



Mental Health and Wellbeing Policy

North East Futures UTC has been established to change the education, skills and employment paradigm in our IT and Healthcare Science sectors in the North East. It provides the opportunity for young people from all the communities in this region to benefit from its specialist provision.

The Board of Trustees and all the North East Futures staff are committed to a policy of equality and aim to ensure that all students, employees, job applicants, other member of the school community and visitors are treated fairly and with respect.

We aim to give equal access to the high-quality educational opportunities we provide and to ensure that everyone feels that they are a valued member of the school community. We seek to create a safe and happy environment where all our students can flourish and where social and cultural diversity are celebrated.

Reviewed by:	Principal
Frequency of policy review:	3 years
Lead Sub Committee for discussion:	Educational Standards
Last Reviewed:	Nov 2020
By Dan Sydes	
Ratified by Local Board of Governors on:	Nov 2020
By Michael Whitaker	
Next Review Date:	Nov 2023

Ownership

The students' Mental Health and Well Being Policy has been created by staff who have worked closely with students and outside agencies over a number of years and with reference to Mental Health and Behaviour in Schools 2018.

Targets

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

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

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

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

Policy

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

Early intervention is paramount to success. All referrals will be made to John Pattison, Rachel Menzies or a member of the Safeguarding Team.

This policy and guidance should be made with close reference to the Confidentiality Policy and Child Protection Policy.

What is Self-Harm?

Self-harm describes a wide range of behaviours that people use to cope with difficult feelings and distressing life experiences.

Some people have described self-harm as a way to express suicidal feelings and thoughts without taking their own life.

Examples (not exhaustive)

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

It is estimated that 1 in 15 young people in the UK have deliberately self-harmed at some point and the most common age is 11-25. It's almost impossible to say how many young people are self-harming. This is because very few teenagers tell anyone what's going on, so it's incredibly difficult to keep records or have an accurate idea of scale. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between

the ages of 11 and 16, but the actual figure could be much higher (<https://selfharm.co.uk/get-information/the-facts/self-harm-statistics>)

Young people who have self-harmed have said they do it for a distraction, as self-punishment, as a way to symbolically cleanse themselves and to gain control, as a way to communicate without words, as a release of tension or as a form of comfort, to make themselves unattractive, to make them feel real or alive and because they may see it as a ritual or rite of passage into a group.

What is an Eating Disorder?

While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional problems. Eating disorders include but are not exclusive to Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder. Disordered eating affects the physical and emotional well-being 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.

Anxiety

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

Examples: (not exhaustive)

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

Depression

In its mildest form depression can be being in low spirits, it doesn't stop you leading a normal life not makes things harder to do and seem less worthwhile. At its most severe (Clinical Depression) can be life threatening. Some young people need medication to alleviate their symptoms.

Examples;

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

Loss and Bereavement

We will consider each individual bereavement event carefully to ensure that the response from the school is sensitive, accurately reflects the gravity of the situation, and involves those affected as appropriate.

Initially, staff should be informed confidentially so that they are aware of the situation and can a) be sensitive with student(s) involved and b) share concerns about the student(s) if necessary.

If a bereavement affects more than one individual in the school (for example, a particular friendship group or class), we will gather reliable information about events from parent(s) and assess how best to manage communication with young people. This, for example, may be best carried out with a trusted member of staff or parent present.

Bereavement affects different people in different ways. The impact of bereavement follows a child throughout their school life, so it may be necessary to offer support or appropriate referrals many months after the initial event.

The process of referral

- All staff who are concerned about the mental health and wellbeing of a student should log their concern on CPOMS using the "Cause for Concern" category. They are also encouraged to speak with the Pastoral Team (John Pattison and Rachel Menzies).
- The pastoral team will investigate further and make a relevant referral if appropriate. There are a variety of possible referral routes, including: CYPS/CAMHS, Early Help, the school counsellor, the school nurse service and local support services (including Streetwise and many more)
- If any member of staff feels that the student is any immediate danger of harm, then the normal child protection procedures should follow.
- If the student has seriously self-harmed then staff should follow the normal procedures for medical emergencies, including alerting reception so that the appropriate first aid can be given and if necessary contacting the emergency services for admission to hospital.

Supporting students with mental health issues.

School is able to offer a number of services and sign post others.

In School support:

- Form Tutor
- Pastoral Team
- SEND Team (where appropriate)
- Personal Development Curriculum which supports positive emotional and mental wellbeing
- School Counsellor

Outside Agencies:

- GP
- Child and Mental Health Services (CAMHS) or CYPS (Children and Young People's Service) depending on Local Authority
- Early Help
- School Nurse Service
- Local support services (including, but not limited to: Streetwise, WEYES, SCARPA, Drug and Alcohol Service)
- Children's Services

Supporting staff who are working with students with mental health issues.

North East Futures UTC acknowledges that staff who are working closely with distressed students exhibiting mental health problems like self-harm, eating disorders and depression can themselves be placed under emotional strain.

Support will be provided to all staff who request it in terms of any middle or senior leader in the school or possible access to the school counsellor (who is trained to support adults, too).

Relevant support staff (Pastoral Team, SEND Team) have undergone training related to Mental Health, and will continue to do so. This may be offered to the wider staff team where appropriate.

Personnel

Chair of Governors:

Michael Whitaker

Designated Safeguarding Leads:

John Pattison (Lead), Dan Sydes, Liam Clark, Rachel Menzies (Deputies)

Pastoral Team:

John Pattison and Rachel Menzies

School Counsellor (part-time)

Michelle Holt – Kalmer Counselling

SENDCO

Liam Clark

Linked Policies

- Child Protection Policy
- Anti-Bullying Policy
- SEN Policy and procedures.
- Confidentiality policy
- Supporting students with Medical Needs Policy