

# Mental health and wellbeing policy

Action	Policy to be reviewed annually		
	Committee	Date	Completed
Review	Director of Pastoral Care	March 2022	✓
Approved	Education Committee	10 May 2022	✓

To be published on the following:	
Staff Portal	✓
School website	✓



## **1 Policy Statement**

1.1 The School promotes the mental and physical health and emotional wellbeing of all its students. Wellbeing is at the forefront of the school's PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented, and the school actively encourages sport for all. Through the school council, the school community has identified 10 key qualities that are fundamental to good mental health and wellbeing:

1. *Proper sleep patterns*
2. *Time for exercise*
3. *Eating healthily at regular times*
4. *Time to relax*
5. *Emotional resilience - accepting being 'good enough'*
6. *Sense of humour*
7. *Firm boundaries*
8. *Random acts of kindness*
9. *Walking in fresh air*
10. *A sense of perspective*

1.2 Mental health issues can and should be de-stigmatised by educating students, staff and parents. This is done through tutorials and PSHE with the pupils, through staff INSET and through regular parent discussion evenings and the pastoral fora for parents that take place twice termly. Positive mental health is also promoted through strong pastoral care and an effective peer support and peer-educators system and via the annual Wellbeing Week in the spring term.

1.3 This policy aims to:

- describe the school's approach to mental health issues
- increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- alert staff to warning signs and risk factors
- provide support and guidance to all staff and governors, dealing with students who suffer from mental health issues
- provide support to students who suffer from mental health issues, alongside their peers and parents/carers.

1.4 This policy is addressed to all members of Staff, governors and volunteers and, is available to parents on the school website. This policy can be made available in large print or other accessible format if required. It applies wherever staff or volunteers are working with students even where this is away from the school, for example on an educational visit.

## **2 Child Protection Responsibilities**

2.1 St Paul's Girls' School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff, governors and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that students' concerns will be listened to and acted upon. Every student should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing (Every Child Matters, 2003, DfES).

2.2 The Board of Governors takes seriously its responsibility to uphold the aims of the charity and its duty in promoting an environment in which children can feel secure

and safe from harm. A nominated governor conducts a review of the school's safeguarding procedures and reports to the Board annually, making any recommendations for improvements.

- 2.3 The High Mistress is responsible for ensuring that the procedures outlined in this policy are followed on a day-to-day basis.
- 2.4 The school has appointed a senior member of staff with the necessary status and authority (Designated Safeguarding Lead – Director of Pastoral Care) to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the Designated Safeguarding Lead if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's tutor, Chaplain, Head of Year, Heads of Section or the High Mistress who will notify the Designated Safeguarding Lead in accordance with these procedures.
- 2.5 In addition to the child protection measures outlined in the School's Safeguarding (Child Protection) policy, the school has a duty of care to protect and promote a child or young person's mental and emotional wellbeing.

### **3 Background**

- 3.1 One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence (*source: [www.youngminds.org.uk](http://www.youngminds.org.uk)*). See Appendix II for further reading.

### **4 Identifiable mental health issues**

- 4.1 It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:
  - Anxiety and Depression
  - Eating disorders
  - Self-harm
  - Suicidal ideation
- 4.2 Two important elements enabling the school to identify mental health issues are the effective use of data (i.e., monitoring changes in students' patterns of attendance/academic achievement) and an effective pastoral system whereby staff know students well and can identify unusual behaviour.)

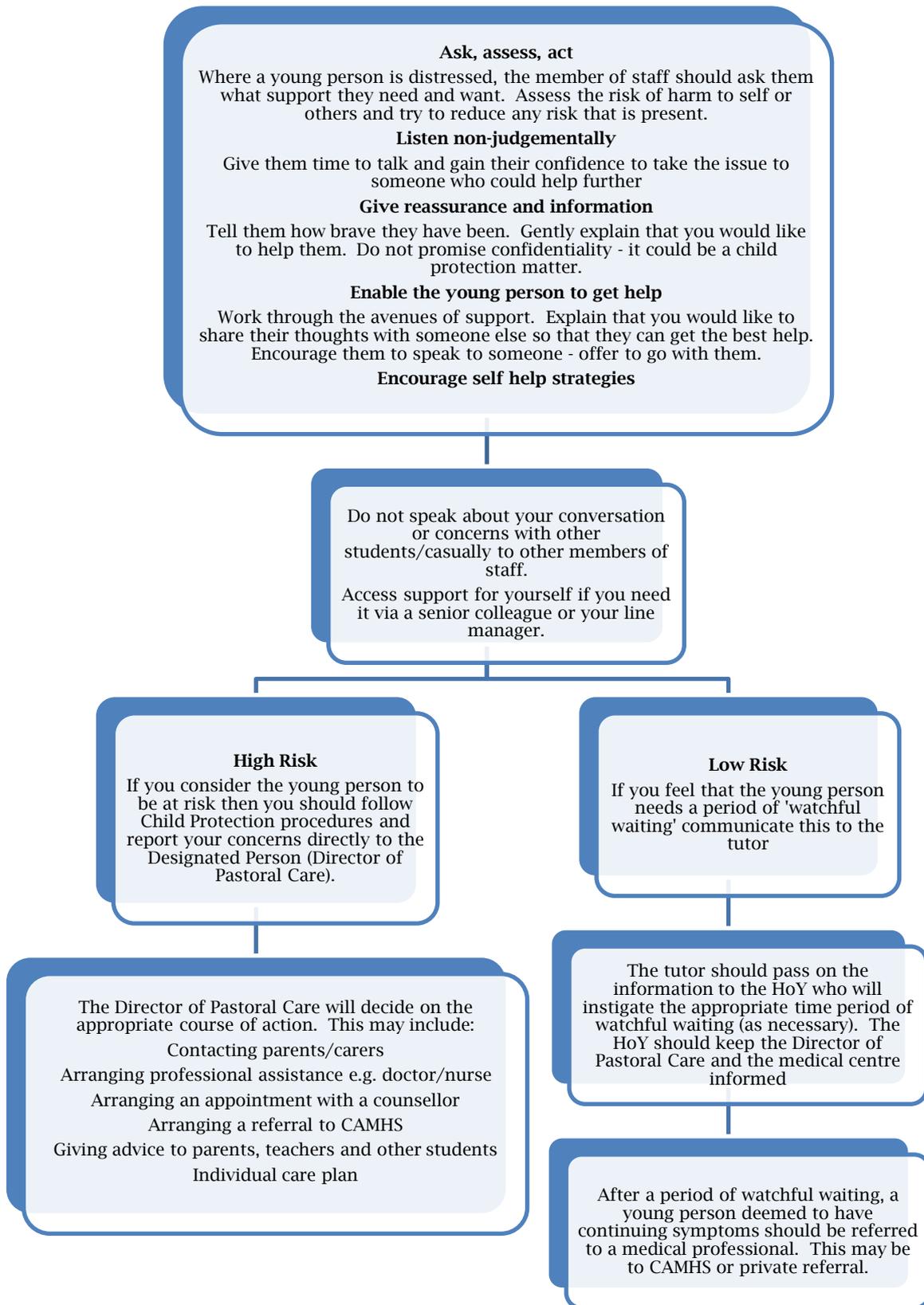
### **5 Signs and symptoms of mental or emotional concerns**

- 5.1 These are outlined on the staff portal [here](#).

### **6 Procedures**

- 6.1 The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined on the staff portal [here](#). The resources there outline the procedures that are followed if staff have a concern about a student, if another student raises concerns about one of their friends or, if an individual student speaks to a member of staff specifically about how they are feeling.
- 6.2 The school aims to implement the following support structure:

Figure 1 Procedures following a concern



## 7 Individual care plans and safety plans

- 7.1 Following consultation between the relevant members of the pastoral team a care plan would be agreed between the pastoral team, the student and, where appropriate, the student's parents. Where the student has disclosed thoughts of suicide, i.e., passive suicidal ideation (SI), to a counsellor, it will be entered on the Well Being tracker and highlighted at a safeguarding level as necessary, in which case it will be entered on the Child Protection register. The counsellor would then usually work with a student to improve their mental health. Most students who experience SI do not act upon it. If there was no improvement in their Well Being scores or the SI moves from passive to active, the student would be referred, by the Counsellor, to a DSL or DDSL and a direct conversation would ensue. Conversations and planning would then take place. It is crucial that all care strategies be agreed by the medical team, counsellors and DSL in conjunction with each other and that decisions are made together to ensure the safety of the student. A safety plan may include confidential information. Any student who is suicidally active, should have a safety plan guided by the Papyrus template, including vital safety helplines and web addresses. This is then copied directly to the DSL and shared with parents.

## 8 Confidentiality and information sharing

- 8.1 Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students should be made aware that it may not be possible for staff to offer complete confidentiality. **If a member of staff considers a student is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.
- 8.2 It is likely that a student will present at the Wellbeing Centre in the first instance. Young people with mental health problems typically visit the Wellbeing Centre more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early. If a student confides in a member of the school medical team, then they should be encouraged to speak to their tutor or Head of Year. After nursing assessment, any immediate concern for a student's mental health would be reported to the school doctor and an appointment made. **Confidentiality will be maintained within the boundaries of safeguarding the student.** The school doctor will decide what information is appropriate to pass onto parents and the Director of Pastoral Care. Gillick competence will also be considered. The Director of Pastoral Care may decide to share relevant information with certain colleagues on a need-to-know basis. Parents should be involved wherever possible, although the student's wishes should always be taken into account.
- 8.3 Parents must disclose to the Director of Pastoral Care any known mental health problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing.

## 9 Records and reporting

- 9.1 Further guidance on procedures for specific mental health concerns can be found on the staff portal [here](#)

## 10 Mental Health First Aid

- 10.1 In order to ensure adequate mental health first aid provision and awareness it is our policy that:
- There are sufficient numbers of trained personnel to support those students who are experiencing mental and/or emotional difficulties.
  - A qualified youth mental health first aider is always available during normal school hours (see section 11.4 for definition of 'qualified youth mental health first aider' and section 12.1 for hours of work).

## **11 Responsibilities under the policy relating to mental health first aid**

11.1 The School Nurses, who are registered nurses (RNC), are responsible for:

- Maintaining accurate records of all mental health first aid given in the medical centre.

11.2 The Designated Safeguarding Lead is responsible for:

- Maintaining accurate records of all safeguarding and child protection issues.

11.3 Qualified youth mental health first aiders (Appendix I) are responsible for:

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical help as necessary
- Recording details of support given

11.4 A qualified youth mental health first aider is someone who has undertaken a 12-hour training module approved by Mental Health First Aid (MHFA) England and holds a valid certificate of competence. Mental Health First Aid is used in over 16 countries worldwide and was introduced into England by the National Institute for Mental Health England (NIMHE) in 2007. MHFA does not prepare people to become therapists. It does, however, enable people to recognise the symptoms of mental ill health, how to provide initial help (first aid) and how to guide a person towards appropriate professional help. The certificate must be issued by an approved organisation and must be renewed every three years.

11.5 All staff have a duty of care towards the students and should respond accordingly when first aid situations arise. New staff are briefed about the school's Wellbeing Centre and where to find information and help. All staff are reminded regularly about the specific medical and emotional needs of students within the school community, and they are asked to familiarise themselves with the serious medical conditions poster, which details those students with medical needs that require specific action to support their mental/emotional wellbeing.

## **12 Staffing of the Wellbeing Centre**

12.1 The School has employed two nurses, and at least one will be in the medical centre during normal working hours, 8.30am to 4.00pm, Monday to Friday during term time. If both nurses are absent, adequate first aid cover is put in place. If a nurse is on a long-term absence, the Director of Pastoral Care will organise for a replacement/agency nurse to be available.

12.2 The school doctor is available every Tuesday afternoon and Thursday morning. The counsellors/coach are available Monday to Friday:

Monday	David Jackson, school counsellor and psychotherapist
Tuesday	Dawn Grantham, Lead school counsellor and child psychotherapist
Wednesday	Dawn Grantham, Lead school counsellor Emma Clare, coach and TRE therapist
Thursday	Emma Clare, coach and TRE therapist
Friday	Ish Mahon, school counsellor and child psychotherapist David Jackson, school counsellor and psychotherapist

Trainee counsellors are also available to see students under the supervision of the Lead Counsellor.

The Chaplain is also available for pastoral conversations

12.3 Up to about eight sessions with the counsellor / coach are available. After this time a referral may be made to an appropriate external provider and an in-school care plan will be agreed to support the student within the school environment. Any further sessions with the school counsellor are agreed at the discretion of the Director of Pastoral Care.

12.4 Parental permission is not sought for access to counselling provision; the counsellors use the Gillick competency guidelines<sup>1</sup>.

### **13 Staff Roles/Procedures**

13.1 Procedures for dealing with the following specific mental health issues are given on the [staff portal](#):

- anxiety and depression
- eating disorders
- self-harm
- suicidal ideation
- bereavement

13.2 If the Director of Pastoral Care or a school nurse is not available, one of the Deputy Designated Safeguarding Leads, a qualified youth mental health first aider (see Appendix I) or Pastoral Care Coordinator should be contacted.

13.3 A record will be kept of all incidents and the first aid treatment/support given. A copy should be kept by the school nurses on ISAMs and on CPOMS by the relevant member of staff. Records are kept for the period set out in the Retention of Records policy.

### **14 Absence from school**

14.1 If a student is absent from school for any length of time, then appropriate arrangements will be made to provide study material. This may be in discussion with any medical professionals who may be treating a student.

14.2 If the School considers that the presence of a student in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a student's mental health concern cannot be managed effectively and safely within the school, the High Mistress reserves the right to request that parents withdraw their daughter temporarily until appropriate reassurances have been met.

### **15 Reintegration to school**

15.1 Should a student require some time out of school, the school will be fully supportive of this, and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

15.2 The Director of Pastoral Care will work alongside the Director of Studies, the Head of Year (HoY), the school medical team, the student and their parents to draw up an appropriate care plan. The student should have as much ownership as possible with regards the support provided in school so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.

15.3 The school will consider whether the student will benefit from being identified as having a special educational need or disability (SEND) and may work alongside the Learning Support coordinator where special provision might be required.

15.4 If a significant period of time has elapsed where a student's return to school might not be

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<sup>1</sup> <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>  
<https://www.nhs.uk/conditions/consent-to-treatment/children/>

considered to be in their best interests, the Director of Pastoral Care will liaise with the student's parents, in consultation with the High Mistress and on a case-by-case basis, to support an application to another educational establishment.

# Youth Mental Health First Aiders

<u>Name</u>	<u>Location</u>	<u>Tel:</u>
Lizzie Beesley	Director of Pastoral Care Office, The Marble	020 7605 4892
Tom Attenborough	Middle School Office	020 7605 1128
Giles Bennett	Lower School Office	020 7605 4803
Sydne Derbyshire	Lower School Office	020 7605 4829
Lauren Speight	Middle School Office	020 7605 4893
Isabel Foley	Middle School Office	020 7605 4859
Alex Perdikis	Staff Room	020 7605 4806

If a member of staff is unavailable on their departmental number, please try the staff room on 020 7605 4806

St. Paul's Girls' School, Brook Green, London, W6 7BS - updated March 2022

### Further Reading and Useful Links

HM Government (2011), *No Health Without Mental Health*, Department of Health

Resources targeted at young people: <https://reading-well.org.uk/books/books-on-prescription/young-people-mental-health>

#### Websites

b-eat: <http://www.b-eat.co.uk/>

Mind: <http://www.mind.org.uk/>

NHS: <http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx>

Mental Health Foundation: <http://www.mentalhealth.org.uk/>

Stem4: <http://www.stem4.org.uk/>

Royal College of Psychiatrists: <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people>  
Eating Disorders Support: <http://www.eatingdisorderssupport.co.uk/help/links-resources>

Beat Eating Disorders: <https://www.beateatingdisorders.org.uk/>

Anorexia Bulimia Care: [home - TalkED \(talk-ed.org.uk\)](http://talk-ed.org.uk)

Anna Freud - self-harm: [Child in Mind: why do some people self-harm? by Anna Freud NCCF \(soundcloud.com\)](https://www.soundcloud.com/anna-freud-nccf/child-in-mind-why-do-some-people-self-harm-by-anna-freud-nccf)

Harmless: <http://www.harmless.org.uk/>

National Self Harm Network: <http://www.nshn.co.uk/>

Youth wellbeing directory: <https://www.annafreud.org/on-my-mind/youth-wellbeing/>

#### Useful free apps for help with well being

##### **Stay Alive**

Stay alive is a free suicide prevention app that helps its users to stay safe from acting on their thoughts of suicide. Downloading this app means that the help and information someone may need when managing thoughts of suicide is easily accessible, helping them to stay safe.

##### **Self-Help Anxiety Management**

This app is helpful for helping the user manage their anxiety. The anxiety tracker can help the user better understand things that make them feel anxious, whilst the self-help toolkit allows them to learn new skills around anxiety management.

##### **Moodometer**

This NHS app allows the user to track and understand influences behind their mood. Acting like a mood diary, this app can be helpful in identifying triggers that can impact on low mood and suggest ways to lift your mood.

##### **Calm Harm**

This app can be used to help the user manage urges to self-harm. It's a private app and can be password protected. The help and advice provide suggestions of 5-15-minute categorised activities that can help the user 'ride the wave' of an urge to self-harm.

### Talk life

Talk Life is a free online peer-to-peer support network for those battling with mental health issues.

### Headspace

This app provides mindfulness activities and sleep tips, good health ideas and resilience strategies.

### Further useful contacts

<b>Papyrus – HOPEline UK</b>	HOPElineUK offers support and advice: To children and young people under the age of 35 having thoughts of suicide To anyone who is concerned about a child or young person Call: 0800 068 41 41 Text: 07786 209 697 Email: <a href="mailto:pat@papyrus-uk.org">pat@papyrus-uk.org</a> Monday - Friday 10am - 10pm Weekends 2pm - 10pm Bank Holidays 2pm - 5pm
<b>National Suicide Prevention Alliance</b>	<a href="http://nspa.org.uk">http://nspa.org.uk</a>
<b>Support after Suicide Partnership</b>	<a href="http://supportaftersuicide.org.uk">http://supportaftersuicide.org.uk</a>
<b>Child Bereavement UK</b>	Child Bereavement UK provides support to families grieving the loss of a child, and advice for professionals working with bereaved families  Phone: 01494 568 900  <a href="http://www.childbereavement.org.uk">www.childbereavement.org.uk</a>
<b>Crisis / Mental Health Crisis</b>	West London Mental Health Trust  24-hour phone line: 0300 1234 244
<b>ChildLine</b>	Phone: 0800 11 11  Counselling chat <a href="https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/">https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/</a>  Email <a href="https://www.childline.org.uk/get-support/">https://www.childline.org.uk/get-support/</a>
<b>Samaritans</b>	Phone: 116 123  Email: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a>  <a href="#">Step by Step   Samaritans</a>
<b>Young Minds</b>	Young Mind offers advice and support to parents worried about their children's emotional or mental wellbeing

	<p>Phone 0808 802 5544</p> <p><a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a></p>
<b>Emergency Services</b>	999
<b>Child and Adolescent Mental Health Clinic</b>	<p>Hammersmith &amp; Fulham CAMHS 48 Glenthorne Road, W6 0LS Phone: 020 8483 1979</p> <p>Kensington and Chelsea CAMHS B Beatrice Pl, Kensington, London W8 5LP <b>Phone:</b> <u>020 3317 3599</u></p> <p>Ealing CAMHS 1 Armstrong Way UB2 4SA Phone: 020 8354 8160</p> <p>Hounslow CAMHS Heart of Hounslow Centre for Health 92 Bath Road TW3 3EL Phone: 020 8483 2050</p> <p>Harrow CAMHS Ash Tree Clinic 322 - 326 Northolt Road South Harrow Middlesex HA2 8EQ Telephone: <u>020 8869 4500</u></p>
<b>Other resources</b>	<p>Very Well Mind <a href="http://www.verywellmind.com">www.verywellmind.com</a></p> <p>American Foundation for Suicide Prevention <a href="https://afsp.org/">https://afsp.org/</a></p> <p>The <a href="#">student</a> and <a href="#">staff portals</a> also have extensive resources for mental well-being.</p>