




# Kingswinford Academy

<b>Mental Health and Emotional Wellbeing Policy</b>	
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- 1.0 Policy Statement/Definitions

At Kingswinford 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. We pursue through the implementation of universal, whole school approaches, and for students identified as vulnerable, we use specialised and targeted approaches.

Research informs us:

- In 2023, one in five children and young people aged eight to 25 had a probable mental health condition. This number has been rising since 2017, most notably in the 17-19 age group
- The number of children and young people referred to emergency mental healthcare rose by 10% between 2023 and 2024, with many of these young people being stuck on waiting lists for NHS support for months and years.
- Suicide was the leading cause of death for people aged 5-35 in England in 2022. Around three quarters were boys or young men.
- Almost one third (32.8%) of 17-24 year olds have self-harmed or attempted to self-harm at some point. This rises significantly to 69.5% of young people with a probable mental health condition.
- The cost of living in the UK places a huge strain on the mental health of young people, with a huge 90% of young people worrying about earning enough money to support themselves.
- One in five young people aged 8-25 had a probable mental health condition in 2023.

Source: Mental Health Statistics: Young Minds

Kingswinford Academy is committed to prioritising mental health and wellbeing through providing outstanding pastoral care, a proactive approach to embedding a mental health and wellbeing agenda throughout the school and openly communicating about wellbeing issues. We are committed to raising the awareness of mental health and wellbeing and in doing so, helping to reduce stigma and discrimination.

*“Mental Health is a state of wellbeing 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 his or her community.” (World Health Organisation)*

The World Health Organisation states that wellbeing is *“a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.”*

Young people’s good mental health is as important as their good physical health if they are to develop into independent and confident adults. Good mental health is an essential part of healthy adolescent development; it helps young people build positive social, emotional, thinking and communication skills and behaviours. It also lays the foundation for better mental health and wellbeing later in life. Good wellbeing is important as it can help individuals feel and express a range of emotions, have confidence and positive self-esteem, have good relationships with others and cope with stress and adapt when situations change. Possessing good wellbeing does not mean that individuals will also be happy. It is normal to feel sad, angry and low sometimes.

Is there a difference between mental health and wellbeing?

Mental health relates to the social and emotional wellbeing of an individual. Wellbeing is a blanket term for having good mental and physical health. When we reference wellbeing, we talk about the overall health of an individual. Having good overall wellbeing is associated with having good mental health.

## 2.0 Scope

This policy is a guide to all staff – including non-teaching and governors – outlining Kingswinford approach to promoting mental health and wellbeing. It should be read in conjunction with other relevant school policies.

### 3.0 Policy Aims/Our Moral Purpose

- Promote positive mental health and wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues and both local and national events linked to Mental Health and Wellbeing.
- Student/staff and parents/carers feedback is planned and regular.
- 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.

We want to enable all members of our community to thrive as we recognise that poor mental health and wellbeing will affect our community reaching their Academic and Personal potential. We aim to create a culture of positive mental health and wellbeing across the community, where staff and students feel comfortable and confident to talk about their mental health and support is readily available for all students and staff.

This work will link with our PHSE and RSE curriculum intent (inclusive of Votes for Schools), with the aim to generate healthy discussion amongst our students about risk factors that could impact on their mental health and how to seek support if they need it, in order to lead a healthy lifestyle. This will be supported through quality first teaching, and targeted support where needed. (Curriculum intent and Attendance intent). By adopting a coordinated and strategic approach, we can ensure that we are not merely responding to issues but being proactive and preventative.

### 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:

- Pastoral Staff
- Designated Safeguarding Lead
- Deputy Designated Safeguarding Leads
- SENCO
- Mental Health and Wellbeing Lead
- Assistant Head Personal Potential

If a member of staff is concerned about the mental health or wellbeing of a student, in the first instance they should speak to the Safeguarding Team. If there is a concern that the student is at 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 Common mental health difficulties

A mental health difficulty is one in which a person is distracted or unable to engage with ordinary life due to upsetting, disturbing thoughts and/or feelings. These problems may distort or negatively impact a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern.

## Anxiety

Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a student's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- **Generalised anxiety disorder:** This is 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:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** This is 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:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a student's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

## Depression

Depression refers to feeling excessively low or sad. Depression can significantly affect a young person's ability to develop, learn or maintain and sustain friendships. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A student with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a student experiencing a daily depressed mood for at least two years.

## Attachment disorders

Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Students suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

## Eating disorders

Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life. Most eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the main eating disorders. People with anorexia strive for a low body

weight, beyond the point of slimness. There is an endless goal to achieve thinness by restricting what they eat, and sometimes compulsively over exercising. People with bulimia have intense cravings for food, over eat and then purge to avert weight gain.

### **Substance misuse**

Substance misuse is the use of harmful substances, e.g., drugs and alcohol.

**Self-harm:** Self-harm is when an individual intentionally damages or injures their body. For example (including, but not limited to): cutting, scratching or picking skin, burning or scalding, hair pulling, banging or hitting the head or other parts of the body, scouring or scrubbing the body excessively.

### **Post-traumatic stress**

Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

## **6.0 Mental Health ‘Crisis’**

A Mental Health Emergency or ‘Crisis’ is defined as:

*‘A mental health crisis often means that you no longer feel able to cope or be in control of your situation. You may feel great emotional distress or anxiety, cannot cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.’ NHS, 2019.*

There may be instances where a student’s behaviour and mental state are concerning and may lead to immediate danger through harm to themselves or others. The following situations or symptoms classify as a mental health emergency:

- Self-harm.
- Suicidal ideation.
- Hearing voices.
- Psychosis: Experiencing hallucinations and/or delusions.
- Extreme emotional distress.

If a student presents with any of the above problems, relevant staff will go through the school-wide Mental Health Emergency Protocol Flow-Chart (see Appendix 1) to ensure the student, fellow students, and staff members are safe. If the student requires being sent home or is advised to go to A&E, this will be directed by a member of the Safeguarding/Pastoral Team. Mental health crises or emergencies are often not spontaneous and the student may have been experiencing symptoms for a length of time. Therefore, it is essential that mental health concerns are communicated to the Safeguarding/Pastoral Team to ensure the school is focusing on preventative strategies, and is carefully monitoring and supporting our vulnerable students.

## **7.0 Suicide concern intervention and support**

the school are aware that suicide is the leading cause of death in young people and that school can play a vital role in helping to prevent young suicide. The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

Where a student discloses suicidal thoughts or a teacher has a concern about a student, teachers should:

- Listen carefully; remembering it can be difficult for the student to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the student knows they are being taken seriously.
- Be open, providing the student a chance to be honest about their true intentions.
- Supervise the student closely whilst referring the student to the DSL/Deputy DSL for support.
- Record details of their observations or discussions and share them with the Safeguarding Team in person/via CPOMS.

## 8.0 Vulnerable groups

Some students are particularly vulnerable. These vulnerable groups are more likely to experience a range of adverse circumstances that increase the risk of mental health problems. Staff are aware of the increased likelihood of difficulties in students in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Students who have experienced abuse, neglect, exploitation or other adverse contextual circumstances (ACE'S).
- Child Protection/Child in Need.
- Children Looked After
- Previously Looked After Children.

- Socio-economically disadvantaged students, including those in receipt of, or previously in receipt of, free school meals and the student premium.
- Students living with parents/carers with a mental health illness.
- Students living in households experiencing domestic violence.

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable students.

## 9.0 Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of mental health difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of mental health difficulties; these are known as protective factors.

**Risk and Protective Factors**

	<b>Risk factors</b>	<b>Protective factors</b>
<b>In the child</b>	<ul style="list-style-type: none"> <li>● Genetic influences</li> <li>● Learning disabilities</li> <li>● Specific development delay or neuro-diversity</li> <li>● Communication difficulties</li> <li>● Difficult temperament</li> <li>● Physical illness</li> <li>● Academic failure</li> <li>● Low self-esteem</li> <li>● Social communication (meaning when a child doesn't recognise social cues given by peers)</li> </ul>	<ul style="list-style-type: none"> <li>● Secure attachment experience</li> <li>● Developing problem solving skills and a positive attitude</li> <li>● Humour</li> <li>● Experiences of success and achievement</li> <li>● Capacity to reflect</li> <li>● Being a planner and having a belief in control</li> <li>● Developing good communication skills, sociability</li> </ul>
<b>In the family</b>	<ul style="list-style-type: none"> <li>● Overt parental conflict including domestic violence</li> <li>● Family breakdown (including where children are taken into care or adopted)</li> <li>● Inconsistent or unclear discipline</li> <li>● Hostile and rejecting relationships</li> <li>● Failure to adapt to a child's changing needs</li> <li>● Physical, sexual, neglect or emotional abuse</li> <li>● Parental psychiatric illness</li> <li>● Parental criminality, alcoholism or personality disorder</li> <li>● Death and loss – including loss of friendship and pets.</li> <li>● Overbearing parents</li> </ul>	<ul style="list-style-type: none"> <li>● At least one good parent-child relationship (or one supportive adult)</li> <li>● Affection</li> <li>● Clear, consistent discipline</li> <li>● Support education</li> <li>● Supportive long term relationship or the absence of severe discord</li> </ul>
<b>In the school</b>	<ul style="list-style-type: none"> <li>● Bullying</li> <li>● Discrimination</li> <li>● Breakdown in or lack of positive friendships</li> <li>● Deviant peer influences</li> <li>● Peer pressure</li> <li>● Academic pressure</li> <li>● Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>● Clear policies on behaviour and bullying</li> <li>● Staff code of conduct</li> <li>● 'Open door' policy for children to raise problems</li> <li>● A whole-school approach to promoting good mental health</li> <li>● Good pupil to staff relationships</li> <li>● Positive classroom management</li> <li>● A sense of belonging</li> <li>● Positive peer influences</li> <li>● Positive friendships</li> <li>● Effecting Safeguarding policy</li> <li>● An effective early help process</li> </ul>
<b>In the community</b>	<ul style="list-style-type: none"> <li>● Socio-economic disadvantage</li> <li>● Homelessness</li> <li>● Disaster, accidents, war or other overwhelming events</li> <li>● Discrimination</li> <li>● Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>● Wider supportive network</li> <li>● Good housing</li> <li>● High standard of living</li> <li>● High moral school with positive policies for behaviour, attitudes and anti-bullying</li> <li>● Opportunities for valued social roles</li> <li>● Range of sport/leisure activities</li> </ul>

## 10.0 SEND and mental health

The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. Where students have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety. The school recognises that not all students with mental health difficulties have SEND. The graduated response is used to determine the correct level of support to offer. All staff understand their responsibilities to students with SEND, including students with persistent mental health difficulties. The SENCO ensures that staff understand how the school identifies and meets students' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

## 11.0 Adverse childhood experiences (ACEs) and other events that impact students' mental health

The balance between risk and protective factors is disrupted when traumatic events happen in students' lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the student, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

Some students may be susceptible to such incidents, even if they are not directly affected. For example, students with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic. The school supports students when they have been through ACEs, even if they are not presenting any obvious signs of distress – Early Help is likely to prevent further problems. Support may come from the school's existing support systems or via specialist staff and support services.

## 12.0 Warning signs

Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties and could be due to a number of reasons. Students may still feel stigma around mental health problems, or may be concerned about the consequences of telling someone. They may be unaware that they have a problem, or be aware but feel that they have to cope with it on their own.

Adolescence can be a difficult developmental time and this period of change can result in the gradual onset of mental illness. It is important that warning signs are recognised and an appropriate, supportive response is put in place as soon as possible. School 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 communicate their concerns by reporting them to a DSL/recording on CPOMS. Possible warning signs include:

- The student has told you there is a problem, for example, they have been feeling low or anxious recently.
- Significant changes in the student's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm.
- Changes in mood, for example: mood is very up and down, miserable, tired, withdrawn.
- Physical signs of harm that are repeated or appear non-accidental.
- Changes in eating patterns or sleeping habits.
- Concerns expressed from friends, family, other staff members.
- Changes in behaviour, academic achievement, extracurricular activity engagement, or among peers. For example, doing too much work, not socialising as much as usual, withdrawn, not attending school, being late or, failure to meet deadlines.
- Increased isolation from friends, family.
- 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.
- Repeated physical pain or nausea with no evident cause.

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.

## 13.0 Targeted support

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 Dudley Children's Services, Reflexions Team, CAMHS and other agencies services to follow various protocols including assessment and referral;
- Identifying and assessing in line with the Early Help referral process, 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 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.
- Signposting and/or referring to external/specialist agencies.
- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

## 14.0 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.

Here is some advice. This should be considered alongside other appropriate school policies, linked to pastoral care and child protection and discussed with other colleagues (DSL/Deputy DSL's) as appropriate.

- **LISTEN:** Listen carefully when a student opens up to you about how they are feeling - try to let them share without interrupting. Repeating back what they have told you can help you both be clear about what has been said and how they are feeling.
- **REASSURE:** Often, when someone has opened up about how they are feeling, they might immediately feel vulnerable or worried that their feelings will be dismissed. Reassure them that they have done the right thing by seeking support.
- **VALIDATE:** No matter what the young person is struggling with, their experiences are valid and it can be helpful to remind the young person of this.
- **ACT:** When a young person opens up about how they are feeling, having that time and space may be enough. However, if they do need further help it is important that you alert the safeguarding team at school, who will be able to support you with this.
- **IT'S NOT ALL ON YOU:** Young people aren't asking trusted adults to have all of the answers, fix all their problems or to be a mental health expert. Most often, the most valuable thing you can do is simply to offer to be by their side for the journey.

Source: [How To Have A Conversation With Young People About Mental Health | YoungMinds](#)

All disclosures should be reported to a DSL/Deputy DSL and recorded confidentially on CPOMs. Please always refer to, and follow the guidance given in the school's Safeguarding Policy.

## 15.0 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 do 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 in danger of harm.

If the student does not want us to share information, then we will further explore this with the student to better understand the reason behind this. According to UK law, a child can give consent to be referred for treatment without parental knowledge if they are under the age of 16, as long as they are able to show sufficient maturity and intelligence to understand the nature and implications of the proposed treatment, including the risks and alternative courses of action. This is known as Gillick Competency.

There are exceptions when information must be shared. Confidentiality may need to be breached, especially if the student is considered to be a risk to self or others. In these cases, information will always be shared. We will always tell the student if we need to do this.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. 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 this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers.

If a student 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.

## 16.0 Individual Care Plans

When a student 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 Care Plan should be drawn up. The development of the plan should involve the student, parents, and relevant professionals.

Suggested elements of this plan include:

- Details of the student's situation/condition/diagnosis.
- Special requirements or strategies, and necessary precautions.
- Medication and any side effects.
- Who to contact in an emergency.
- The role of the school and specific staff.

## 17.0 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 also continue to de-stigmatise mental health through embedding in our curriculum, where rich opportunities are available to continue to learn about mental health.

We will follow the guidance issued by the PSHE Association and use Jigsaw and Votes for Schools to prepare us to teach about mental health and emotional health safely and sensitively.

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 students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges. **See Section 14 for Supporting Peers**

## 18.0 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, wellbeing hub, year group offices etc.) and through our communication channels (bulletins, websites, social media), we will share and display relevant information about local and national support services and events. Both our parents and carers have access to Kingswinford Academy's Early Help Offer, which is available to view on the school website.

Our students also have access to a Student Friendly Safeguarding Policy which offers advice, support and important signposting information. This policy is on the school website and is shared termly with students.

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.

## 19.0 Sources of support at school and in the local community

At Kingswinford, we have developed a range of strategies and approaches to provide support to students if they are experiencing poor mental health. In addition to this we have developed a range of whole school strategies and approaches to raise this issue and to assist in eradicating stereotypes and the stigma around mental health including (but not limited to):

- There is a referral system where staff can raise their concerns regarding students' mental health and wellbeing. This referral is recorded on CPOMS/discussed with appropriate pastoral staff and suitable support is put in place at the right level. Regular information and training is provided so everyone understands how to make a referral. CPOMS is also used to record and safeguard our students, with categories to report mental health concerns and also to report causes for concern related to emotional wellbeing.
- Our Student Support Centre provides a safe space for students to go when they are struggling with their mental health, (as does our school's Wellbeing Garden). Our Student Support Centre provides a range of early intervention workshops (including trauma informed), and structured mentoring sessions to support students who have been identified as needing low - level targeted intervention.
- Kingswinford has strong links with agencies who work with our most vulnerable students.
- We provide our LGBTQ+ community with a support group where they meet once a week with our school LGBTQ+ staff ambassador to discuss any issues or concerns they have.
- ASPIRE days provide other opportunities for students to discuss and learn about different aspects of mental health and wellbeing.
- Kingswinford raises awareness of mental health and wellbeing on World Mental Health Awareness Day and Mental Health Awareness Week through assemblies and tutor activities to highlight issues and encourage students to take part in activities that promote

positive mental health and wellbeing. wellbeing. We regularly welcome visits from external agencies, and we deliver termly assemblies to all students on mental health and wellbeing.

- We work in collaboration with Faculty Directors to identify and highlight links in schemes of work relating to mental health and wellbeing, which enables further discussions and student learning in specific subject areas. We continue to destigmatize mental health through providing rich opportunities to learn about mental health.
- We use surveys such as Pass, SDQ and Boxall profiles to triage support needed for all students. We use Motional, which is an online platform for identifying, assessing, and improving the emotional health and wellbeing of our students. Data is captured 3 times a year, once termly. Motional is a suite of evidence-based tools designed to measure, positively impact and report on emotional health across our whole school setting. This further enables us to implement strategies and activities known to support emotional development.
- There is an 'open door' policy among middle and senior leaders to allow staff and students to access support when needed.
- Outside agencies are used for more specialised support such as, but not limited to Reflexions, CAMHS Barnardo's, and Black Country Women's Aid.
- Student Wellbeing Ambassadors/Peer Educators. Peer-based initiatives can be useful for children and young people to access early intervention with their mental health. We deliver The Peer Education Project offered by the Mental Health Foundation. The Peer Education Project is a secondary school-based educational programme that aims to give young people the skills and knowledge they need to safeguard their mental health and that of their peers. Peer Educators deliver the mental health lessons to younger pupils, known as Peer Learners, using detailed lesson plans and PowerPoint slides. We have a cohort of Year 10 students who have been trained as Peer Educators. They deliver structured intervention sessions to Peer Learners (KS3 students).
- Yearly Audit is initiated for Mental Health and Wellbeing for the whole school. This includes capturing student/staff/parent and carer voice through the school year.
- We run campaigns and deliver assemblies to raise awareness of mental health.
- Displays and information around the school and on Year/House Google Classrooms/websites/social media regarding positive mental health, mental health literacy and where to go for help and support.

### **Local Support**

In Dudley, 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.

Please see **Kingswinford's Early Help Offer on the school's website** for both local community and national signposting information.

## 20.0 Whole school approach

We recognise the importance of the role we play in supporting the mental health and wellbeing of our students at all levels. Mental Health and Wellbeing is promoted implicitly through lived values and attitudes and is promoted explicitly through curriculum. Mental ill health is not stigmatised and staff understand behaviour as communication.

Early Intervention to identify issues enables us to ensure that effective support is accessed for both our students and their parents/carers. This involves:

1. **Prevention:** creating a safe, supportive and inclusive environment where mental health issues are less likely, improving mental health and wellbeing of the entire school population through education, raising awareness and promoting an ethos where mental health is championed, promoted and valued.
2. **Identification:** Early identification of students who may have mental health needs and planning support to meet their needs as early and as accurately as possible. We aim to action this by recognising and reporting the signs associated with mental health, analysing behaviour, enabling children to raise concerns to any member of staff and enabling parents and carers to raise concerns to any member of staff.
3. **Early support:** helping students to access early support and interventions.
4. **Access to specialist support:** working in effective partnership with relevant professional services to provide quick referrals to specialist support.

Adopting a positive mental health and wellbeing agenda is central to the culture and ethos of Kingswinford Academy We are committed to preventing issues from arising. We have therefore developed and implemented a wide range of whole school initiatives and approaches to raise the profile of this important issue, helping to eradicate the stereotypes, stigma and discrimination surrounding poor mental health. We offer a wide range of mental health and wellbeing programmes for the whole school to help raise awareness and educate our students, equipping them with the skills and knowledge needed to HERE

## 20.1 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 outcomes?

We are mindful that for a parent, 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 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 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/agreed are added to the student's record and an Individual Care Plan created if appropriate.

## 20.2 Supporting parents

We recognise 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:

- Development of Kingswinford's Early Help Offer (see the school's website)- this includes crucial signposting information.
- Ensuring all parents 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.
- 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.
- Offer events throughout the year which can help parents/carers support their children with mental health and wellbeing, such as information sessions with external agencies/Parent/Carer Forums.
- Regular information/guidance and signposting details placed in Parent/Carer Bulletins.
- Signposting to a range of local and national charities' and organisations can be found on the school website for parents/carers to use as a signposting reference tool [Mental Health and Wellbeing \(Kingswinford Academy\)](#)
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## 21.0 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.

## 22.0 Training

We believe that all staff have the responsibility to promote positive mental health and to understand protective and risk factors for mental health. Some students will require additional help and all staff should have the skills to look out for any early warning signs related to poor mental health, and ensure that students experiencing this get early intervention and support.

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. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. We also offer staff access to a CPL Library, where they can access information, advice and guidance on how to support students with their mental health and wellbeing. Such information has been gathered from professional organisations which focus on the education and promotion of mental health and wellbeing in young people.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPL 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 CPL should be discussed with **Catherine Hall, Mental Health and Wellbeing Lead** [chall@kingswinford.windsoracademytrust.org.uk](mailto:chall@kingswinford.windsoracademytrust.org.uk) who can also highlight sources of relevant training and support for individuals as needed.

## 23.0 Policy Review

The next review date is September 2026. In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of **Catherine Hall, Mental Health and Wellbeing Lead**

Any personnel changes will be implemented immediately.

**Appendix 1**  
**Mental Health Emergency Protocol Flow-Chart**  
**All Mental Health Concerns reported via CPOMS. Please also verbally inform a member of the Safeguarding Team**

