



Emotional Health and Wellbeing Policy

Approved by: Daniel Pastori **Date:** 24.09.2023

Last reviewed: September 2023

Next review due by: September 2025

Rationale

Broadstones School fully recognises its responsibilities for students with mental health and wellbeing needs.

At Broadstones School, we want our pupils to:

- Be motivated and enjoy learning
- Develop a range of skills and be mentally and physically fit to equip them for a successful adult life to become independent and ambitious
- Be confident, happy and feel safe
- Experience success every day

We are a School:

- Where nurture is at the heart of what we do
- We are committed to learning and achieving our best
- We have high expectations of staff and pupils
- We value the role of parents and carers
- We continue to work towards excellent personal, academic and vocational progress for all our pupils

The Mental Health and Wellbeing policy has been created with reference to 'Mental Health and Wellbeing Provision in Schools', Feb 2018.

Targets

Broadstones School aims to increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with anxiety, self-harm, eating disorder, anxiety, depression, loss and bereavement.

The school aims to detect and address problems in the earliest stages where they exist in thinking and attitudes to self/image, self-esteem and self-control.

Broadstones aims to increase the appropriate level of support available to students with mental health issues in partnership with outside health agencies and child support groups.

The school aims to continue to promote positivity around Mental Wellbeing. To reduce the stigma associated with Mental Health.

Policy

There is a fine line between appropriate responsiveness and inappropriate intrusiveness into the personal lives of students and families. However, all staff must respond to their responsibility to ensure the well-being and welfare of all students, progress and achievement in school depends on this.

Early intervention is paramount to success. All referrals will be made through the Designated Safeguarding Lead (DSL) - Daniel Pastori or the Deputy DSL - Alison Clark and will be recorded on IRIS as appropriate. This policy

and guidance closely references the Child Protection and Safeguarding Policy, SEND Policy and the Anti-Bullying Policy.

What is Self-Harm?

Self Harm describes a wide range of behaviours that people use to cope with difficult feelings and distressing life experiences. Some people have described self harm as a way to express suicidal feelings and thoughts without taking their own life.

Examples include (not exhaustive):

- Cutting
- Burning
- Severe scratching
- Biting
- Scalding
- Pulling out hair
- Picking at skin or reopening wounds

It is estimated that 1 in 15 young people in the UK have deliberately self harmed at some point and the most common age is 11-25. It's almost impossible to say how many young people are self-harming. This is because very few teenagers reveal this information, so it's incredibly difficult to have an accurate idea of scale. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16 but the actual figure could be much higher - <https://selfharm.co.uk/get-information/the-facts/self-harm-statistics>

What is an Eating disorder?

While on the surface disordered eating appears to be all about food and weight, it is often the outward expression of emotional problems. Eating disorders include but are not exclusive to Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder. Disordered eating affects the physical and emotional wellbeing of an individual and also leads to changes in behaviour. Very often masked by the eating disorder there is typically an underlying reason this is being used as a coping mechanism and a way of gaining control.

Young people may display the following behaviours:

- Loss of concentration
- Skipping meals
- Disappearing to the toilet after meals
- Preoccupation with body Image, dieting
- Excessive exercise
- Secretive behaviour
- Becoming irritable and withdrawing from social activities particularly those involving food

Anxiety

Some people will experience levels of anxiety from time to time. Most people can relate to feeling tense, uncertain or apprehensive before an exam for example. These in turn can lead to sleep disturbance, loss of appetite and ability to concentrate. This kind of anxiety can, at certain times, be useful as it can make you more alert and enhance performance. However, if anxiety overwhelms a child they may not be able to deal with daily activities. If the anxiety stays at a high level the young person may feel powerless, out of control and this could lead to a panic attack.

Examples include (not Exhaustive):

- Phobias
- Obsessive Compulsive Disorder (OCD)
- Generalised Anxiety disorder, (GAD)
- Post-traumatic stress disorder, (PTSD)
- Panic Disorder

Depression

In its mildest form depression can be a feeling of low spirits and does not stop you leading a normal life. In more severe cases it can make things seem less worthwhile and create an incredibly low mood, often without explanation or cause. At its most severe, (Clinical Depression) it can be life threatening. Some people may, for short or long periods, medicate to alleviate their symptoms.

Examples include (not exhaustive):

- Change in normal pattern of behaviour
- Withdrawal from institutions (school), social activities and friendship groups
- Seasonal Affective Disorder (SAD)
- Bi Polar disorder or Manic Depression

Loss and Bereavement

Pupils who experience such a loss may require early intervention and support.

Staff should raise concerns about the mental health and wellbeing of a student with the Designated Safeguarding Lead or the Deputy Designated Safeguarding Lead. A decision may be made to monitor and support the pupil as well as the family, if deemed appropriate.

If it is felt that the student is in any immediate danger or harm, then the normal child protection procedures will be followed.

Referral and External Support

If the pupil has seriously self harmed then staff should follow the normal procedures for medical emergencies, including alerting a member of the Senior Management Team (SMT) so that the appropriate first aid can be given and if necessary contacting the emergency services for admission to hospital.

If appropriate, the pupil/family may be signposted to the appropriate agency (CAMHS/Healthy Young Minds, school nurse) or request a written referral. Any referrals or concerns are considered on an ongoing basis by the Headteacher and Senco.

Supporting students with mental health issues.

Broadstones School provides constant support to pupils with mental health needs. PSHE runs throughout all learning and all staff apply a nurture approach throughout all that we do. Social, Emotional and Mental Health (SEMH) support is the schools complete approach to all teaching and learning.

Supporting staff working with pupils with mental health needs

Broadstones School acknowledges that staff who are working closely with students exhibiting mental health needs like self harm, eating disorders and depression can themselves be placed under emotional strain.

Support will be provided to all staff who request it in terms of management support, a CAHMS/HYMS primary mental health worker or any other support deemed suitable. The school will also offer suitable training where appropriate.

The school will provide a range of training in dealing with students with mental health problems. The training will be undertaken during directed time but may also be requested on a voluntary basis.

Linked Policies:

- Child Protection and Safeguarding Policy
- Anti- Bullying Policy
- SEND Policy
- Medical needs policy