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# Mental Health Policy

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# Manchester Academy Mental Health Policy

## Policy Statement

Good mental health is fundamental to students' well-being and academic success. However, one in five children and young people in England aged eight to 25 had a probable mental disorder in 2023<sup>1</sup>. Mental health is more than just the absence of mental disorders. It 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, 2014).

Manchester Academy aims to promote positive mental health (or 'well-being') across school, and to reduce poor mental health or mental illness. We will use both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

## Scope

This document describes our approach to promoting mental health. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy recognises that signs causing concern may reflect poor emotional well-being, a mental health disorder, a special educational need and/or a safeguarding issue. As such, this policy should be read in conjunction with:

- the SEN Policy & Code of Practice and the Special Educational Needs & Disability Inclusion Policy
- the Safeguarding Policy

The policy is informed by the Department of Education's guidance: *Keeping Children Safe in Education 2024* mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Mental health concerns therefore may be safeguarding concerns. The policy is also informed by *Mental Health and Behaviour in Schools 2018*.

## The Policy Aims to:

- Promote positive mental health in all students
- Alert staff to early warning signs of and risk factors for poor mental health
- Offer guidance on how to support vulnerable students

## Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Mental Health Lead
- SENCO
- Safeguarding Officer
- Directors of Character and Culture (Year Directors)
- Climate and Behaviour Leads

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<sup>1</sup> according to the [Mental Health of Children and Young People in England 2023 report](#) by NHS England.

## Universal Promotion of Mental Health

Mental health is improved through a variety of factors including a healthy diet, exercise, and rest. It is also improved by engaging in activities which there is total absorption of attention ('flow'<sup>1</sup>) or positive emotions including a sense of achievement, particularly after trying hard. In addition, positive relationships are central to well-being.

### Staff role in mental health promotion

To provide a safe and caring setting in which students can progress and achieve, it is important that staff access support for themselves and training. Staff will be provided with access to:

- Training on mental health issues and on relevant psychological theories and methods.
- Clinical supervision with the Mental Health Lead or an external agency to provide a supportive space to reflect on and improve professional practice.
- Teaching Assistants who can help with developing plans for teaching vulnerable students
- Wellbeing Week, Mental Health Awareness Week, employee benefits, and Mental Health First Aid sessions upon request (via the Mental Health Lead). See Appendix C for other services.

To support students' wellbeing staff will:

- Recognise that good relationships serve as a protective factor for mental health.
- Incorporate reflective practice as part of professional teaching standards to strengthen relationships.
- Provide high-quality teaching, support and enrichment activities.
- Stay aware of signs of mental health problems in students (see Targeted Support below)

### Well-being curriculum

- We will deliver Mental Health Week, and a PHSE curriculum that is broad and balanced to all year groups, in a safe and sensitive manner.
- We will teach the skills and knowledge needed by our students to keep themselves mentally healthy. We will deliver 3 core areas:

#### *Self-care skills*

- knowledge of self-care strategies which are known to improve well-being and support services

#### *Learning and development skills*

- the skills to face the inevitable challenges involved in working towards goals
- an understanding of the value of school and an exploration of individual purpose in school and life

#### *Relationship skills*

- the ability to connect with peers and adults in healthy ways, as relationships are a protective factor in mental health. This includes self-awareness, empathy, and the ability to manage day to day differences and conflicts within relationships.
- Sourcing or development of plans and resources for mental health teaching will occur through partnership working and with reference to e.g. Anti-bullying Policy, Sex Relationships Education policy and Safeguarding Policy.
- Mental health teaching will be evaluated to improve its usefulness and relevance.

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<sup>1</sup> Flow, a term coined by M. Csikszentmihalyi, has a positive health impact.

## **Working with Parents**

- To help parents to support their children's mental and emotional health, we will provide support sessions and information via the school website and other platforms.
- We will keep parents informed about the mental health topics their children are learning about.

## **Targeted Support**

### **Identification of students needing targeted support**

Some signs of poor or deteriorating well-being are listed below, and these are distinguished from safeguarding needs.

### **Warning signs of safeguarding needs**

The following would require a referral to the safeguarding team through CPOMS:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in clothing – e.g. long sleeves in warm weather
- Skipping PE or getting changed secretly
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol

See Safeguarding Policy for further details.

### **Warning signs of problems with well-being**

There may be recent changes or persistence in behaviour, mood, or physical symptoms. Examples are:

- increased or repeated upset or aggression
  - frequent difficulties in relationships with peers or staff
  - increased isolation from friends or family, becoming socially withdrawn
  - repeatedly seeking help from staff on multiple occasions with what may seem like insignificant issues
  - expressing feelings of failure, uselessness, or loss of hope
  - lateness to or absence from school or avoiding lessons
  - secretive behaviour
  - repeated presentation of physical pain or nausea with no evident cause.
- With increasing severity and duration, these signs may move beyond 'poor well-being' to indicate a diagnosable mental health condition (see Appendix A), and/or a special educational need (SEN) and/or safeguarding concerns.
  - Persistent and serious mental health difficulties may lead students to having significantly greater difficulty in learning than the majority of those of the same age.

### **Risk Factors for poor mental health**

There are certain risk factors which may make some children more likely (though not necessarily bound) to experience problems than other children.

- Being a looked after child
- Having a long-term physical illness

- Having a parent who has mental health or substance abuse problems or involvement with the criminal justice system
- Acting as a carer or taking on adult responsibilities
- Experiencing the separation or divorce of parents or the death of someone significant to them
- Having been bullied or physically or sexually assaulted
- Living in poverty or being homeless

### **Peers of students suffering with mental health issues**

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. It is possible that friends may learn unhealthy coping mechanisms from each other e.g. in the cases of self-harm and eating disorders.

Staff will consider on a case-by-case basis which friends may need additional support and inform the Mental Health Lead. Support will highlight:

- 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

### **The provision of targeted support**

All staff play a role in the well-being of students. Where students present a concern staff will proactively enquire, listen, and link students to sources of support.

#### **1. Ask**

Staff will look for signs of distress and seek to understand how the student is feeling and what is impacting on the student's wellbeing.

#### **2. Listen**

Even a short time listening in a non-judgemental, supportive manner can be helpful. Staff will think carefully about what they personally can and cannot do to help the student and may need to be explicit with the pupil about the limits of their role. Staff may consider themselves as the student's ally rather than their saviour. It is ok to be honest about the fact that one doesn't have all the answers or is not sure exactly what to do next.

#### **3. Respect confidentiality**

As in the safeguarding policy, confidentiality cannot be upheld when

- there is a risk of the client harming themselves or being harmed
- there is a risk of another person being harmed
- Wherever possible staff will build a network of support and continuity of care around the student and so will explain the importance of sharing information ('I feel very worried about you, and I may not always be in school').
- Students may not want information to be shared, and staff need to be vigilant as refusals may occur where a student may be secretive and oblivious to there being a problem (such as in the case of eating disorders), or in the case of sexual exploitation where abusers may be viewed as friends.
- Staff may discuss concerns (initially without identifying the student) with lead members of staff to inform their decision to break confidentiality.

#### **4. Link students to resources**

### **Refer**

Where there are concerns, staff will:

- contact the Mental Health Lead when there are signs of mental health issues, and wherever possible seeking consent to do so. Students can also self-refer.
- contact the Climate and Behaviour Team for immediate assistance in the classroom or for addressing conflicts between peers or other behaviours which affect the climate of the school.
- log concerns on CPOMS or speak to the DSL as appropriate where there are safeguarding concerns.
- contact the SENCO where the concern for well-being appears to be significantly underpinned by SEN needs.
- Mental Health Aiders in school can also be contacted to offer students support or to offer support to staff by sharing their training on mental health disorders (see Appendix A) – the licence lasts for 3 years so we need to renew

Available resources include counselling, art therapy (accessed via the SENCO), and psychoeducation workshops. We also have the Autism Resourced Provision (ARC) for students with a diagnosis of Autistic Spectrum Disorder or who are suspected to be on the spectrum. The Inclusion Centre provides one to one and group interventions for students who struggle in school. There are also external services such as GP's, CAMHS, 42<sup>nd</sup> Street, Manchester Mind, and youth projects that can support students.

### **Signpost, particularly where there is lower need or urgency**

- Build the student's support network by introducing them to support staff such as School Counsellor, Safeguarding Officer, Climate and Behaviour Staff.
- Staff may encourage students to leave a message in the post box outside the counselling room on C floor or signpost to online support and local services (see Appendix B)
- Encourage students to access enrichment activities to build engagement with positive activities and peers.

### **Tailor responses and teaching**

Students with mental health problems or poor well-being may find following school rules challenging. Pace of recovery from mental health difficulties varies from person to person and may not be linear, hence staff will need to show a degree of flexibility.

Staff will:

- aim to understand needs, feelings and perceptions that underpin the students' behaviour, and develop a plan to bring out the best in the student.
- break down a behaviour standard into stepwise goals with the aim of ultimately reaching expected standards, whilst reinforcing signs of progress.
- utilise Pupil Passports
- seek advice from the SEND team, Mental Health Lead, or Climate and Behaviour Leads.

### **Work with parents**

- Where it is appropriate to inform parents, staff will invite parents to a face-to-face meeting and will ensure parents are given time to reflect after receiving challenging information about their child's issues (parents may be shocked or upset).
- Where relevant, staff will endeavour to signpost to further sources of help (see Appendix A) and/or offer a follow-up meeting or phone call as parents often have many questions as they process the information.
- Staff will keep a record of the meeting.

## Policy queries

If you have a question or suggestion about improving this policy, this should be addressed to Shanaz Essafi, Mental Health Lead by email [Shanaz.essafi@manchester-academy.org](mailto:Shanaz.essafi@manchester-academy.org) or telephone the school office.

## Appendix A: Further information and sources of support about common mental health issues

### Mental Health First Aiders

Students who are struggling may access the support of a Mental Health First Aider in school:

- Emmanuel Nnadede (Climate and Behaviour)
- Victoria Hyde (ARC)
- Garth Harkness (ARC)
- Collette Walker (Safeguarding Officer)
- Liam Horrigan (Vice Principal)
- Shanaz Essafi (Mental Health Lead and School Counsellor)

### Self-harm

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. Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm. There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.

#### Books:

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

### Depression

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.

More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time. Nearly 80,000 children and young people suffer from severe depression.

Online support:

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

Books:

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression? A guide for friends, family, and professionals*. London: Jessica Kingsley Publishers

### **Anxiety, panic attacks and phobias**

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. 3.3% or about 290,000 children and young people have an anxiety disorder.

Books:

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

### **Obsessions and compulsions**

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

Online support:

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

Books:

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

### **Suicidal feelings**

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 out of the blue.

Online support:

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)



[On the edge: ChildLine spotlight report on suicide](http://www.nspcc.org.uk/preventing-abuse/researchand-resources/on-the-edge-childline-spotlight/): [www.nspcc.org.uk/preventing-abuse/researchand-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/researchand-resources/on-the-edge-childline-spotlight/)

#### Books:

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Post-intervention*. New York: Routledge

### **Eating problems**

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.

#### Online support:

[Beat – the eating disorders charity](http://www.b-eat.co.uk/about-eating-disorders): [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

[Eating Difficulties in Younger Children and when to worry](http://www.inourhands.com/eating-difficultiesin-younger-children): [www.inourhands.com/eating-difficultiesin-younger-children](http://www.inourhands.com/eating-difficultiesin-younger-children)

#### Books:

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders? A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

### **Post-traumatic Stress Disorder (PTSD)**

Post-traumatic stress disorder (PTSD) can follow physical or sexual abuse, witnessing something extremely frightening or traumatising, or surviving a disaster. Some young people may be jumpy, or appear to be easily irritated. Nightmares may disrupt sleep and lead to tiredness and flashbacks may occur where the young person feels that they are re-living the trauma. They may seem excessively anxious avoiding anything that reminds them of the trauma.

#### Books

Rothschild, B (2010) *8 Keys to Safe Trauma Recovery: Take-Charge Strategies to Empower Your Healing*

## **Appendix B: Local Services for Young People**

### **Activities outside of school**

Search online for 'Youth Centres Manchester City Council' or go to [http://www.manchester.gov.uk/info/266/childrens\\_services/7310/youth\\_centres/2](http://www.manchester.gov.uk/info/266/childrens_services/7310/youth_centres/2)

### **Mental health support**

- Students and parents can be advised to visit their GP if they have concerns.
- 42nd Street is based in the city centre, offers counselling and art-based activities for 11-25 year olds. Telephone: 0161 228 7321 Website: <http://42ndstreet.org.uk/>
- Manchester Mind offers a children's and young persons' service based in Levenshulme and works with students aged 15 and older. It has an internet café (where students can volunteer), welfare advisors, and counsellors. Telephone: 0161 769 5732
- Childline offers information, online counselling and chatrooms. Telephone: 0800 1111 Website: <https://www.childline.org.uk/>
- Kooth offers information and online counselling <https://kooth.com/>
- SelfharmUK offers information on self-harm [www.selfharm.co.uk](http://www.selfharm.co.uk)
- Eclipse is a free and confidential drug and alcohol service for young people under 19 and families in Manchester. Telephone: 0161 8392054

## **Appendix C: Staff Self-care**

- Contact HR regarding the Employee Assistance Programme including counselling for staff.
- Education Support offers a 24-hour free and confidential helpline for staff working in schools. T: 08000 562 561
- Facilitated group supervision is available within school for reflective practice, contact Shanaz Essafi at Manchester Academy for further details.
- Talk to a Mental Health First Aider in school for information about mental health issues (names of these staff are listed in Appendix C)

## **Appendix D: Factors that improve mental health**

There are many models of mental health.

PERMA is a model within the branch of Psychology known as 'Positive Psychology' which explores human success and potential. PERMA is an evidence-based model developed by Prof. Martin Seligman and his team. PERMA suggests that there are five important building blocks of well-being and happiness:

- **Positive emotions** – doing things that we enjoy, which generate positive emotions such as peace, pleasure, inspiration, etc.
- **Engagement** – being completely absorbed in activities
- **Relationships** – being authentically connected to others
- **Meaning** – purposeful existence
- **Achievement** – a sense of accomplishment and success

Another well-known model is the 5 Ways to Well-Being model which was developed and researched by the New Economics Foundation:

1. **Connect** - Talk to someone, spend some quality time with family and friends
2. **Be active** – go running, jog on the spot, do star jumps – exercise improves mood
3. **Take notice** – use your eyes and ears – notice your surroundings, trees and plants – take a break from being in your head thinking and thinking about problems!
4. **Learn** - keep your mind focused on something useful or something that you enjoy, join a new club.
5. **Give** – when you smile at someone, or help them, it'll make you happy too