EMOTIONAL WELLBEING & MENTAL HEALTH POLICY

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Newcastle upon Tyne Royal Grammar School

Royal Grammar School Newcastle (RGS) recognises the importance of good mental health and wellbeing in the whole school community.
Through the education of students, staff and parents, coupled with a willingness to talk openly and normally about mental health issues, the school seeks to promote the early detection and treatment of poor mental health and bolster emotional wellbeing. Alongside this approach, the school continues to develop strategies which build resilience in our students and staff to help prevent the onset of mental health problems.

Keeping Children Safe in Education (KCSIE) 2025 makes a clearer link between mental health and safeguarding issues, and stresses the role that schools play in detecting possible problems and supporting good mental wellbeing (see SAFEGUARDING & CHILD PROTECTION POLICY, APPENDIX M).

Mental ill-health can take a variety of forms and the school recognises that its role is not to diagnose and treat conditions, but to be alert to the signs of a problem, intervene at the earliest stage and provide support whilst the student or member of staff gains access to appropriate professional help. Specific conditions and guidance are detailed below.

A number of staff are trained in *Mental Health First Aid*, and our community has access to counselling support via two counsellors, plus two full-time nursing staff and a visiting school doctor who can refer students to Children and Young Peoples' Service (CYPS) if necessary.
We also offer a Mental Health First Aid qualification course for our Sixth Form as an option of their Enrichment programme.

Mrs Kate Hammill is our Mental Health Lead in school, and Head of Wellbeing (k.hammill@rgs.newcastle.sch.uk).

In 2022, RGS attained the Wellbeing Award for Schools, which reflects our commitment to the wellbeing of our students, staff and parents, and ensures that mental health and wellbeing sit at the heart of our school life. This is enabling us to manage wellbeing in a more strategic and informed way, from which we have dynamic wellbeing strategies for student and staff wellbeing.

CONFIDENTIALITY

The school's primary aim is the welfare of its students and it believes that this is usually best served by working with the knowledge and support of the student's family. Quite often a student will approach the school for help before telling their parents and will ask for their confidentiality to be respected. If a Senior School student is deemed *Gillick competent* (sufficiently mature to make a competent judgement) the school will respect their wishes. However, the school will hope to work with the student to find a way, acceptable to them, to let parents know. The school believes it is important that the student feels in control of their situation, so the school will work closely with the student to help them to *open up* to those who care for them. Where the school believes that the student is at significantly greater risk if their parents/carers are not aware of their issues, then the school will inform parents of their concerns in order to keep the student safe. Decisions regarding the sharing of information will always be made on an individual basis, taking into account the wishes and age of the student, as well as the judgement of the professionals who are involved. In this context, parents of students in the Junior School are always informed that their child would like to receive counselling and invited to meet the counsellor before any sessions take place.

The school's Doctor (Medical Officer), Nurses and Counsellors work within medical and ethical codes of confidentiality which are more stringent than those of a school. These codes of confidentiality prevent those professionals from informing the school of issues unless *either* they have the direct permission of the student *or* the student is in danger.

In the Senior School we monitor our students' wellbeing regularly through the term, issuing wellbeing surveys through the respective Heads of Year and overseen by the Head of Wellbeing. In the Junior School, students' wellbeing is monitored using the Rising Stars Wellbeing & Attitudes to Learning app.

Staff also have access to the professional services in school and are encouraged to manage their own mental health and wellbeing through seeking informal support and intervention from colleagues or using the confidential services available. Staff who approach the Senior Leadership Team (SLT) can be assured of discreet and sensitive support. When the need arises, the school will support staff who require more specialist treatment or counselling.

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The school also offers an optional health care package that staff can access, which offers counselling through an external source.
Supporting emotional and mental health is an integral part of the Middle Leaders' training programme.

THE SCHOOL'S APPROACH TO CONCERNS ABOUT EMOTIONAL WELLBEING

NOMINATED MENTAL HEALTH LEAD

The school's nominated mental health lead is Mrs Kate Hammill (Head of PSHE and Wellbeing).

STUDENT WELLBEING

The school has a multi-layered pastoral structure including trained peer supporters, form supervisors (class teachers in the Junior School), tutors, Heads of Year, Assistant Heads of Year, Counsellors, Nurses and a School Medical Officer which enables students and families to find the person with whom they are most comfortable. All staff (including support staff) know how to seek further support for others through regular safeguarding training.

Students are given guidance about looking after their mental health through informal contact with staff, PSHE lessons, assemblies, displays, promotion of national mental health awareness initiatives, visiting speakers or Year-group wellbeing days.

We have a large team of senior student peer supporters who receive training on how to support their peers with their mental health and how to recognize and guide anyone who may be struggling with early emotional difficulties. Additionally, we offer a Mental Health First Aid qualification course for our Sixth Form as an option of their Enrichment programme.

Resources to promote wellbeing and to support and advise students on mental health issues and signposting to support is available on the Teams Student Hub. Information can also be found on the Wellbeing page of our school website.

All parents of Years 7-11 have access to the Teen Tips Wellbeing Hub, which offers a range of resources, information and points of advice for parents to help support their child's wellbeing.
All Junior School students have access to a wellbeing room in Brandling House as a space to retreat to should they need it. All Senior School students have access to designated quiet spaces in the Heads of Year centre. Students can also use these spaces to pray or meditate.

Usually, the Head of Year in the Senior School or the Head of Pastoral Care in the Junior School (with the support of the Deputy Head Pastoral) will be the main coordinators of school support, liaising with health professionals, organising work, reducing commitments and on-going support for students.
We conduct regular wellbeing surveys to monitor and track student wellbeing, and identify when and where interventions may need to take place.
Whilst recognizing that we are a school and not a medical facility, we do recognize that we are increasingly having to identify and support more complex mental health issues in students. In light of this, all staff receive mental health training to be able to identify the more common mental health issues facing young people. In addition to this, we have trained a core team of staff to Level 2 Mental Health First Aid level, in order to be able to offer support to students who may be at a time of crisis with their mental health or wellbeing.
All staff have a role in the pastoral care of students and are encouraged to be proactive in their approach, reporting concerns they have about a child, however minor they may be. Likewise, parents are also encouraged to talk to the school as soon as they have concerns and the school organises parents' briefings to help inform parents about issues surrounding adolescence and mental health and wellbeing.

Our Heads of Year, nurses, doctor, counsellors and DSLs are able to refer to external agencies, such as Streetwise, CYPS/CAMHS/Crisis Team, to support our students should their needs require this.

STAFF WELLBEING

We recognize that good staff wellbeing is essential for cultivating a mentally healthy community. We aim to regular monitor staff wellbeing via staff wellbeing surveys using TES Pulse. We encourage our community to share any concerns they may have about their colleagues, and for Middle Leaders to ensure wellbeing is a standing agenda on departmental meetings. Staff who are concerned about colleagues or about their own emotional wellbeing are encouraged to speak to their Head of Department, member of the SLT, HR Lead or other trusted colleague to seek advice and support. The proactive approach we encourage with regard to students extends to all staff and there is flexibility of support available to help with workload, time off for appointments and other forms of intervention.
All staff have access to two school counsellors and to our medical team that consists of two nurses and our School medical officer.

All staff have access to our fitness facilities, such as the pool, gym and weights room. All staff are entitled to a free school lunch on the days they are working. Advice, support, resources and events relating to staff wellbeing can be found on the Wellbeing page in the Digital Common Room, and are promoted via the Senior School Staff Team/Support Staff Team/Junior School Team.
All staff have the option of accessing a health benefits package, which provides a range of health treatments and services to help support physical and emotional health.

A number of teaching and support staff have received mental health first aid training to Level 2 Mental Health First Aid.

We recognize that stress can be a significant challenge to staff. See the STAFF STRESS MAANGEMENT POLICY.

PARENT/CARER WELLBEING

We recognise how important parental mental health and wellbeing is in managing the wellbeing of our students. This is a significant branch of our work towards acquiring and maintaining our Wellbeing Award for Schools and we encourage support of this whole-community approach to emotional wellbeing and mental health.
We have a programme of parent talks, information events and a forum to help parents support their young people with the more common issues that young people are facing.
All parents of Years 7-11 have access to the Teen Tips Wellbeing Hub, which offers a range of resources, information and points of advice for parents to help support their wellbeing and parenting tips.

COMMON MENTAL HEALTH ISSUES FACING YOUNG PEOPLE:

EATING DISORDERS

Students may suffer from a number of different but associated eating disorders, none of which are mutually exclusive. Whilst anorexia, bulimia and binge-eating are the most well-known, students may have difficult relationships with food resulting in *disordered eating*. Students may ask for support because they are worried by their relationship with food, whilst others will not see that there is a problem and will therefore not seek help. Often family or friends will be the first to alert the school to problems regarding eating. The school will usually advise the student or family to seek help through their GP, or can support in a referral to EDICT, and can then provide on-going support and monitoring once a student is receiving professional help.

SELF-HARM

Self-harm is a behaviour and not an illness. The school recognises that students self-harm or self-harming behaviours to cope with emotional distress or to communicate that they are distressed. There are a number of reasons for self-harming and it is important to remember that self-harm is perceived as a relief from distress so the reasons for repeated self-harm may be different at different times. The school recognises that a high-pressure academic environment, or the demographic of our family groups, may place our students at a heightened risk of using unhealthy coping mechanisms when dealing with challenges to their mental health.

If a student discloses, or the school suspects, that they are self-harming, within the MHFA principles, the school will give suggestions for seeking professional support to find less destructive ways to cope. We will not promise confidentiality should this be disclosed to non-medical staff, and would look to include the parents at the earliest opportunity, unless this is not deemed in the best interests of the child in some way (see Annex 1 for the procedure HOYs would follow). Our Heads of Year team are all trained on how to respond to disclosures of self-harm, and follow an agreed protocol in this instance. Points of support in school may include appointments with the School Nurses, School Medical Officer or Counsellors. External agencies such as the student's GP, Streetwise and online support from sites such as **YOUNG MINDS** www.youngminds.org.uk or **POOKY KNIGHTSMITH** resources Mental Health | Dr Pooky Knightsmith may also be suggested.

In the medium and long term, the school will work with the student to help them develop healthier coping strategies and to discuss their self-harm so that they feel able to talk about past or current episodes. In cases of serious self-harm or suicidal behaviour we would risk assess their safety in school and may write a safety plan collaboratively with the student and parent.

DEPRESSION

It is not uncommon for young people to suffer short-term low mood or changes in their mood. Students are encouraged to share how they are feeling with family, friends and teachers so that they can gain some support and any particular areas of anxiety can be addressed.

Clinical depression is something different; it lasts for at least two weeks and affects behaviour. It also has physical, emotional and cognitive effects which will therefore impact on a student's ability to study or engage in many aspects of school life. It is a common but serious illness affecting approximately 5% of teenagers.

Signs and symptoms may vary but quite often include: mood-swings, helplessness, hopelessness, lack of emotional responsiveness, frequent self-criticism, self-blame, impaired concentration, withdrawal from others, loss of interest in personal appearance, risk-taking behaviours, chronic fatigue, disrupted sleeping and eating patterns, unexplained aches and pains and school-refusal.

Quite often it may be the school or parents who first consider the possibility that a student may be suffering from depression. The school can offer counselling as a step towards treatment, but would always advise students and their families to seek professional help through their doctor by making sure they tell their GP that they think they are suffering from depression.

ANXIETY

Anxiety is a natural part of the human condition. Everybody experiences anxiety from time to time. An anxiety disorder differs from these manageable levels of anxiety when it is more severe, long-lasting and interferes with school, work and relationships. Adolescents are particularly prone to anxiety and this can manifest itself in a number of ways in school and at home: in physical symptoms (such as aches and pains) or psychological symptoms (poor concentration, school-refusal and sleep-disturbance as well as more noticeable signs (e.g. panic attacks, phobias, separation anxiety, OCD).

Anxiety disorders can be caused by a variety of factors including past trauma, bereavement, physical illness, high expectations from others, avoidance, street drugs and some prescribed drugs. If a person is already depressed or has a history of depression or low mood, heightened anxiety will increase the risk of self-harm or suicide and they should seek help from professionals such as a counsellor or seek support via a GP.

SUICIDAL THOUGHTS

Suicidal behaviour exists along a continuum from thinking about taking one's life, to developing a plan, to non-fatal suicidal behaviour, to ending one's life. Evidence suggests that a complex range of factors and individual vulnerabilities, rather than one single factor, lead to a young person attempting or committing suicide. Therefore, promotion of resilience in school, early detection of mental health problems and an awareness of past or current traumatic events, including a period of physical ill-health, may help the school and family to offer support to a potentially vulnerable student.

Many of the warning signs are similar to those of depression including feelings of hopelessness, anger and guilt, thoughts of not being able to cope and no-one can help, physical signs such as lack of interest in appearance and appetite, behavioural signs such as withdrawal from family, friends and school, poor sleep habits, abuse of drugs/alcohol, self - harm, impulsivity, giving possessions away and secrecy.

Should a student report experiencing suicidal thoughts or associated behaviours then this would be treated as a safeguarding matter and acted upon immediately, and parents/carers would be contacted as soon as is reasonably possible, unless it is deemed not to be in the best interests of the child in some way. It is likely that this will result in a risk assessment and safety plan being written collaboratively with the student.
If a student appears to be at risk of suicide, the school will act within the YMHFA guidelines and ask some direct questions to understand the degree of intent in order to gauge the appropriate level of professional support needed. If it is not safe to leave a student alone then the school will use its counsellors and medical staff as an immediate source of advice and will ensure the student is supervised until help can be sought. If a student is judged to be in immediate danger and on-site the school will contact the parent/carer in the first instance to gain consent to contact local crisis team, or call 999.
A safety plan/risk assessment would be completed to ensure the student is well enough and can be kept safe in school. Core pastoral staff receive training on how to respond to a student experiencing suicidal thoughts.

CREATING A SUPPORTIVE ENVIRONMENT – THE TEAM AROUND THE CHILD

Sometimes a student will have a long-term mental health condition or circumstances which undermine well-being and make periods of mental ill-health more likely. In these circumstances, the school will coordinate an approach which gives consistent support to the student to enable them to participate in all aspects of school life whilst accessing any further help they may need. This is likely to include teachers, Heads of Year, Nurses, Counsellors and (where applicable) music teachers and sports coaches.
We aim to collaborate with parents and any relevant external agencies, to help support the child in school.
When a student's mental health suddenly deteriorates, the school endeavours to provide a safe place in which to talk about how they are feeling, the best means of support as the next step and then to provide well informed and sympathetic guidance to students and their families as they seek help to live with and recover from their illness. We believe that having an open and honest approach to mental illness goes a long way to achieving just this kind of environment.

We recognise our role in supporting our students' mental health, and should the concerns escalate we will refer to the appropriate professionals or points of support beyond school.

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APPENDIX:

Appendix 1:

Procedure for Responding to Self-Harm Disclosures

(non-medical staff)

Initial responses:

- Stay calm and try not to show shock or upset
- Praise them for taking the brave step of talking about this and recognise how anxious they are likely to be feeling
- Do not ask to see any cuts or wounds
- Ask if the young person needs some first aid –
  - Do they want to see the nurse?
  - Would they like some first aid kit to take away?
- Do not promise confidentiality – tell the student who you will need to discretely and sensitively share this with to keep them safe
  - Head of Year / nurses
  - Parent / trusted adult at home* (*only if this will not endanger the child further)
- Ask them the safety questions:
  - Have they ever had any thoughts of harming themselves further?
  - Any suicidal thoughts?
  - Have they have ever felt out of control whilst harming?
- If able to, ask the following:
  - When did they last self-harm?
  - When did they start?
  - Where / when / why?
  - What's keeping them safe?
- **DO NOT TELL THEM TO STOP** – explain to them why

What if the child begs you not to tell a parent?

- We have a duty to safeguard the student and cannot ensure this once they leave our school, so we have no choice but talk to an adult in their household – do they have a preference as to who that may be?
- Acknowledge that they have done the hardest part in reaching out for help, and that you will take this next hard step off their shoulders and talk to the parents – offering them support and help to understand what you have done and why you may have done it

Follow up that day:

- Log on CPOMS (*mental health / self-harm*) – alert HOY
- Call the trusted adult at home (see resources to support parents) and reassure the student afterwards
- Arrange a follow-up meeting with the student to work out a support plan

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