



# Huxlow Academy

Ambition • Respect • Pride

Policy Owner	Department	Effective Date	Approval Date	Review Cycle	Revision Due Date
Ruth Roberts	SLT	January 2025		Annual	

## Positive Mental Health & Wellbeing Policy

Policy Approver: Local Governing Board

### Version Control

Version Number	Date of Change	Changes Made
1.0		
2.	January 2025	Updated dates and to include LGB Updated member of staff as DDSL My Concern updated to CPOMS
3	March 2026	Updates to key staff and agency contacts.



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## 1. Policy Name

Positive Mental Health and Wellbeing Policy

## 2. Statement of Intent

At Huxlow Academy we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, 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 students affected both directly and indirectly by mental ill health.

Huxlow Academy is committed to promoting positive mental, physical and emotional wellbeing and will provide suitable support for all members of staff. See Appendix A. Mental health is a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. (World Health Organization)

## 3. Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including associate staff and governors. This policy should be read in conjunction with our other policies in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

## 4. Policy Aims

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents or carers
- Promote positive mental health and wellbeing for all staff.

## 5. Lead Members of Staff

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

- Ruth Roberts: Designated Safeguarding Lead & Mental Health Lead

Nicky Grove: Operational Safeguarding lead

- Leanne Hennessy: Lead First Aider
- Mrs S Earby-Martin: Health and Wellbeing Coordinator

Denise Sturdy: ELSA lead

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to a Designated Safeguarding Lead. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to an external agency such as Child and Adolescent Mental Health Service (CAMHS) or Mental Health Schools Team (MHST) is appropriate, this will be led and managed by Nicky Grove Operational Safeguarding lead. Guidance about referring to CAMHS is provided in Appendix B.

## 6. Health Care Plans and Risk assessments

It is helpful to draw up either an individual health care plan or risk assessment for students causing concern or who receive a diagnosis pertaining to their mental health. This should always involve the student, the parents and relevant health professionals, where possible. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- Preventative measures

## 7. Teaching about Mental Health

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

The specific content of the programme will be determined by the specific needs of the cohort we are teaching, as well as student feedback, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

## 8. Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix C. We will display relevant sources of support in student services areas and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

## 9. Warning Signs

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 via CPOMS or with our mental health leads or any designated safeguarding lead.

Possible warning signs include:

- 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
- 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
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

- An increase in lateness or absenteeism

## 10. Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix D.

All disclosures should be recorded in writing and held on the student's confidential file. Most concerns will be documented on CPOMS. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Who the information was passed onto.

This information should be shared with a mental health lead who will store the record appropriately and offer support and advice about next steps. See Appendix B for guidance about making a referral to CAMHS.

## 11. Confidentiality

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

Ideally, we would request a student's consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. This includes situations relating to safeguarding protocols, for students up to the age of 18.

It is always advisable to share disclosures with a colleague, usually the mental health lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if a student is at risk of or has been harmed. Students may choose to tell their parents themselves, which is also encouraged. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, before parents are contacted, a safeguarding lead (Ruth Roberts, Nicky Grove, Zoe Correa) must be informed immediately.

## 12. Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should consider the following questions (on a case-by-case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news that you are sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums. See Appendix C.

We should always follow up with parents, after disclosures have been discussed, to allow them to ask further questions and consider booking in a follow-up meeting or phone call right away, as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

## 13. Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents

- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

## 14.Supporting Peers

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. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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

## 15.Training

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.

Training opportunities for staff, who require more in depth knowledge, will be considered as part of our performance management process. Additional CPD will be supported throughout the year where it becomes appropriate, due to 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 CPD should be discussed with the mental health lead, designated safeguarding lead or our CPD Coordinators, who can also highlight sources of relevant training and support for individuals as needed.

## 16. Policy Review

This policy will be reviewed every year as a minimum. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

This policy will always be immediately updated to reflect personnel changes.

Signed: \_\_\_\_\_ *D McVean* \_\_\_\_\_ Date: \_\_\_\_\_ 25.03.2026 \_\_\_\_\_

Chair of Local Governing Board

## Appendix A

### Promoting staff wellbeing

Huxlow Academy recognise the value of good management practice with systems in place to effectively manage staff and encourage a partnership approach with staff, and workplace unions by:

- Fostering a supportive work environment, operating in a fair and consistent manner.
- Promote a healthy workplace and practices that ensure that members of staff are able to develop a healthy mind.
- Pay attention to any indication of changes in performance or behaviour in staff and promote sympathetic alertness to staff who show signs of being under stress.
- Understand the differing needs of staff, at different points and events during their life cycles, and offer support accordingly, if and when required.
- Follow agreed procedures when there are concerns or absence due to work related stress and other mental-health problems.
- Ensure that a return-to-work policy is established in the workplace that is supportive of staff both while absent and upon return to work.
- Carry out a risk assessment, where necessary, and especially when concerns have been raised, as soon as possible.
- Carefully plan and agree work-life balance solutions including flexible working practices where possible and appropriate.
- Manage pressures, which may affect staff, including the impact of workload pressures, and anticipate likely problems, taking action to reduce the effects of these pressures where possible.
- Conduct an annual survey of staff, including a section on health and wellbeing, and share and act upon results.

All staff need to:

- Seek support or help when they think they are experiencing a problem, if possible, to a clearly identified line manager.
- Act in a manner that respects the health and safety needs of themselves or others whilst in the workplace.
- Consider wellbeing support mechanisms offered e.g. Health Assured helpline 0800 030 5182, occupational health and mediation meetings to assist employees to return to normal working relationships.
- Where possible, be alert of any indication of changes of behaviour in colleagues and promote sympathetic alertness to colleagues who show signs of stress.

## Appendix B

CAMHS referral procedure : Details for referral can be found on the West Northants website:  
<https://www.westnorthants.gov.uk/directory/local-offer/3cdf566b-f8c5-4895-beae-aafca48944ca>

## Appendix C

### Support Services:

- Camhs (as above)
- All Children's services, including Healthy Child Team and Social Care – 0300 126 7000
- **Family Help Services** you can contact the team quickly by calling 0300 126 7000 or email: [cfss@nctrust.co.uk](mailto:cfss@nctrust.co.uk)
- Mental Health Support Team  
[MHST-for-parents-leaflet.pdf \(huxlow.northants.sch.uk\)](#)
- Childline -08001111
- Young minds parents helpline: 0808 802 5544
- Accident and Emergency Department at Kettering General Hospital

### Websites:

- [youngminds.org.uk](http://youngminds.org.uk) gives parents guide to support A-Z
- Service Six Website:  
[Service Six- Service Six is an award-winning charity based in Wellingborough providing mental health and wellbeing help and support to children, young people and their families](#)
- [Actionforchildren.org.uk](http://Actionforchildren.org.uk)  
<https://www.childline.org.uk>