



MENTAL HEALTH AND WELLBEING POLICY

Reviewed and updated autumn 2023 | Next review autumn 2024

Introduction

At St Nicholas' we aim to positively focus on the wellbeing and mental health of every member of our staff and pupil community and acknowledge that everyone has mental health which needs looking after. In addition to promoting work practices and strategies to promote positive mental health and well-being for all, we aim to recognise and respond to mental ill health, whether this be mild, moderate or severe.

We pursue this aim using both universal, whole School approaches and specialized, targeted approaches aimed at vulnerable individuals. 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 and staff affected both directly and indirectly by mental ill health.

This policy aims to:

- Promote positive mental health in all staff and pupils
- 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 pupils suffering mental ill health and their peers and parents/carers

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 non-teaching staff and governors.

This policy should be read in conjunction with our Safeguarding policy in cases where a pupil's mental health overlaps with or is linked to a safeguarding issue and the SEN policy where a pupil has an identified special educational need.

Lead Members of Staff

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

- Dr Olwen Wright – Headmistress
- Ms Claire Huyton – Deputy Head Pastoral Care

- Mrs Stella Lawson – Phase Leader KS4
- Miss Hannah Willmott – Phase Leader KS3
- Mrs Helen Barnes – Deputy Head of Juniors
- Mrs Caroline Sanger – School Counsellor
- Mrs Helen Molloy – SENDCo
- Mrs Sarah Watkins – School Nurse & Mental Health First Aider
- Mrs Debbie Martin, Mrs Hannah Hopkins, Mrs Karen Lisle, Mrs Louise Wallace - ELSA

Safeguarding Team:

- Ms Claire Huyton – Designated Safeguarding Lead (DSL)
- Dr Olwen Wright – Deputy Designated Safeguarding Lead (DDSL)
- Mr Lee Render – Deputy Designated Safeguarding Lead (DDSL)
- Miss Hannah Willmott – Deputy Designated Safeguarding Lead (DDSL)
- Mrs Stella Lawson – Deputy Designated Safeguarding Lead (DDSL)
- Mrs Katie Webster EYFS Designated Safeguarding Lead (DSL)

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the appropriate Phase Leader or the Deputy Head Pastoral Care in the first instance.

If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed.

If the pupil 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 CAMHS is appropriate, this will be led and managed by the Deputy Head Pastoral Care.

Promoting Staff Wellbeing

We are committed to promoting positive mental, physical and emotional wellbeing and will provide suitable support for all members of our staff at St Nicholas'. We recognise the value of good management practice, with systems in place to effectively manage staff and encourage a partnership approach with staff, by:

- Fostering a supportive work environment, operating in a fair and consistent manner.
- Promoting a healthy workplace and practices that ensure that members of staff can develop a healthy mind.
- Paying 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.
- Understanding the differing needs of staff, at different points and events during their working lives, and offer support accordingly, if and when required.
- Following agreed procedures when there are concerns or absence due to work related stress and other mental-health and well-being problems, including occupational health support.
- Ensuring that a return-to-work policy is established in the workplace that is supportive of staff both while absent and upon return to work.
- Carrying out a risk assessment, where necessary, and especially when concerns have been raised, as soon as possible.
- Carefully planning and agreeing work-life balance solutions including flexible working practices where possible and appropriate.

- Managing 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 and review regularly by gaining staff feedback.
- Conducting a regular 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 or www.educationsupport.org.uk, 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.

Training

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 pupils 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 pupil.

More information for staff who wish to learn more about mental health is available on the School SharePoint. The [MindEd learning portal](#)¹ provides free online training suitable for staff wishing to know more about a specific issue. Also www.educare.co.uk, www.creativeeducation.co.uk and www.place2be.org.uk all offer training courses and webinars on specific Wellbeing and Mental Health topics for School staff.

Suggestions for individual, group or whole School CPD should be discussed with the Deputy Head Pastoral Care who can also highlight sources of relevant training and support for individuals as needed.

Teaching about Mental Health

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 whole School PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the year group we are teaching, 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.

We will follow the [PSHE Association Guidance](#)² to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Refer also to the PSHE Policy.

Pupils in the junior and infant sections of the School will follow the myhappymind program of study.

Signposting

We will ensure that staff, pupils 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 are outlined in Appendix B.

We will display relevant sources of support in communal areas such as tutor rooms, toilets and on the wellbeing noticeboard and will regularly highlight sources of support to pupils within relevant parts of the curriculum. All resources will be updated regularly to ensure that the information remains relevant and current. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

Recognising Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 and then follow up with the Deputy Head Pastoral Care.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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
- Loss of interest in hobbies and pastimes (including clubs previously enjoyed)

When assessing the problem, the following will need to be considered:

1. The duration of the changes
2. The severity
3. The impact
4. The complexity
5. The context

Managing Disclosures

A pupil 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 pupil 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 pupil's emotional and physical safety rather than of exploring 'Why?'. For more information about how to handle mental health disclosures sensitively see [Mental Health Disclosure Guidance](#) in the staff SharePoint.

All disclosures should be recorded in writing to CPOMS in line with the safeguarding procedure, see the child protection policy for more information.

Confidentiality

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

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

Ideally, we would receive the pupils' consent before sharing information, although 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. See the School's Child Protection Policy.

It is always advisable to share disclosures with a colleague, usually with the Deputy Head Pastoral or Phase Leader as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil. It also ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. When sharing information, it should be on a need-to-know basis.

Parents must always be informed, without delay, if a pupil is at risk of or has been harmed. Occasionally, if the risk is felt to be lower, then pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the School contacts parents. We should always give pupils the option of us 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, the Designated Safeguarding Lead must be informed, with concern clearly documented on CPOMS.

Student Support Plans & Risk Assessments

It is helpful to draw up either an individual student support plan and risk assessment for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents, relevant School support staff and relevant health professionals, within specific 'team around the pupil' meetings.

This can include:

- Details of a pupil's condition

- Special requirements and precautions
- Risk to self and / or others
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the School can play
- Preventative measures (limiting the risk factors)

Supporting 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;

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? Ensuring the family have some privacy.
- Who should be present? Consider parents, the student, 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 is being shared. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums (see Appendix B).

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call, as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record via CPOMS.

To support all 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 Wellbeing & Positive Mental Health Policy easily accessible to parents via the School website and from the School office
- Share ideas about how parents can support positive mental health and wellbeing in their children through information evenings and parents' 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, through live and online presentations, email, School website and social media channels

Supporting Peers

When a pupil 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. 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 pupil 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 further 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

Policy Review

This policy will be reviewed and updated annually, although changes may be made throughout the year as deemed appropriate.

Appendix A

Sources of Support

Below is some sign-posted information and guidance about the issues most commonly seen in School-aged children. The links will take you through to the most relevant page of the listed website.

Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

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. See Child Protection Policy.

Online support

- SelfHarm.co.uk: www.selfharm.co.uk
- National Self-Harm Network: www.nshn.co.uk

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.

Online support

Depression Alliance: 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.

Online support

- **Anxiety UK:** www.anxietyuk.org.uk
- **Clear Fear** app (free): [Home - Clear Fear App](#)
- **Clear Fear** is an app developed for teenage mental health charity stem4 by Dr Nihara Krause, Consultant Clinical Psychologist, and uses the evidence-based treatment CBT to focus on learning to reduce the physical responses to threat by learning to breathe, relax and be mindful as well as changing thoughts and behaviours and releasing emotions.
- **Think Ninja** app (free): [ThinkNinja - Child Wellbeing \(healios.org.uk\)](http://ThinkNinja - Child Wellbeing (healios.org.uk))
- **No Panic** (support with anxiety & panic): www.nopanic.org.uk
- **Triumph over Phobia** (provides self-help therapy groups & support for those with OCD, phobias & related anxiety disorders): www.topuk.org

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
- Edmund J Bourne (2018) **The Anxiety & Phobia Workbook**. New Harbinger.
- Tim Cantopher (2019) **Overcoming Anxiety without fighting it**. Sheldon Press.
- Dr Alice Boyes (2015) **The Anxiety Toolkit**. Piatkus.

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

Triumph over phobia (listed above in Anxiety, Panic attacks & Phobias)

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 – PAPHOS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventingabuse/research-and-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 Postvention**. New York: Routledge

Eating problems

Controlling food may be used as a way of coping with, or communicating about, difficult thoughts and feelings 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: www.b-eat.co.uk/about-eating-disorders
- **Eating Difficulties in Younger Children and when to worry:** www.inourhands.com/eating-difficulties-in-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**