

St John's School



Positive Mental Health and Well-Being Policy

Review cycle:	Every 2 Years
Last Review Date:	February 2022
Next Review Date:	February 2024
Staff responsible:	SLT
Governor responsible:	Mr P MacDougall, Mr M A L Robb, Board of Governors

THIS POLICY IS APPLICABLE TO ALL PUPILS, INCLUDING THOSE IN THE EYFS



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Policy Statement

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 make a contribution to her or his community. (World Health Organisation).

The wellbeing of pupils and staff at St John's is promoted and raising awareness is considered a priority. We believe that a healthy mind will enable our pupils to enjoy school and to achieve their best academically. The concept of wellbeing comprises many aspects of life, including physical and mental health, emotional intelligence, resilience, and resourcefulness: the skills to be able to respond to the challenges of life and to know how to ask for help when it's needed. Issues around wellbeing form a significant part of our PSHE programme. Furthermore, promoting good mental health is a priority for all staff, for themselves and for our pupils, in all areas of the school. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all. We recognise that healthy eating provides the nutrients and energy required to sustain a healthy mind and body; our school caterers ensure that they offer a nutritious balanced meal to all of our pupils and staff every lunchtime.

Mental health issues can and should be de-stigmatised by educating pupils, staff and parents. This is done through form time activities, assemblies and in PSHE, with the pupils; through staff INSET and through parent discussion evenings. Positive mental health is also promoted through strong pastoral care and guidance both for the whole school community and individual boys.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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.

Scope

This policy describes the school's approach to promoting positive mental health and wellbeing. It also outlines our procedures for responding to mental health issues. The policy is intended as guidance for all staff including support staff, volunteers and governors. This policy should be read in conjunction with any health guidance in cases where a pupil's mental health overlaps with or is linked to a medical issue, and the school's SEND policy where a pupil has an identified special educational need.

Aims of Policy

- To promote positive mental health in all staff and pupils
- To increase understanding and awareness of common mental health issues
- To alert staff to early warning signs of mental ill health
- To provide support to staff
- To provide support to pupils and their parents or carers
- To enable staff to liaise with external agencies effectively

Promoting Positive 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 Health component and RSE component of our PSHE programme. The specific content of lessons will be determined by the needs of the cohort, 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



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others. Our PSHE curriculum ensures that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. As pupils become more emotionally literate and confident that they can positively influence their own mood-state. Responding to mental health issues and mental ill health is a part of life in just the same way as physical ill health, it's OK to talk about it and it's OK to ask for help. All staff at the school have a role to play in pastoral care; pupils should feel that all staff are available to talk to at any time if they have issues or concerns.

There are also a number of more formal sources of support in school that pupils can access:

- **Pastoral Deputy Head and Head of Lower School** have formal responsibility for the pupils in their care and can provide advice and support.
- **Counselling** is available to pupils of all ages. Further details on the school's counselling arrangements can be discussed with the Deputy Head Pastoral.
- **Visiting Speakers** are regularly brought in to speak to pupils, staff and parents about mental health and well-being.

Signs of Mental Health Deterioration

Staff should be vigilant and alert to signs and indications that a pupil might be 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 with the Deputy Head (Pastoral) or the Head of Lower School in the first instance and logged on CPOMS. Peers are often aware of difficulties their friends may be experiencing at an earlier stage than staff. Pupils should be encouraged to talk to a teacher as soon as possible if they have concerns. Whilst they may be worried about passing on information of this nature, they should be reassured that this will be the most effective way they can help their friend.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental; signs of neglect; dramatic changes in appearance
- 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 P.E. 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

If any member of staff is concerned that a pupil or member of staff is at risk of serious harm, they must contact the DSL (Designated Safeguard Lead) immediately. (In line with our Safeguarding policy).



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 for the pupil's emotional and physical safety rather than exploring i.e. 'Why?' All disclosures should be recorded.

This record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps
- This information should be shared with the DSL who will offer support and advice about next steps
- Where a referral to CAMHS/Children's Services is appropriate, this will be led and managed by Jessica Savage, Deputy Head (Pastoral)

Confidentiality

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

We should avoid sharing information about a pupil without first telling them. Ideally, we would receive their consent, though in situations where a pupil may be suffering or at risk of suffering significant harm, **information must always be shared with the DSL**. Parents should normally be informed (although the decision to inform parents is a sensitive one to be discussed with the DSL in advance). Depending on the severity and risk, pupils may be offered the option to tell their parents themselves, and if this is the case, the pupil should be given 24 hours or/weekend to share the information before the school contacts parents. We should always try to 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, parents should not be informed, the DSL will contact the MASH team at Children's Services as a matter of urgency / and if necessary, inform other external agencies. ***If a child is in immediate harm- call 999.***

Individual Care Plans

It is helpful to draw up an individual care and safety plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals.

This can include:

- Details of a pupil's condition
- Special requirements and precautions



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- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

Signposting

We will ensure that staff, pupils and parents are aware of sources of support outside school in the local community. We will also display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum.

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

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. In order to keep peers safe, we will consider on a case by case basis which friends may need 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 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:

- That they can best support their friend by ensuring that an adult is aware of their difficulties
- Where and how they can 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
- It may be advisable to contact the parents of friends as a protective measure, while retaining confidentiality.

Partnership with 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:

- 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



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- Make our Mental Health Policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our 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.
- Where issues arise with individual pupils and 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, or virtually?
- Who should be present? Consider parents, the pupil, 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 accept 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 about their son. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums. We should always provide clear means of contacting us with 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. Each meeting should finish with agreed next steps and always keep a brief record of the meeting on the child's confidential record on CPOMS.

Staff Mental Health

The mental health of our staff is as important to the school as is that of our pupils. Nationally over the past few years the level of work-related stress, burnout and work absence amongst teachers has increased. Teacher wellbeing has significant implications not only for the individual teacher, but also their colleagues, pupils and the school more broadly. Research indicates that teacher morale directly correlates with pupil achievement.

A number of school initiatives support the wellbeing of our staff:

- Staff as well as pupils should feel that there are individuals they can talk to if they feel they might be experiencing mental health or emotional wellbeing issues. If they do not feel able to approach their line manager, they should speak to one of the SLT (Senior Leadership Team)
- Regular staff rep meetings to discuss any concerns or worries
- The school counsellor is available to staff as well as pupils in relation to situations that arise in school, and via a referral from SLT
- Details of local support agencies can be found in the Safeguarding Policy
- Talks on mental health and wellbeing
- Social events

Staff 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 pupils safe. Where the need to do so becomes evident, we host additional training sessions for all staff to promote learning or understanding about specific issues related to mental health.



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Links to other policies. This policy operates in conjunction with:

- [7a \(ISI\) Safeguarding and Child Protection Policy September 2021.doc](#)
- [17a \(ISI\) EqualOppPolicy.doc](#)
- [SEN-Policy.doc](#)
- [10a \(ISI\) AntiBullyingPolicy.doc](#)
- [PSHCEE Policy incl. RSE DOC](#)



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Appendix A:

Further information and sources of support about common mental health issues.

Prevalence of mental health and emotional wellbeing issues:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder; that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems; these are some of the most vulnerable people in our society.

Below, we have 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. Some pages are aimed primarily at parents are useful for school staff too. 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.

Online support

NSPCC: [Preventing Child Self-Harm & Keep Them Safe | NSPCC](https://www.nspcc.org.uk/keeping-children-safe/keeping-them-safe/preventing-child-self-harm-keep-them-safe/)

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

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

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: www.anxietyuk.org.uk



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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

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 – PAPHYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:

<https://www.childline.org.uk/info-advice/your-feelings/mental-health/suicide/>

Disordered Eating

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours 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: [Beat Eating Disorders](http://BeatEatingDisorders.org)

Eating Difficulties in Younger Children and when to worry: [Eating Disorders & Problems | Guide For Parents | YoungMinds](http://EatingDisorders&Problems.org)