

# Mental health and wellbeing policy

Action	Policy to be reviewed annually		
	Committee	Date	Completed
Review	Director of Pastoral Care	March 2023	✓
Approved	Education Committee	9 May 2023	✓

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



## **Mental health and wellbeing policy**

### **Who this policy applies to**

This policy is addressed to all staff, governors and volunteers and, is available to parents on the school website. It applies wherever staff or volunteers are working with students even where this is away from the school, for example on an educational visit.

### **What this policy is for**

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.

### **Legal framework**

- Every Child Matters, 2003, DfES

### **Other relevant school policies**

- Safeguarding (Child Protection) policy

### **Appendices**

- Appendix 1: Further Reading and Useful Links

### **Content of policy**

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## **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.

## **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 Safeguarding & Inclusion) 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 2 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](#).

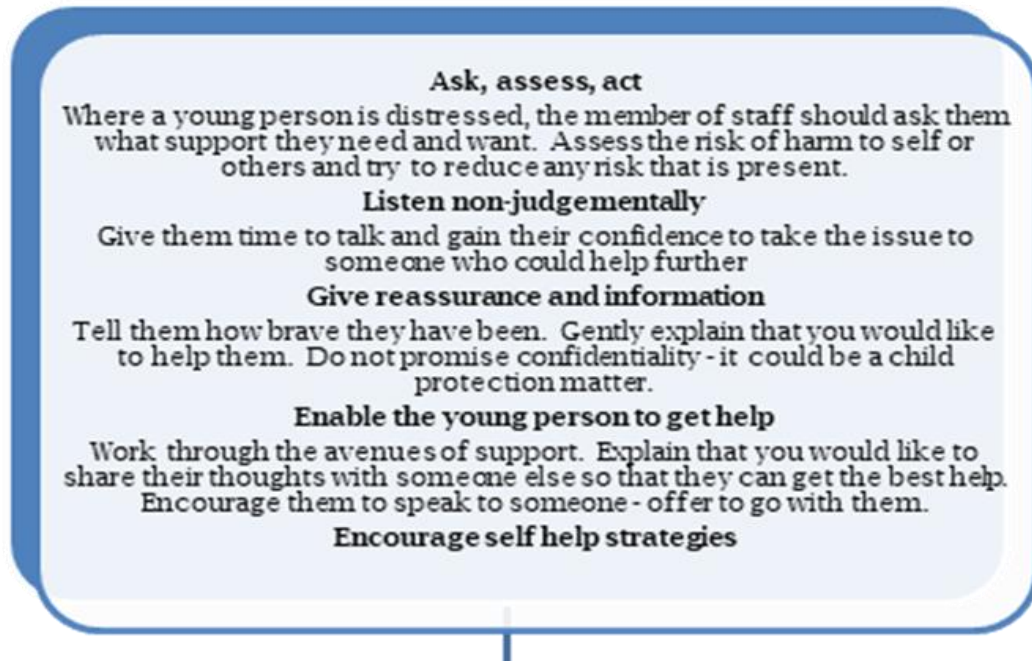
Common Signs/Symptoms of mental or emotional concerns
Panic attacks - difficulty breathing, shortness of breath, hyperventilating
Sleep disturbance, insomnia, excessive tiredness
Irritability, quickness to anger
Low mood, upset, crying
Anxiety
Loss of weight, restrictive eating, excessive cold, skipping lunch
Cutting, burning/scalding, hair-pulling, banging the head, scrubbing/scratching
Using illegal substances - drugs and alcohol
Social withdrawal

### 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](#). If a member of staff has a concern about a student which pertains to their mental health, they should report it to a member of the wellbeing team. It should then be logged on CPOMS as soon as is practicable. The wellbeing team member will assess the situation and take appropriate action and inform the appropriate staff members bearing in mind confidentiality and the wishes of the student. If the mental health concern presents a safeguarding risk, namely self-harm, active or passive suicidal ideation or suicidal planning, the DSL must be informed immediately, and safeguarding procedures followed.

- 6.2 When the wellbeing team is assessing a student, they will consider the following support structure and processes.

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 wellbeing tracker and highlighted at a safeguarding level, in which case it will be entered on MyConcern as a Red rated concern. The pastoral/wellbeing team would then usually work with a student to improve their mental health. 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 Director of Pastoral Care or the DSL. **Confidentiality will be maintained within the boundaries of safeguarding**

**the student.** Gillick competence will also be considered. The Director of Pastoral Care/DSL 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/DSL 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 Medical Centre retains medical information in ISAMs medical module. CPOMS and MyConcern contain safeguarding and pastoral records.
- 9.2 All staff are trained to record incidents regarding the mental health and wellbeing of students on CPOMS. CPOMS is also used to track and monitor trends and patterns in student health and to spot emerging concerns.
- 9.3 MyConcern contains the Vulnerable Child Log where students are risk rated (red, amber, green) and all safeguarding files are kept. MyConcern is only available to the DSL team and there is a weekly meeting to discuss all cases and assess levels of concern and any necessary actions.

## **10 Mental Health First Aid**

- 10.1 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.
- 10.2 There are a number of qualified mental health first aiders who can provide emergency assistance, if necessary, in addition to the Wellbeing Team and Pastoral systems.
- 10.3 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.

## **11 Staffing of the Wellbeing Centre**

- 11.1 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.
- 11.2 Details of the available the counsellors/coach are available from the wellbeing centre.
- 11.3 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/DSL.

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

## **12 Absence from school**

12.1 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.

12.2 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.

## **13 Reintegration to school**

13.1 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.

13.2 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.

13.3 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.

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

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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/>

### 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**

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: <https://www.eatingdisorderssupport.co.uk/home>

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

Anorexia Bulimia Care: [home - TalkED \(talk-ed.org.uk\)](http://home-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?si=1)

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.

##### **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
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	<p>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</p>
<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>	<p>Child Bereavement UK provides support to families grieving the loss of a child, and advice for professionals working with bereaved families</p> <p>Phone: 01494 568 900</p> <p><a href="http://www.childbereavement.org.uk">www.childbereavement.org.uk</a></p>
<b>Crisis / Mental Health Crisis</b>	<p>West London Mental Health Trust</p> <p>24-hour phone line: 0800 328 4444</p>
<b>ChildLine</b>	<p>Phone: 0800 11 11</p> <p>Some young people have reported that calls from an 02 network aren't connecting to Childline. If you have an 02 mobile and need to speak to Childline, please dial 116 111 or chat to them online whilst 02 work hard to fix the problem.</p> <p>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></p> <p>Contacting Childline <a href="#">Contacting Childline   Childline</a></p>
<b>Samaritans</b>	<p>Phone: 116 123</p> <p>Email: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a></p> <p><a href="#">Step by Step   Samaritans</a></p>
<b>Young Minds</b>	<p>Young Mind offers advice and support to parents worried about their children's emotional or mental wellbeing</p> <p>Phone: 020 7089 5050.</p> <p><a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a></p>
<b>Emergency Services</b>	999

<p><b>Child and Adolescent Mental Health Clinic</b></p>	<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>
<p><b>Other resources</b></p>	<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>