

POSITIVE MENTAL HEALTH AND WELLBEING POLICY

1. INTRODUCTION

'Mental health is a state of wellbeing 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'.

Statement from the World Health Organisation

- 1.1 At Tudor Hall we are committed to promote positive mental health and wellbeing for every member of our community so that all can flourish socially, emotionally and physically. We pursue this aim using both whole school approaches and specialised, targeted approaches aimed at vulnerable people.
- 1.2 In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. One in ten children and young people have some form of clinically diagnosable mental health disorder. Half of all mental health conditions are established before the age of fourteen, early intervention can prevent problems escalating. 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.
- 1.3 This document outlines Tudor Hall's whole school 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 Child Protection Policy, our Medical Handbook, in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND Policy where a pupil has an identified special educational need.

2. AIMS

- 2.1 Promote positive mental health in all pupils and staff;
- 2.2 Reduce stigma and increase understanding and awareness of common mental health issues;
- 2.3 Alert staff to early warning signs of mental ill health;
- 2.4 Provide support to staff working with pupils with mental health issues; and
- 2.5 Provide support to pupils suffering mental ill health, their peers and parents/guardians.

3. LEAD MEMBERS OF STAFF

- 3.1 All staff have a responsibility to promote the positive mental health of pupils. However, the Pastoral Team takes the lead on Wellbeing and Mental Health matters. The Pastoral Team comprises:

- 3.1.1 Designated Safeguarding Lead (DSL)
 - **Kate Simlett** Deputy Head (Pastoral)

3.1.2 Deputy Designated Safeguarding Leads (DDSL)

- **Julie Lodrick** (Head of Tudor Hall)
- **Alison Richardson** (Chaplain)
- **Kate Hart** (Assistant Head Pastoral)
- **Gilly Cable** (Senior Housemistress)

3.1.3 Designated Lead for Mental Health and Wellbeing **Lindsey Pickering**

3.1.4 School Nurses **Janet Bonham, Ginny Rayner** and **Lindsey Pickering**

3.1.5 SENCO **Amanda Neil**

3.1.6 School Counsellor **Sarah Whitehouse**

3.2 Whilst only appropriately and medically trained professionals should attempt to make a diagnosis of a mental health problem, all staff are well placed to observe pupils day-to-day and identify those whose behaviour indicates they may be experiencing a mental health problem or be at risk of developing one. Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a member of the Pastoral Team in the first instance.

3.3 There is a logical link between safeguarding and mental health. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the DSL. Likewise, if there are safeguarding concerns about any child, consideration about how this may be impacting on the child's emotional wellbeing will be taken into consideration, support offered and interventions put in place where appropriate.

3.4 If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the School Nurse and contacting the emergency services if necessary.

3.5 For some pupils, enhanced pastoral support may not be enough to meet their needs. In these situations, a referral to an external agency (CAMHS/ Early Help/GP/ professional) will be considered and discussed with the pupil and their parents. This will be led and managed by the Deputy Head Pastoral and DSL.

4. DESIGNATED LEAD FOR MENTAL HEALTH AND WELLBEING

4.1 The school will nominate a Designated Lead for Mental Health and Wellbeing, who will have the responsibility of ensuring staff are equipped with the skills to support and manage pupils with mental health needs in their learning. Where appropriate, sharing information about pupils who are experiencing any mental health issues with those who work with them in school so that they can be supported in the school environment.

4.2 The named person will work with all areas of the school to implement wellbeing initiatives both for the staff and the pupils such as wellbeing days, conferences and workshops.

5. WELLBEING TRACKER

5.1 As part of the IMPACT programme, every pupil in the school completes a Wellbeing tracker approximately every three weeks. The aim of the tracker is to assess each pupil on the same questions relating to wellbeing, to allow for the monitoring of each pupil and for interventions to be put in place where support is required. The Wellbeing tracker is analysed by individual tutors, with individual concerns for pupils being raised at the year group meetings and any trends within tutor groups or year groups discussed

5.2 Wellbeing is approached within school in the following areas:

- PSHEE curriculum
- PE and Games programme
- Cocurricular activities – clubs and societies
- Form time: IMPACT programme, ROSES Wellbeing Programme
- Whole school engagement's – Wellbeing days and activity weeks/ weekends
- Aim Higher programme
- Staff and pupil training
- Pupil voice – council meetings, surveys and reviews
- Safeguarding updates and training – staff and pupils
- SEN support
- Counselling
- Library
- External speakers and workshops
- External agency support

6. INDIVIDUAL CARE PLANS

6.1 An Individual Care Plan (ICP) should be drawn up for pupils causing concern or who receive a diagnosis pertaining to their mental health. The pupil the parents and relevant health professionals should be consulted. Refer to the Pastoral Framework. This can include:

- 6.1.1 Details of a pupil's condition;
- 6.1.2 Special requirements and precautions;
- 6.1.3 Medication and any side effects;
- 6.1.4 What to do, and who to contact in an emergency; and
- 6.1.5 The role the School can play.

7. FITNESS TO BE IN SCHOOL

7.1 Management of pupil mental health will be assessed on a case-by-case basis. The Head and Deputy Head (Pastoral) will consider whether a pupil is fit to remain in school and in a boarding environment. The review will evaluate the following:

- 7.1.1 Whether the pupil is a potential risk to themselves or others;
- 7.1.2 Whether the pupil needs a greater level of supervision than can reasonably be accommodated in a school and boarding setting;
- 7.1.3 The effect on other pupils; and
- 7.1.4 Consideration of available medical and mental health support required and available.

7.2 Guidance from safeguarding teams and medical professionals will be sought but the decision will be made by the Headmistress in the best interests of the pupil and the wider school community.

8. REINTEGRATION INTO SCHOOL

- 8.1 Should a pupil need to spend time outside of school, the school will be fully supportive of this and every step will be taken to ensure a smooth transition back into school when they are ready as deemed by a medical professional.
- 8.2 The Deputy Head Pastoral along with the school nurses and relevant pastoral staff, will draw up an appropriate welfare plan. The pupil should have input into the welfare plan with regards to their return to school. If a phased return to school is deemed appropriate, this will be agreed with the parents and medical professionals.

9. TEACHING ABOUT MENTAL HEALTH

- 9.1 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 ROSES Wellbeing programme, PSHEE curriculum and in the IMPACT programme. These messages are also reinforced in assembly time and during tutor time throughout the academic year.
- 9.2 The specific content of lessons will be determined by the specific needs and emotional development of the cohort. Every year group will have content dedicated to wellbeing and positive mental health. There will always be an emphasis on enabling pupils to develop emotional literacy skills and knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.
- 9.3 We ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

10. SIGNPOSTING

- 10.1 We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. (See **Appendix 4** attached.)
- 10.2 We will display relevant sources of support in areas such as form rooms and will regularly highlight them to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupils help-seeking by ensuring they understand:
 - What help is available?
 - Who it is aimed at?
 - How to access it;
 - Why a person should access it; and
 - What is likely to happen next?

11. IDENTIFYING VULNERABLE PUPILS

- 11.1 Staff have a pivotal role in building young people's resilience and fostering their emotional wellbeing. 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 with a member of the Pastoral Team.
- 11.2 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 – including excessive exercise or frequent visits to the toilet;
- 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 – or hairstyle;
- 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;
- Poor personal hygiene; and
- Panic attacks.

12. RISK FACTORS AND PROTECTIVE FACTORS

12.1 Staff should also be aware of the following possible risk factors which might indicate a pupil is prone to mental health or emotional wellbeing issues. The Pastoral Team regularly reviews pupils who are more vulnerable with the aim of preventing a mental health difficulty arising or reducing the impact of one before it becomes serious. If staff have any concerns about a pupil, they should report these without delay to a member of the Pastoral Team. Although the risk factors below could be triggers, their presence does not automatically mean that a pupil would develop a mental health issue:

- Social problems: friendship issues, peer pressure, bullying, social media issues;
- Academic pressures: exam pressures and/or family pressures and expectations;
- Trauma: e.g. loss of family member or friend/pet, abuse or neglect ;
- Illness of pupil or close family member or friend;
- Family factors: parental conflict, mental illness, criminality and/or substance abuse;
- Depression: psychiatric illness of pupil or close family member or friend;
- Additional needs: learning and communication difficulties, neurodiversity, specific developmental delay;
- Children in need, looked after children (LAC), previously looked after children
- Gender identity issues.

12.2 There are also a number of protective factors which reduce the risk of a pupil developing mental health difficulties or will aid in the recovery process: secure attachment, self-efficacy, high levels of emotional literacy, consistent parenting and discipline, wide supportive network, physical activities and other hobbies, a whole school approach to promoting good mental health. This is not an exhaustive list.

13. MANAGING DISCLOSURES

13.1 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.

- 13.2 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.
- 13.3 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 **Appendix 5** of the *Procedures and Guidance*)
- 13.4 All disclosures should be recorded on CPOMS (Safeguarding records platform). This written record should include:
- 13.4.1 Date
 - 13.4.2 The name of the member of staff to whom the disclosure was made
 - 13.4.3 Main points from the conversation
 - 13.4.4 Agreed next steps
- 13.5 This information should be shared with the DSL who will offer support and advice about next steps.

14. CONFIDENTIALITY

- 14.1 If a pupil makes a disclosure, regarding themselves, or another pupil, it is important to remind the pupil, sensitively, that we cannot promise confidentiality. Reassurance should be provided that sharing information is in the interests of seeking support and help for the individual (see 15.2 for further guidelines) and that the pupil has shown great courage in making the disclosure.
- 14.2 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.
- 14.3 We should never share information about a pupil without first telling them, unless there is imminent risk of harm to the pupil or another party. Ideally, we would receive their consent, although when dealing with a pupil up to the age of 16 who is in danger of harm or of harming others this information must always be shared with another member of staff and/or a parent/guardian, even if consent is not given.
- 14.4 For pupils over the age of 16, decisions to inform parents will be made taking Fraser guidelines and Gillick competence into consideration. If information is shared without the consent of the pupil, the pupil should be informed as soon as possible after the disclosure is made, unless it is deemed that informing the pupil would cause greater harm.
- 14.5 Staff must share disclosures with the DSL. This helps to safeguard the emotional wellbeing of all staff, who are no longer solely responsible for the pupil. It also ensures continuity of care in case of absence, and it provides an extra source of ideas and support.
- 14.6 We should explain these procedures to the pupil and discuss with the pupil who it would be most appropriate and helpful to share this information with. Pupils may choose to tell their parents themselves. We should always give pupils the option of us informing parents for them or with them.
- 14.7 If a pupil gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL must be informed immediately.

15. WORKING WITH PARENTS

- 15.1 Where it is deemed appropriate to inform parents/guardians, we need to be sensitive in our approach.
- 15.2 It can be upsetting for parents/guardians to learn of their child/ward'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/guardian time to reflect.
- 15.3 We should always highlight further sources of information as they may find it hard to take much in whilst coming to terms with the news that you are sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent/guardian helplines and forums.
- 15.4 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/guardians often have many questions as they process the information. Finish each meeting with an agreed next step and always keep a brief record of the meeting on the pupil's confidential record.

16. WORKING WITH ALL PARENTS

- 16.1 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 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 get about this, if they have concerns about their own child or a friend of their child; and
 - Make this policy easily accessible to parents

17. SUPPORTING PEERS

- 17.1 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.
- 17.2 In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other.
- 17.3 In order 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 by 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; and
 - Warning signs that their friend needs help (e.g. signs of relapse).

17.4 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; and
- Healthy ways of coping with the difficult emotions they may be feeling.

18. TRAINING

- 18.1 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 in order to enable them to keep pupils safe.
- 18.2 Training opportunities for staff who require more in depth knowledge will be considered as part of the performance management process and additional continuous professional development (CPD) will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils. Staff will have the opportunity to complete the Mental Health First Aid England training. This training will be repeated depending on need and demand.
- 18.3 Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.
- 18.4 Suggestions for individual, group or whole school INSET should be discussed with the Deputy Head Pastoral who can also highlight sources of relevant training and support for individuals as needed.

Approved by Education & Welfare Committee: October 2022

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