



Star

NURTURING TODAY'S **YOUNG PEOPLE**,  
INSPIRING TOMORROW'S **LEADERS**

# PUPIL MENTAL HEALTH AND EMOTIONAL WELLBEING POLICY





## Document control

<b>This document has been approved for operation within:</b>	All Trust Schools		
<b>Status</b>	Trust Requirement		
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## Introduction

1. This policy makes clear the school's commitment to supporting the mental health and emotional wellbeing of pupils and staff.
2. The school has a supportive and caring ethos; the approach is respectful and kind, where each individual is valued. This reflects the Star values of Service, Teamwork, Ambition and Respect.
3. The school recognises that everyone experiences life challenges that make individuals vulnerable, and at times, they may require additional emotional support.
4. The school takes the view that positive mental health is everybody's business and that everyone has a role to play.
5. A mentally healthy school is one that adopts a whole-school approach to mental health and wellbeing. It is a school that helps pupils flourish, learn, and succeed by providing opportunities for them and the adults around them to develop coping skills that underpin resilience. The school takes a graduated approach and effective response to meeting pupils' needs (Appendix 1).
6. The school will take a phased approach to building excellence in practice around the agenda of mental health (Appendix 2).

## Aims

7. To help pupils better understand their emotions and feelings.
8. To help pupils feel comfortable sharing any concerns or worries.
9. To help pupils socially to form and maintain relationships.
10. To promote self-esteem and ensure pupils know that they count.
11. To encourage pupils to be confident and celebrate differences.
12. To help pupils to develop emotional resilience and manage setbacks.
13. To support the mission, vision and values of the trust and its establishments.

## Who is responsible for the policy?

14. The trust has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory or trust framework. The trust has delegated day-to-day responsibility for operating the policy to Star Central, the local accountability board and the principal of each trust school.
15. The local accountability board and senior leadership team at each trust school has a specific responsibility to ensure the fair application of this policy and all members of staff are responsible for supporting colleagues and ensuring its success.

## Key responsibilities

16. The school has a responsibility to ensure that:
  - the Star values of service, teamwork, ambition, and respect are promoted, and a sense of belonging is encouraged
  - pupil voice is promoted, including opportunities for pupils to participate in decision-making
  - academic and pastoral achievements are celebrated



- pupils have opportunities to develop a sense of worth by ensuring they take responsibility for themselves and others
- pupils have the opportunity to reflect on challenging situations
- pupils have access to the appropriate support that meets their needs
- there is a named Designated Lead for Mental Health and Emotional Wellbeing

## Lead members of staff

17. Whilst all staff have a responsibility to promote the mental health of pupils, the following staff have a specific leadership role in this area:

- Designated Safeguarding Lead
- Senior Mental Health Lead
- PSHE Curriculum Lead
- Special Educational Needs and Disabilities Co-ordinator (SENDCO)

## Teaching about mental health and emotional wellbeing

18. The skills, knowledge and understanding needed by pupils to keep themselves mentally healthy and safe will be an integral part of the Personal, Social and Health Education (PSHE) curriculum. Further DfE guidance can be found [here](#).
19. The specific content of lessons will be determined by the specific needs of pupils and be age appropriate. The PSHE Association Guidance will be used to ensure that mental health and emotional wellbeing issues are taught in a safe and sensitive manner.

## Identifying needs and warning signs

20. All staff will be trained in how to recognise warning signs of common mental health problems.
21. The pastoral team will regularly assess all pupils using a variety of sources.
22. Staff may also 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. Staff observing any of these warning signs should communicate their concerns with the Designated Safeguarding Lead or the Mental Health and Wellbeing Lead as appropriate. It will be crucial for both leads to work together to ensure that the support offered to the pupil is holistic and that the recording of the support is robust and is included in the ECM risk register.
23. They may include:
- changes in eating/sleeping habits
  - becoming socially withdrawn
  - changes in activity and mood
  - talking or joking about self-harm or suicide
  - expressing feelings of failure, uselessness, or loss of hope
  - repeated physical pain or nausea with no evident cause
  - an increase in lateness or absenteeism



## Mental health issues

### Self-harm

24. 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.

### Depression

25. 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.

### Anxiety, panic attacks and phobias

26. 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.

### Obsessions and compulsions

27. Obsessions describe intrusive thoughts or feelings that enter which are disturbing or upsetting; compulsions are the behaviours that are conducted 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 do not turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

### Suicidal feelings

28. 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 unexpectedly.

### Eating problems

29. 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.



## Targeted support

30. The school will make use of resources to assess and track wellbeing as appropriate. Support through targeted approaches for individual pupils or groups of pupils may include:
- the targeted use of specific resources such as a Pastoral Support Plan (PSP)
  - 1:1 mentoring or counselling
  - bereavement support
  - group activities
  - therapeutic activities including art, Lego, relaxation, and mindfulness techniques
  - strengths and difficulties questionnaires
  - mood diaries
  - Boxall profiling
  - Early Help assessments

## Pupil Support Plans and Health Care Plans

31. All pupils receiving targeted support for mental health and emotional wellbeing will have a Personal Support Plan (PSP) in place. This will be drawn up by the SENCO and the Mental Health and Emotional Wellbeing Lead in school.
32. Both the plan and support will be recorded in the ECM register in order to monitor progress, along with the pastoral risk register.
33. All pupils who receive a formal diagnosis pertaining to their mental health will have a Health Care Plan (HCP). This will be drawn up with the pupil, parents/carers or guardians and the relevant health professionals.
34. Plans will be reviewed on a regular basis and updated.

## Collaborating with parents/carers

35. To support parents/carers, the school will:
- ensure that all parents/carers are aware of a key contact in school who they can talk to and share any concerns about their child
  - make the Mental Health and Emotional Wellbeing Policy easily accessible to parents/carers
  - share ideas about how parents/carers can support positive mental health at home with their child or children
  - keep parents/carers informed about the mental health topics their child or children are learning about in PSHE and share ideas for extending and exploring them learning at home

## Signposting

36. Leaders will ensure that staff, pupils, and parents/carers are aware of what support is available within school and how to access further support.
37. Leaders will share information via the school newsletter, website and social media accounts.
38. Referrals to external support services will be undertaken in collaboration with parents/carers where appropriate.



## Working with other agencies and partners

39. As part of the targeted provision, the school will work with other agencies to support pupils' mental health and emotional wellbeing including:
- the school nurse service
  - mental health support teams
  - educational psychology services
  - behaviour support
  - paediatricians
  - CAMHS (Child and Adolescent Mental Health Service)
  - counselling services
  - family support workers

## Training

40. All staff will receive emotional wellbeing training and will be able to recognise and respond to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.
41. Training opportunities for staff who require more in-depth knowledge will be considered as part of the performance appraisal process. Additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

## Success factors

42. Success will be measured in following ways:
- mental health and emotional wellbeing will be seen as critical to everyone's success within the school
  - all staff will have confidence in their own skills when dealing with pupils' emotional issues
  - there will be clarity for all staff on the component parts of the whole-school approach to mental health and emotional wellbeing
  - pupils will have a language of resilience and mental health and wellbeing
  - pupils will be supported appropriately and in a timely manner
  - parents and carers will be aware of the roles and support available within the school

## Links to other school policies

43. This policy is linked to the following policies:
- [Anti-Bullying Policy](#)
  - [Attendance and Punctuality Policy](#)
  - [Behaviour Policy \(Primary\)](#)
  - [Behaviour Policy \(Secondary\)](#)
  - [Binary Behaviour Policy](#)
  - [Personal, Social and Health Education \(PSHE\) Policy – Primary](#)
  - [Personal, Social, Health and Citizenship Education \(PSHCE\) Policy - Secondary](#)
  - [Relationship and Health Education \(RHE\) Policy – Primary](#)
  - [Relationship, Sex and Health Education \(RSHE\) Policy – Secondary](#)
  - [Safeguarding \(Child Protection\) Policy](#)





- [SEND Information Report, Policy and Guidance](#)
- [Supporting Pupils with Medical Conditions Policy](#)

## Useful websites

44. The following websites provide online guidance and support:

- Young Minds <https://www.youngminds.org.uk>
- self-harm [www.nshn.co.uk/](http://www.nshn.co.uk/)
- depression [www.mind.org.uk/about-us/what-we-do/depression-alliance/](http://www.mind.org.uk/about-us/what-we-do/depression-alliance/)
- obsessions and compulsions [www.ocduk.org/ocd](http://www.ocduk.org/ocd)
- suicidal feelings [www.papyrus-uk.org](http://www.papyrus-uk.org)
- eating disorders: [The UK's Eating Disorder Charity - Beat \(beateatingdisorders.org.uk\)](http://TheUKsEatingDisorderCharity-Beat(beateatingdisorders.org.uk))



## Appendix 1: Whole-school approach to emotional health and wellbeing

The following diagram highlights a graduated and effective response to meeting pupils' needs:





## Appendix 2: Emotional health and wellbeing framework

Whole-school capacity building			
KEY ELEMENTS	BASELINE PRACTICE	EFFECTIVE PRACTICE	ADVANCED PRACTICE
<b>Leadership and Management</b>	Mental health problems reported and monitored through pastoral care and child protection.	Review undertaken and range of emotional wellbeing needs prioritised. Roles on leadership allocated and outcomes agreed.	School promotes a positive and supportive environment. Leaders monitor progress against national data. Early intervention strategy developed with staff and pupils. It is a standing agenda item in meetings.
<b>Policy and Procedures</b>	Safeguarding Policy and consistency in thresholds in referrals. Pastoral service protocols embedded. Staff briefed on referrals. Occasional campaigns re anti-bullying etc.	Pathways in place including the monitoring and identification of 'at risk pupils.' This is complemented by reviews of the development of emotional wellbeing within the broader curriculum.	Consistency in thresholds refined to reflect all staff roles. There is active promotion of the early intervention strategy to develop emotional wellbeing.
<b>Emotional wellbeing understanding</b>	Pastoral and support staff access training and skill sessions.	All staff have access to basic mental health awareness training. The curriculum includes emotional wellbeing knowledge. SLT ensures ongoing review at whole-school level.	Review of emotional wellbeing practice. Staff lead on innovations within all aspects of the school day and build into team development.
<b>Environment</b>	Space available for one-to-one support.	Relationships, space and school values promoted, reviewed and designed with emotional wellbeing in mind.	SLT invest in support services. Leaders review climate and check daily activity.
<b>Participation</b>	Specific school voice mechanisms supported and events organised.	Voices and ideas of pupils embedded in practice and systems to gain feedback on emotional wellbeing needs of pupils.	Feedback and influence systems invested in and clear links between voice and change process.
<b>Services</b>	Limited investment under distinct labels (SENCO, pastoral, and use of external service such as counselling).	Evidence has identified a wide- range of skill building and resilience training to enhance in-school support.	All in the community can access a range of preventative and early intervention services in addition to referrals to partner agencies.
<b>Staff training and support</b>	School line management.	Training and ongoing support with CPD programme and opportunities to develop non-clinical skills.	Staff wellbeing is prioritised by SLT with active promotion of self-management. There is access to support, and this is embedded through staff appraisal.
<b>Parents and community</b>	Parents are aware of access to staff re. pupil concerns.	Information on the emotional needs and care within school are promoted and visible.	Opportunities for collaborations spotted and developed. Use of community links including involvement and skill building with parents.
<b>Outside agencies</b>	Access through direct referrals but few personal relationships	Pathways to a range of agencies negotiated. Direct relationships and in-school support made available.	School involves a range of agencies and engages with mental health forums at a senior management level to shape services.