Review Period:	1 year
Owner:	Donna Duffy

REVIEW TIMETABLE

The Policy will be reviewed annually, as set out below:	
Policy tailored by individual schools	December 2024
School policy ratified by Local Governing Bodies	3 February 2025

North Oxfordshire Academy

03.12.24

MENTAL HEALTH POLICY

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 Organisation)

At North Oxfordshire Academy (NOA), we promote positive mental health for every member of our school community. We do this by using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

NOA is committed to promoting positivity around mental and emotional wellbeing and reducing the stigma associated with mental health problems, as well as a continued dedication to the health and wellbeing of our students.

This policy provides a clear set of protocols for dealing with any issues that may arise surrounding mental health.

In order to help our students to succeed, we have a key role to play in supporting our young people in being resilient and mentally healthy; all academy staff respond willingly to their responsibility to ensure the wellbeing and welfare of all students. NOA aims to detect and address problems in the earliest stages and to increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular self-harm, eating disorders, anxiety, depression, loss and bereavement.

This policy and guidance should be read with close reference to the Safeguarding and Child Protection Policy.

Our core values of Respect, Ambition, Determination helps students develop key character traits to promote positive mental health and strategies to support wellbeing. These values are incorporated into all subject areas, as well as our pastoral curriculum. In addition, our reward system recognises students' development of these character traits.

Policy Aims

The aims of this policy are;

- Actively promote positive mental health and wellbeing across the academy
- Increase understanding and awareness of common mental health issues
- Enable staff to identify mental health issues amongst students in the academy
- Enable staff to be able to respond to early warning signs and have clear lines of reporting any concerns they have around student mental health and wellbeing
- Enable staff to actively support the wellbeing of students
- Provide effective support for students presenting mental health issues, including signposting and working with parents/carers
- Develop strategies for building resilience and positive student wellbeing

Key Members of Staff

This policy aims to ensure all staff in the academy take responsibility in promoting mental health and there are specific teams to lead in this area:

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- The Welfare Team (Including the Designated Safeguarding Lead – Mrs Duffy)Student Engagement department (SED)
- The Link Team

NOA is a caring and safe place for students where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems and/or concerns. The Welfare , SED and The Link teams are available throughout the day to support the wellbeing of pupils. They know them well and are well placed to notice any warning signs that a student may present. Please see the Wellbeing section on the school website for futher information about support that is available in school.

Any member of staff who is concerned about the mental health or wellbeing of a student should alert the Designated Safeguarding Leads and deputies by adding concerns to CPOMs. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate alert to the DSL. If the student 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.

Mental Health Education

The knowledge, understanding and emotional resilience our students need to manage their own wellbeing and mental health are included as part of our PSHE curriculum and assemblies delivered to all year groups. The guidance issued by the PSHE Association will be followed to prepare and deliver effective resources to teach about mental health safely and sensitively.

The Welfare Team deliver specific assemblies each year to raise awareness around mental health and ensure students are aware that there is a lot of support available if they are having a difficult time. Additionally, there will be initiatives to encourage 'Student Wellbeing' across all stages and efforts to support students with developing resilience and coping strategies to deal with stress and adversity.

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 and through our communication channels, 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 they should access it
- What is likely to happen next

School Based Support

Local/National Support

Type of Support Type of support	Additional Information
Pastoral Team offers support to students Pastoral Team offers support to students	All Year groups
Designated Safeguarding Lead & Senior Mental Health Lead - Co-ordinate support and raise awareness across the school	Mrs Donna Duffy
The Welfare Team One welfare manager allocated to each year group.	Whole school
Vulnerable students identified and supported by the I&I (identification and intervention) process. A range of interventions are on offer to students from each team.	Welfare Team, Pastoral Team (SED) and The Link.
Welfare drop ins available daily (3 times per day) SED team drop ins available daily (2 times per day)	All year groups including sixth form.

- Oxfordshire Mind Information Line – (01865) 247788 open 9.30 am to 4.30 pm Mon – Friday
- NHS 111 – dial 111 – open 24 hours
- Samaritans – Freephone 116 123 – open 24 hours
- Saneline – 0300 304 7000 – 4.30 pm to 10.30 pm daily
- Rethink – 0845 456 0455 – 10 am to 2 pm Monday to Friday
- FRANK – 0800 77 6600 – open 24 hours
- No Panic – 0844 967 4848 – 10 am to 10 pm

Targeted Support

We recognise that some children and young people are at greater risk of experiencing mental health issues; for example, those who are Looked After Children or Previously Looked After Children, Young Carers, those who have had previous access to CAMHS and those living with parents/carers with mental health issues.
We work closely with other agencies in supporting the emotional wellbeing and mental health needs of students at NOA and are equipped to work at community, family and individual levels. Identifying issues early, determining potential risks and providing early intervention to prevent issues escalating are at the forefront of our safeguarding procedures.

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific support for students most at risk of social, emotional, behavioural issues
- Ensuring that young people have access to consistent pastoral care and support, as well as specialist services, so that issues can be dealt with as soon as they occur
- Providing young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it
- Working closely with School-Based Counsellors, CAMHS and other agencies to assess and refer cases to suitable services
- Identifying and assessing, in line with Early Help Assessment (EHA) strategy, students who are showing early signs of anxiety, emotional distress or behavioural issues
- Discussing options for addressing identified issues with the child and their parents/carers. Agreeing next steps and working with outside agencies when relevant
- Identifying, assessing, and supporting Young Carers under the statutory duties outlined in the Children & Families Act 2014
- Completing individual risk assessments when appropriate

If students have a diagnosable mental health issue where a consultant has provided evidence that they are unable to attend school, alternative support and alternative provision will be sought.

Warning Signs

Evidence of any warning signs should always be taken seriously, and staff are aware they must communicate their concerns or observations via the CPOMS safeguarding tool.

Possible warning signs staff should be aware of include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating /sleeping habits
- Frequent difficulties in relationships with peers or staff
- 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
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour

- Avoiding or truanting PE
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause

Managing Disclosures and Confidentiality

If a student makes a disclosure about themselves or one of their peers to a member of staff, the response will be calm, supportive, reassuring and non-judgemental. The staff member should explain that the concern will be passed to the Safeguarding Team who will make the decisions on any next steps.

All disclosures will be recorded confidentially through the CPOMS safeguarding platform, including:

- When the disclosure was made and to whom
- Precise details of the information disclosed; without opinion or bias
- Agreed next steps; including who the information will be passed to and why it must be shared

Consent from the student is preferable, however, there may be instances when information must be shared without consent; such as students who are in danger of harm. Parents/Carers must be informed if the nature of the situation presents significant concern, though the student may choose to tell their parents/carers themselves, before the school makes contact with the parent/carer to follow-up. Students will be supported to inform their parents/carers.

Working with Parents/Carers

We are mindful that hearing about their child's issues can be upsetting and distressing for a parent/carer and we should be prepared to allow time for reflection and coming to terms with the situation.
Lines of communication should be kept open and a suitable timescale should be set to readdress the situation through a phone-call or a meeting in school. It is essential that a record of the phone calls and/or meetings is kept and communicated through CPOMS.

Supporting Families

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

- Ensuring that all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health issues from developing
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.)
- Signposting parents to other sources of information and support that can be helpful in supporting mental health and wellbeing
- Ensuring parents, carers and other family members are given the support they require to participate fully in activities to promote social and emotional wellbeing; this will include support to participate in any parenting sessions. We recognise that this might involve liaison with family support agencies or Early Help Assessment (EHA).

Staff Training

All staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training. This includes regular training both inhouse and led by external agenciesto ensure staff members understand how best to keep students safe and recognise warning signs.
. Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD opportunities will be supported consistently.
INSET sessions for all staff are delivered to promote awareness and develop understanding about specific issues related to mental health and how best to support students who present such issues and concerns. Relevant information will be posted on our website for staff, students, parents and carers who wish to learn more about mental health

Appendix 1

Self-Harm Guidelines

What is self-harm?

"Self-harm is when somebody intentionally damages or injures their body. It is usually a way of coping with or expressing emotional distress." NHS

Types of self-harm can include:

- Cutting
- Burning
- Banging or scratching oneself
- Hair pulling
- Ingesting toxic substances (including drugs or alcohol)
- Controlling food consumption

What are some of the causes of self-harming behaviour?

Individual Factors

- Depression/anxiety/low mood
- Poor communication skills
- Low self-esteem/ poor body image

- Poor problem-solving skills
- Impulsivity
- Drug or alcohol misuse
- Confusion over sexuality
- Cultural differences

Family Factors

- Neglect or abuse
- Unreasonable expectations (school work, cultural)
- LAC/PLAC
- Poor relationships between parents or carers
- Depression, self-harm in the family
- Feeling under pressure to conform

Other Factors

- difficulty in making relationships
- persistent bullying or peer rejection
- ease of availability of drugs, medication
- self-harm behaviour of other students
- exam pressure

So how can we help students?

Self-harm can be transient behaviour that is triggered by particular stresses or incidents and resolves fairly quickly, however, it may become part of a longer-term pattern of behaviour.
Of course, some of the changes in behaviour can be typical teenage behaviour but as we have a strong pastoral ethos in our school, conversations between relevant staff e.g. Pastoral leaders, welfare team form tutors etc can help you identify problems.
There will be students that you know well and are able to pick up changes in their demeanour and attitude, however there may also be students that you only see infrequently but still have concerns about.

Concerning behaviours could show in the following ways:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive than usual
- Lowering of academic grades
- Talking about self-harming or suicide
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Expressing feelings of failure, uselessness or loss of hope

- However, there may be no warning signs at all.

When a person inflicts pain upon him or herself, the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for people and it becomes a way of coping, for example:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real / not feel numb
- Way of punishing self
- Way of taking control
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)

Responding to self-harm

It is imperative that as a school all staff respond in a uniform manner, the below flow chart forms part of the NOA Mental health policy and should therefore be used as guidance when concerns around self-harm arise.

Disclosure and/or suspicion of self-harm

Report concerns to CPOMS

If you feel comfortable to discuss concerns with the pupil do so. Make sure the pupil knows that if you have concerns for their safety you cannot keep the conversation private.

If you do not know the pupil well or feel uncomfortable discussing your concerns, please refer to a member of the Safeguarding team.

First Aid must be sought if needed

CONVERSATION WITH PUPIL

See appendix 1

SUPPORT OFFERED TO PUPIL

School can offer a range of support strategies for pupils

Discussion recorded on CPOMS

PASTORAL/SAFEGUARDING TEAM TO SPEAK WITH PARENTS/CARER

Home will need to be notified if it is felt that the pupil's mental or physical health is a concern. Parents will be offered support in how to deal with the situation.

Regular updates with pupil by suitable adult

This may be a daily or weekly conversation with the pupil by a trusted adult e.g. Form Tutor, AHOY, HOY or member of the Pastoral or Safeguarding team.

Main Types of Mental Health Needs, as defined in the DfE Mental Health and Behaviour in Schools Advice 2015

The full document can be found at www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2 Conduct Disorders (eg defiance, aggression, anti-social behaviour, stealing and fire setting) Overt behaviour problems often pose the greatest concern for practitioners and parents, because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or antisocial behaviour. In the clinical field, depending on the severity and intensity of the behaviours they may be categorised as Oppositional Defiant Disorder (a pattern of behavioural problems characterised chiefly by tantrums and defiance which are largely confined to family, school and peer group) or Conduct Disorder (a persistent pattern of antisocial behaviour which extends into the community and involves serious violation of rules). Many children with Attention Deficit Hyperactivity Disorder (ADHD) will also exhibit behaviour problems. Such problems are the most common reason for referral to mental health services for boys, and the earlier the problems start, the more serious the outcome.

Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but they tend not to impact on their environment. Children and young people may feel anxious for a number of reasons – for example because of worries about things that are happening at home or school or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful, or having difficulty sleeping. If they become persistent or exaggerated, then specialist help, and support will be required. Clinical professionals make reference to a number of diagnostic categories:

- **Generalised Anxiety Disorder (GAD)** – a long term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic Disorder** – a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-Compulsive Disorder (OCD)** – a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias** – the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as panic attack (eg school phobia).
- **Separation Anxiety Disorder (SAD)** – worry about being away from home or about being far away from parents, at a level that is much more than normal for the child's age.
- Social phobia – intense fear of social or performance situations; and
- **Agoraphobia** – a fear of being in situations where escape might be difficult, or help would not be available if things go wrong.
- **Depression** - Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feeling dominate and interfere with a person's life, it can become an illness. Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but tends not to impact on their environment. Clinicians making a diagnosis of depression will generally use the categories Major Depressive Disorder (MDD – where the person will show a number of depressive symptoms to the extent that they impair work, social or personal functioning) or Dysthymic Disorder (DD – less severe than MDD but characterised by a daily depressed mood for at least two years).
- **Hyperkinetic Disorders** (eg disturbance of activity and attention) Although many children are

inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern.

- **Attention Deficit Hyperactivity Disorder (ADHD)** is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called 'combined type' ADHD), other children diagnosed show signs only of inattention or hyperactivity/impulsiveness. Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven and must be evident in two or more settings.
- **Attachment Disorders** - Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security; opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child's characteristics and the family context. Secure attachment is an important protective factor or mental health later in childhood, while attachment insecurity is widely recognised as a risk factor for the development of behaviour problems.

- **Eating Disorders** - The most common eating disorders are Anorexia nervosa, Bulimia Nervosa and Binge -Eating Disorder. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then binging. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys but are more common in girls. While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional problems. 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 usually an underlying reason this can be a coping mechanism, and this is a way of gaining control.

Young people may display the following behaviours:

- **Loss of concentration.**
- **Skipping meals.**
- **Disappearing to the toilet after meals.**
- **Pre-occupation with body Image, dieting.**
- **Excessive exercise.**
- **Secretive behaviour.**
- **Becoming irritable and withdrawing from social activities** particularly those involving food.
- **Substance Misuse** - Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made between substance abuse (where use leads to personal harm) and substance dependence (where there is compulsive pattern of use that takes precedence over other activities). It is important to distinguish between young people who are at high risk of long-term dependency. The first group will benefit from a brief, recovery-oriented programme focusing in cognitions and behaviour to prevent them to move into more serious use. The second group will require on-going support and assessment,

with careful consideration of other concurrent mental health issues.

- **Deliberate Self-Harm** - Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions, which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism used to deal with difficult feelings and distressing life experiences, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

If the student has seriously self-harmed on the academy site then staff should follow the normal procedures for medical emergencies, including alerting student services so that the appropriate first aid can be given and if necessary, the emergency services contacted for admission to hospital.

- **Post-Traumatic Stress** - If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of posttraumatic stress disorder (PTSD).
- **Loss and Bereavement** - Students who experience such a loss will require early intervention and support