

# Mental Health and Wellbeing policy

Campton Academy



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Signed:	
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1. Introduction
2. Purpose of the Policy
3. Mental Health and Wellbeing Leads
4. Mental Health Problems in Children
5. A Whole School Approach to Promoting Positive Mental Health
  - a. Ethos
  - b. Teaching
  - c. Involving Pupils
  - d. Involving Parents and Carers
  - e. Training Staff
6. Identifying Children with Mental Health and Wellbeing Needs
  - a. Early Identification
  - b. Behaviour and Mental Health
  - c. Procedure for concern
7. Supporting and Referring Children with Mental Health and Wellbeing Needs
  - a. Assessment
  - b. Support
  - c. Referrals
  - d. Individual Care Plans
  - e. Monitoring Impact
8. Disclosures and Confidentiality
  - a. Managing Disclosures
  - b. Confidentiality
9. Staff Wellbeing
10. Further Sources of Information
11. Monitoring and Evaluation
12. Appendix 1 - Types of mental health need
13. Appendix 2 - Risk & Protective Factors
14. Appendix 3 - Warning Signs
15. Appendix 4 - Emotional well-being and mental health needs pathway
16. Appendix 5 - CAMHS Referral Pathway

## **1. Introduction**

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 contribute to his or her community. (World Health Organisation).

Campton Academy recognises that children’s mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Mental health can have an impact upon quality of life, relationships and academic achievement. The Department for Education (DfE) recognises that: “Schools have an important role to play in supporting the mental health and wellbeing of children” (DfE (2018) *Mental Health and Behaviour in Schools*). Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience.

At Campton Academy, we aim to promote positive mental health and wellbeing for every pupil and member of staff. We pursue this aim by embedding a whole school approach to emotional health and wellbeing using the eight principles set out in the guidance by Public Health England, *Promoting Children and Young People’s Emotional Health and Wellbeing (2015)*



In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

This document should be read alongside statutory guidance on ‘Keeping children safe in education’, ‘Supporting Pupils with Medical Needs Policy’ and existing advice on targeted approaches for supporting pupils with, or at risk of developing mental health problems including:

- statutory guidance on ‘Promoting the health and wellbeing of looked after children’
- advice for school staff on ‘Mental health and behaviour in schools’
- advice on ‘Counselling in schools’

This policy sits alongside other school policies including:

- Behaviour Policy
- Safeguarding Policy
- Child on Child Abuse Policy
- Intimate Care Policy
- SEND Policy

## **2. Purpose of the Policy**

This document describes the school’s approach to promoting positive mental health and well-being. This policy is intended as guidance for all staff including non-teaching staff and governors.

The policy sets out:

- How we promote positive mental health and wellbeing in all staff and pupils
- How we increase understanding and awareness of common mental health issues
- How we train staff to recognise early warning signs of mental ill health
- How we provide support to staff working with pupils with mental health issues
- How we provide support to pupils suffering mental ill health and their peers and parents or carers
- Key information about some common mental health problems
- Where parents, staff and pupils can get further advice and support.

This policy should be read in conjunction with our Safeguarding Policy, our Child on Child Abuse Policy, our Behaviour Policy and our policy on Supporting Pupils with Medical Needs in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

### **3. Mental Health and Wellbeing Leads**

Support from the senior leadership team is essential to ensure that efforts to promote positive mental health and wellbeing are accepted and embedded. To this end, Campton Academy will have a member of the Senior Leadership Team oversee mental health and wellbeing as well as having a specific governor to oversee the field.

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

- **Sarah Fraher** – Designated Child Protection/Safeguarding Lead and Named Person Responsible for implementation of the 'Policy on Supporting Pupils with Medical Conditions'.
- **Carolyn Allen** – Designated Deputy Safeguarding Lead and Pastoral Lead
- **Carolyn Allen** – PSHE Subject Leader
- **Julia Bright** – Designated Mental Health and Wellbeing Lead
- **Alan Stupple** – Designated Safeguarding Governor

Any member of staff who is concerned about the mental health or wellbeing of a child or young person will speak to one of our leads in the first instance. If there is a fear that the child or young person is in danger of immediate harm then the normal child protection procedures will be followed, as set out in our safeguarding policy. If the pupil presents a medical emergency then the normal procedures for medical emergencies will be followed, including alerting the first aid staff and contacting the emergency services if necessary.

### **4. Mental Health problems in children**

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders<sup>1</sup>. Mental health professionals have classified these as:

- **Emotional disorders**, for example phobias, anxiety states and depression.
- **Conduct disorders**, for example stealing, defiance, fire-setting, aggression and anti-social behaviour.
- **Hyperkinetic disorders**, for example disturbance of activity and attention.
- **Developmental disorders**, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders.
- **Attachment disorders**, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers.
- **Trauma disorders**, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect.
- Other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder.

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. It is essential that staff are aware of their responsibilities, as set out in statutory guidance (Part 1 of KCSIE and in Working Together to Safeguard Children). If staff have a mental health concern that is also a safeguarding concern, immediate action should be taken, following the school's child protection policy and speaking to the designated safeguarding lead or a deputy.

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<sup>1</sup> <https://www.nhs.uk/Conditions/Pages/bodymap.aspx?Subject=Mental%20health%20disorders>  
Children in Need, looked-after children and previously looked-after children are more likely to have SEN and to experience the challenge of social, emotional and mental health issues than their peers.<sup>2</sup>

Where a pupil has certain types of Special Educational Need (SEN) there is an increased likelihood of mental health problems. Children with autism or learning difficulties, for example, are significantly more likely to have conditions such as anxiety.<sup>3</sup>

## **5. A Whole School Approach to Promoting Positive Mental Health**

We take a whole school approach to promoting positive mental health that aims to help children become more resilient, happy and successful and to prevent problems before they arise.

Our whole school approach includes:

- Creating an ethos, policies and behaviours that support mental health and resilience, which everyone understands.
- Helping children be resilient learners, with a growth mind-set
- Helping children develop social and emotional skills to aid social relationships
- Teaching children about mental health and working to ensure there is an open and positive culture that encourages discussion around the topic of mental health

### **a) Ethos**

Campton Academy is a values-based school. We are a happy, nurturing and safe school, and all children are given a variety of opportunities and experiences so that they can develop confidence, resilience and are empowered to believe that they can achieve.

Through a robust behaviour policy that sets out clear boundaries and consequences, we will ensure that Campton Academy is an emotionally secure and safe environment that prevents any form of bullying or violence.

Pupils having positive relationships with both their peers and staff members is key to ensuring they feel emotionally secure and like attending school. We will work to support all children in building peer relationships and to foster positive relationships between staff members and pupils.

### **b) Teaching**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. As recommended by NICE guidance we will build a curriculum that integrates the development of social and emotional skills within all subject areas (these skills include problem-solving, coping, conflict management/resolution and understanding and managing feelings).

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms. We will plan for and deliver statutory mental health education as set out by Government Regulations effective from 2020.

Pupils benefit from timetabled Mindfulness sessions led by staff qualified to deliver MiSP courses specifically designed for Primary aged pupils. Hamish and Milo resources are used to provide further support to identified groups.

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<sup>2</sup> <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

<sup>3</sup> <https://sp.ukdataservice.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf>

### **c) Involving Pupils**

Pupils play a key role in identifying support needed to promote positive mental health and we will ensure that the pupil voice is heard when planning both whole school and targeted support and interventions. This will be done through the school council and included in our annual pupil questionnaires.

### **d) Involving Parents & Carers**

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and specifically supporting children who do have mental health needs.

We strongly encourage parents to share any mental health concerns or conditions their child may have with school staff so that the school can provide the best care and support for the child.

Following NICE guidance, we will offer support to help parents and carers develop their parenting skills through both in-house support and signposting. We will provide information and guidance on mental health issues and local wellbeing and parenting programmes. We will have information for parents and carers on mental health and resilience, which can be accessed on the School website. The information will include who parents and carers can talk to if they have concerns about their own child or another child, as well as where parents and carers can access support for themselves.

We are aware that a child experiencing mental health difficulties can be difficult for a parent or carer and will endeavour to be sensitive and supportive. We make every effort to support parents and carers to access services where appropriate.

Our primary concern is the children, and in the rare event that parents and carers are not accessing services to support their child we will seek advice from the Local Authority. We will also provide information for parents and carers to access support for their own mental health needs.

Parents are encouraged to attend our annual wellbeing events planned as part of our World Wellbeing Week celebrations.

### **e) Training Staff**

It is important for staff to be provided with appropriate training to increase their knowledge of mental health to ensure they are equipped to be able to identify difficulties that pupils may have. As a minimum, all staff will receive annual training about recognising and responding to mental health issues and disclosures to enable them to keep child or young person safe.

All staff at Campton Academy will have training on the protective and risk factors (Appendix1), types of mental health needs (Appendix 2) and signs that might mean a pupil is experiencing mental health problems (Appendix 3).

5 members of staff have completed MiSP (Mindfulness in Schools Project) training and deliver their Dots programme. All staff are offered an opportunity to complete a Mindfulness course (Pause B Foundations).

All staff have completed Hamish and Milo training which includes a bank of targeted units of work designed to improve key aspects of pupil wellbeing. In addition, staff have completed Attachment Awareness and Emotion Coaching training delivered by the local authority. The Principal and pastoral lead have also completed Therapeutic Thinking training and are both Mental Health First Aiders.

Staff will be aware that that mental health needs might appear as non-compliant, disruptive or aggressive behaviour, which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

Training opportunities for staff requiring more in-depth knowledge will be considered as part of a whole school approach to emotional wellbeing and the school's performance management process. Additional CPD will be supported throughout the year where it becomes appropriate.

## **6. Identifying Children with Mental Health and Wellbeing Needs**

### **a) Early Identification**

Identification of mental health needs at Campton Academy comprises of a range of processes.

These include staff observations focusing on any changes in behaviour, presentation, emotional state or academic achievement, as well as any communication from the pupils regarding their emotions and feelings. Our aim is to put in place interventions as early as possible to prevent problems escalating. Two key elements that we will use to reliably identify children at risk of mental health problems as soon as possible are:

- Effective use of data, so that changes in pupils' patterns of attainment, attendance or behaviour are noticed; and can be acted upon; along with
- An effective pastoral system which ensures that every pupil is known by at least one member of staff, ensuring that changes in behaviour, emotional state or interpersonal behaviours are noticed.

Campton Academy recognises that Adverse Childhood Experiences (ACEs) and other difficult events in a child's life may have a negative impact on a child's mental health and that it is important to provide the right support for pupils during these times. These events include:

- Loss or separation
- Life changes - such as the birth of a sibling or transition to another school
- Traumatic experiences such as abuse, neglect, domestic abuse or bullying
- Other traumatic incidents such as natural disasters, or a terrorist attack.

### **b) Behaviour and Mental Health**

We recognise that behaviour can be an indicator of poor mental health. Therefore, when there is a concern about behaviour we will instigate an assessment to determine whether there are any underlying factors, such as undiagnosed SEN, difficulties with hearing or speech, child protection concerns or mental health problems.

Thus, this policy sits alongside our whole school behaviour policy that sets out a structured school environment with clear expectations of behaviour, which are reinforced with a highly consistent consequence system. This will be paired with an individualised graduated response when the behavioural needs might be a result of educational, mental health, or other needs or vulnerabilities.

### **c) Targeted Support**

Some children are at greater risk of experiencing poorer mental health. For example those who are in care, young carers, those who have had previous access to mental health services, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

In line with NICE guidance children who are most at risk (or already showing signs) of social, emotional and behavioural problems will be provided with specific and timely support. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact on their social and emotional wellbeing throughout childhood, adolescence and into adulthood. Where we are aware that children have suffered abuse, neglect or exploitation we will monitor and regularly assess their mental health and wellbeing to ensure that they are receiving the support they need to address any mental health concerns.

#### **d) Procedure for concern**

Any member of staff who is concerned about the mental health or wellbeing of a child will speak to one of our leads in the first instance. A discussion will then be had regarding any previous case history or other concerns. Parents or carers will be approached to share the concern and to agree an appropriate response. It may also be appropriate to discuss the concern with the pupil to further understand their point of view and involve them in the next stages.

All concerns about a child's mental health or emotional well-being should be logged on CPOMS with details of who the information has been shared with.

### **7. Supporting and Referring Children with Mental Health and Wellbeing Needs**

When staff suspect a pupil has a mental health problem, the mental health lead will use the graduated response process to put support in place:

- Assess - an assessment to establish a clear analysis of the pupil's needs;
- Plan - a plan to set out how the pupil will be supported;
- Do - action to provide that support;
- Review - regular reviews to assess the effectiveness of the provision and lead to changes where necessary.

The pupils and their parents or carers will be involved throughout the graduated response process.

#### **a) Assessment**

Once a concern has been reported to the Mental Health Lead, discussed with parents and recorded on CPOMS our assessment system is then implemented. This is based on levels of need to ensure that children get the support they need, either from within the School or from an external specialist service.

There are several identification and measurement tools, such as the Strengths and Difficulties Questionnaire (SDQ) and Boxall Profile, which can support this process.

#### **b) Support**

Once a child's level of need has been assessed a plan of support can be put in place, either from within school or from an external agency. Support will be given based on a child's level of need, this may include interventions provided by school and/or referrals to external agencies.

When planning how a pupil will be supported staff at Campton Academy will use the Central Bedfordshire Emotional Wellbeing and Mental Health Needs Pathway (Appendix 4) to guide them through what action to take at different levels of emotional wellbeing/ mental health need.

Campton Academy will also provide targeted support to pupils who are more at risk of developing a mental health problem or who are going through a period of difficulty in their lives. Targeted support will include interventions to address concerns, as well as providing opportunities to increase resilience through positive achievements, building relationships with peers and supporting parents and carers.

#### **c) Referrals**

When putting together a plan for how a pupil will be supported, it may be deemed necessary to refer a pupil to external agencies for support. These referrals will always be made with permission from parents and carers and, where possible, the pupil themselves. Outside services that the mental health lead may refer to include; the school nurse, the educational psychologist, CAMHS or CHUMS. Where a referral to CHUMS or CAMHS is appropriate this will be led and managed by our family support worker. Guidance about referring into Bedfordshire CAMHS (October 2018) is set out in Appendix 5.

#### **d) SEND Support Plans**

Not all children with mental health difficulties will have SEN. But persistent or serious mental health difficulties will often meet the definition of SEN, in that they lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. As set out above, the graduated response process set out in the SEND Code of Practice provides a framework for deciding what support to offer, which would be good practice regardless of whether or not a pupil has SEND.

We will draw up a SEND Support plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This will be drawn up involving the pupil, the parents and relevant health professionals. This may include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

#### **e) Monitoring Impact**

It is important to be able to record and monitor the impact of any support that is put in place. For children with SSP or other formalised plans this will be done on a regular basis. For other pupils, the impact of any support can be systematically measured and assessed through SDQs.

### **8. Disclosures and Confidentiality**

#### **a) Managing disclosures**

A child or young person may choose to disclose concerns about themselves or a friend/sibling to any member of staff, so all staff have been briefed/trained on how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend/sibling to a member of staff, the member of staff's response will always be calm, supportive and non-judgmental.

Staff will listen rather than advise and the focus should be of the child or young person's emotional and physical safety rather than of exploring 'why?'

All disclosures will be recorded on CPOMS. This information will be discussed with the safeguarding team and the appropriate support will be put in place.

#### **b) Confidentiality**

Staff will be honest with regard to confidentiality. When it is necessary to pass on concerns about a child, then they will discuss with the child:

- Who they are going to talk to,
- What they are going to tell them,
- Why they need to tell them.

Information about a child or young person will not be shared without first telling them. Ideally their consent will be received, though there are certain situations when information will always be shared with another member of staff and/or a parent, for example if the child is in danger of harm.

We will always share disclosures with a colleague, usually the DSL, Sarah Fraher. This helps to safeguard the emotional well-being of the member of staff as they are no longer solely responsible for the pupil. It also ensures continuity of care in the absence of that member of staff and provides an extra source of ideas and support. This will be explained and discussed with the pupil along with who it would be most appropriate and helpful to share this information with.

Parents or carers will always be informed if there has been a concern raised or a disclosure made about their child's mental health, unless the Designated Safeguarding Lead believes sharing this information would place the child at more risk.

We will provide a contact point for parents if they have further questions and will arrange a meeting or phone call as parents often have many questions. Each meeting will finish with agreed next steps and a brief record of the meeting will be kept on the child's confidential record.

### **9. Staff Wellbeing**

Promoting staff health is an integral part of whole school wellbeing and is a key part of Campton Academy's whole school approach.

Some examples of our approach can be found in our wellbeing charter. We also have a Mental Health and Wellbeing Action Plan that is reviewed annually and is part of our school development plan.

### **10. Monitoring and Implementation**

It is the responsibility of the Principal and the local governing body to monitor this information.

This policy will be made known to all staff, parents/carers and governors, and published on Campton Academy's website. Copies are also available upon request from the academy office. This policy will be reviewed two yearly or as required.

**Appendix 1 : Risk & Protective Factors** (taken from DfE advice *Mental Health and Behaviour in Schools*, 2018)

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and 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> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills,</li> <li>• sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• A positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the family	<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, emotional abuse, or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</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 for education</li> <li>• Supportive long term relationship or the absence of severe discord</li> </ul>
In the school	<ul style="list-style-type: none"> <li>• Bullying including online (cyber)</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Peer on peer abuse</li> <li>• Poor pupil to teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• Staff behaviour policy (also known as 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 teacher/school staff relationships</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• Positive friendships</li> <li>• Effective safeguarding and</li> <li>• Child Protection policies.</li> </ul>

		<ul style="list-style-type: none"> <li>• An effective early help process</li> <li>• Understand their role in and be part of effective multi-agency working</li> <li>• Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively</li> </ul>
In the community	<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>• Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</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 morale 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>

## **Appendix 2: Main types of mental health need**

This is not an exhaustive list. However, you can find out more about other mental health problems, as well as symptoms and treatments by visiting

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/>

**Anger and Conduct disorders** (E.g. defiance, aggression, anti-social behaviour, stealing and fire-setting) – Overt behaviour problems often pose the greatest concern for practitioners and parents/carers, 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.

**Anxiety** – Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. 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.

**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 feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.

**Hyperkinetic disorders** (e.g. 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.

**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.

**Eating disorders** – The most common eating disorders are anorexia nervosa and bulimia nervosa. 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.

**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 SPA Emotional Health and Wellbeing Policy 2019 PAGE 17 between substance abuse (where use leads to personal harm) and substance dependence (where there is a compulsive pattern of use that takes precedence over other activities). It is important to distinguish between young people who are experimenting with substances and fall into problems, and young people who are at high risk of long-term dependency.

**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, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

**Trauma or Post-traumatic stress** – If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves.

### **Appendix 3: Warning Signs**

There are often warning signs which indicate a child or young person is experiencing mental health or emotional well-being issues. These warning signs are taken seriously and staff observing any of them should communicate their concerns with one of our safeguarding lead. While not exhaustive, the list below details possible warning signs as follows:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Becoming socially withdrawn
- 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
- Getting changed secretly for P.E.
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Unusual play (in playground)
- Unusual drawings (in class)
- Tendency to isolate themselves
- Compulsive lying
- Attention seeking
- Repeated physical pain or nausea with no evident cause
- Pulling hair out (self-harm)
- Hurting other children
- No empathy
- Anxiety
- Hiding inside clothes (making self invisible)
- Loud and disruptive
- Hiding lunch
- Over/under eating
- Soiling

## Appendix 4: Emotional well-being and mental health needs pathway



# Appendix 5: CAMHS Referral Pathway

