



Mental Health and Emotional Wellbeing Policy

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Document Control

Version No.	Date	Updated By	Reason for Change
1.0	02/01/2024	Tiffany Godfrey	Initial Draft
1.1	02/02/2024	Alison Whichelo	Peer review and Release from SLT
1.2	02/09/2025	Tiffany Godfrey	Updated in line with KCSIE 2025



1 Scope

This policy is a guide to all team members – including non-teaching and directors – outlining DRHL’s approach to promoting mental health and emotional wellbeing.

It should be read in conjunction with other relevant Annandale House policies.

2 Policy Aims

- Promote positive mental health and emotional wellbeing in all team members and young people.
- Increase understanding and awareness of common mental health challenges.
- Enable the team to identify, assess risk and respond to early warning signs of mental ill health in young people.
- Enable the team to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to young people with mental health challenges and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst young people and raise awareness of resilience building techniques.
- Raise awareness amongst the team and gain recognition from SLT that team members may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of the team’s and young people’s welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around Annandale House.

3 Key team members

This policy aims to ensure all team members take responsibility to promote the mental health of young people, however key members of the team have specific roles to play:

• Head of Wellbeing	• Mental Health Lead
▪ Designated Safeguarding Lead	▪ SENCO

If a member of the team is concerned about the mental health or wellbeing of a young person, in the first instance they should speak to the Mental Health Lead.



4 Individual Care Plans/Risk Assessment

When a young person 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 young person, parents, and relevant professionals.

Suggested elements of this plan include:

- Details of the young person's situation/condition/diagnosis
- Potential risk
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency.
- The role of Annandale House and specific team members
- Monitoring (who and at what frequency)

5 Teaching about Mental Health

The skills, knowledge and understanding our young people need to keep themselves - and others - physically and mentally healthy and safe are included as part of our well-being and Life Skills session.

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

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and-emotional-wellbeing>

Incorporating this into our sessions at all stages is a good opportunity to promote the young persons' wellbeing through the development of healthy coping strategies and an understanding of the young persons' own emotions as well as those of other people.

Additionally, we will use such sessions as a vehicle for providing young people who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting young people to support any of their friends who are facing challenges.



6 Signposting

We will ensure that team members, young people and parents/carers are aware of the support and services available to them, and how they can access these services.

Within Annandale House (noticeboards, shared areas, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure young people understand:

• What help is available?	• Why should they access it?
▪ Who it is aimed at.	▪ What is likely to happen next?
▪ How to access it.	▪

7 Warning Signs

Team members may become aware of warning signs which indicate a young person is experiencing mental health or emotional wellbeing challenges. These warning signs should always be taken seriously and team members observing any of these warning signs should alert the Mental Health Lead.

Possible warning signs, which all team members should be aware of include:

• Physical signs of harm that are repeated or appear non-accidental.	• Expressing feelings of failure, uselessness, or loss of hope
▪ Changes in eating / sleeping habits.	▪ Changes in clothing – e.g., long sleeves in warm weather
▪ Increased isolation from friends or family, becoming socially withdrawn.	▪ Secretive behaviour
▪ Changes in activity and mood	▪ Lateness to, or absence from Annandale House
▪ Talking or joking about self-harm or suicide	▪ Repeated physical pain or nausea with no evident cause
▪ Accessing drugs or alcohol	▪



8 Targeted support

We recognise some children and young people 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 CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

We ensure timely and effective identification of young people who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those young people most at risk (or already showing signs) of social, emotional, and mental health challenges- Children's Services, CAMHS and other agencies services to follow various protocols including assessment and referral.
- Identifying and assessing in line with the Early Help Assessment Tool (EHAT), young people who are showing early signs of anxiety, emotional distress, or behavioural challenges.
- Discussing options for tackling these problems with the young person 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 young person'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 challenges are dealt with as soon as they occur.
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal challenges 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; and
- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.



9 Managing Mental Health disclosures.

If a young person chooses to disclose concerns about themselves, or a friend, to any member of the team, the response will be calm, supportive, and non-judgemental.

All disclosures should be recorded confidentially on the young person's personal file, including:

• Date	• Nature of the disclosure & main points from the conversation
▪ Name of member of team to whom the disclosure was made.	▪ Agreed next steps

This information will be shared with Mental Health Lead, DSL, SENCO, Annandale House Coordinator.

10 Safeguarding

All mental health disclosures should be considered against a simple test based on the principles KCSIE:

Could this a sign of a broader safeguarding issue?

Could the symptoms present a risk to the young person or those around them?

If either is yes, or if the person receiving the disclosure has any doubts, they must contact the DSL as per Annandale House's safeguarding policy.

If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.



11 Confidentiality

If a member of the team feels it is necessary to pass on concerns about a young person to either someone within or outside of Annandale House, then this will be first discussed with the young person. We will tell them:

• Who we are going to tell.	• Why we need to tell them.
▪ What we are going to tell them	▪ When we're going to tell them

Ideally, consent should be gained from the young person first, however, there may be instances when information must be shared, such as young people up to the age of 16 who are in danger of harm.

It is important to also safeguard team emotional wellbeing. By sharing disclosures with one of the aforementioned team members this ensures one single member of the team isn't solely responsible for the young person. This also ensures continuity of care should team absence occur and provides opportunities for ideas and support.

Parents must always be informed, but young people may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before Annandale House contacts the parents/carers.

If a young person 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.

12 Team mental health

Updated survey to be anonymously filled in by all team members twice a year. A discussion to be had with the SLT as to the different levels of support provided.



13 Whole Annandale House approach

13.1 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?
- Who should be present – young people, team members, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their young person's challenges 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/agree are added to the young person's record and an Individual Care Plan created if appropriate.

13.2 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:

- 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; and
- Ensuring parents, carers and other family members living in challenging circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing.



14 Supporting Peers

When a young person is suffering from mental health challenges, 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 young person 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.

15 Training

As a minimum, all team members will receive regular training about recognising and responding to mental health challenges as part of their regular child protection training to enable them to keep young people safe. Any challenges to be reported to the Mental Health Lead.

Training opportunities for team members who require more in-depth knowledge will be considered as part of our appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more young people.

Where the need to do so becomes evident, we will host twilight training sessions for all the team to promote learning or understanding about specific challenges related to mental health.

Suggestions for individual, group, or whole Team CPD should be discussed with ***the Mental Health Lead*** who can also highlight sources of relevant training and support for individuals as needed.



16 Policy Review

This policy will be reviewed in line with KCSIE. The next review date is **01/09/2026**.

In between updates, the policy will be improved when necessary to reflect case outcomes, local and national changes. This is the responsibility of The Mental Health Lead.