the family plays a key role in influencing children and young people's emotional health and wellbeing. Therefore, we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents/carers are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; and
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

14.0 Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided 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 needs 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

15.0 Supporting staff

As a school we recognise the importance of staff mental health and wellbeing. To promote positive mental health amongst the staff the school provides:

In addition to the above, each year we implement a plan of CPD which includes staff wellbeing, student wellbeing and families.

During weekly line management meetings, we ensure that the first item on every agenda is staff wellbeing. This provides staff with the opportunity to discuss how they are feeling and identify any improvements that could be made to further enhance wellbeing.

Support has also been offered to all member of staff if they do not feel comfortable talking about how they are feeling openly with their line manager. Additional members of staff have been identified as people who can support and would be happy to have these conversations instead.

Supervision is regularly offered to DSL's and specific members of the pastoral team who may find this beneficial.

16.0 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 to enable them to keep students safe. A nominated member of staff will receive professional Mental Health First Aid training or equivalent.

We will host relevant information on our website for staff who wish to learn more about mental health.

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.

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 Emma Jones (Senior Mental Health Lead) who can also highlight sources of relevant training and support for individuals as needed.

In line with KCSiE 2025:
- All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect, or exploitation.

- Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

- If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken to follow this policy, and by speaking to the designated safeguarding lead or a deputy.

16.0 Policy Review

This policy will be reviewed every two years as a minimum. The next review date is **22/11/2026** In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of Stacy Dennis and Emma Jones (Lead DSL and Senior Mental Health Lead)

Any personnel changes will be implemented immediately.

17.0 Linked Policies

- Safeguarding and Child Protection Policy
- Self-harm Policy
- Suicide Safer School Policy
- Anti-bullying Policy
- Bereavement, Loss, Advice and Support