

LANCASTER GIRLS' GRAMMAR SCHOOL

Mental Health Policy

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)

At our school, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue (2004). The Headstart survey 2017 suggests one in five students have a mental health difficulty with a much higher proportion for girls (25%) than boys (10%). By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

Scope

This document describes the school's 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 a number of other school policies including our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need, attendance, safeguarding and self-harm policies.

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- Mrs Marie Roberts, Coordinator of Well-being, Deputy Safeguarding Lead
- Mrs Jackie Cahalin, Headteacher, Designated Safeguarding Lead
- Miss Sarah Bellin, Deputy Headteacher, Deputy Safeguarding Lead.
- Mr David Green, Head of Key Stage 4, Deputy Safeguarding Lead and overall responsibility for attendance and health education
- Miss Jen Pardoe, Head of Sixth Form, Deputy Designated Safeguarding Lead, overall responsibility for sixth form well-being
- Mrs Suzanne Mason, Head of Key Stage 3, Deputy Designated Safeguarding Lead and Coordinator for Children who are Looked After
- Miss Katy Allen Sixth Form Head of Year
- Ms Julie Dobson Sixth Form Head of Year
- Miss Rebecka Jolleys, KS4 Learning Mentor
- Miss Lucy Adams, KS3 Learning Mentor
- Mrs Sara Keith Head of KS3 Citizenship
- Mrs Abi Garnett SENCo

Any member of staff who is concerned about the mental health or wellbeing of a student should alert a member of the DSL team in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated child protection office of staff or the head teacher. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the Co-ordinator of Well-being.

Supporting students with Mental Health issues

Mental health issues can be on-going for a long time. They can highly impact on a student's ability to access school. We need to ensure that all members of staff are realistic in their expectations of affected students in order to ensure those students are not placed under undue stress, which may exacerbate their mental health issues.

Expectations we might want to consider addressing include:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sport
- Ability to interact and engage within lessons

Health Care Plans

It is helpful to draw up an individual health care 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
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our curriculum in a number of subjects including Beyond the Curriculum, Citizenship, PE and specific off timetable days. There will always be an emphasis

on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms, see **Appendix B**

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. Regular assemblies inform students how to seek help in school and what support is available locally and online. There are special sections on the school's Moodle and website devoted to well-being with sources of support. Pastoral staff have up to date and relevant information to pass onto students and parents about support.

There are well-being notice boards in the main school and sixth form area which highlight sources of support. All form rooms display notices about support in school and how to contact the school counsellors and school nurse.

Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate a student 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 on CPOMs alerting the Head of Key Stage.

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
- 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 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

NB many of the above are safeguarding concerns and the DSL should be alerted through CPOMs

Managing disclosures

A student 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 student 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 of the student's emotional and physical safety rather than of exploring 'Why?'.

For more information about how to handle mental health disclosures sensitively see **appendix B**.

All disclosures should be recorded on CPOMS and relevant staff alerted.

The Head of Key Stage will offer support and advice about next steps.

If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

Parents must always be informed when there are concerns about poor mental health and students may choose to tell their parents themselves. We should always give students 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 and advice sought from the Lancashire safeguarding team.

Working with Students

Seeking student voice on mental health issues is important. All students in years 7, 9 and 11 participate in the Lancashire Pupil Attitude Questionnaire which provides important information about support in school. The school is working with the Anna Freud Institute on the Headstart project and this information will be important in leading policy development in school.

There are a number of students groups in school which focus on well being e.g. Year 9 Lancashire Well being Challenge, well being ambassadors, Youth Sports Trust projects and the school councils. Students are encouraged to run their own initiatives eg the mental health fair. Students regularly lead assemblies on well being and mental health

Working with All 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 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
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in school and share ideas for extending and exploring this learning at home.

Supporting Peers

When a student 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 additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student 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
- Warning signs that their friend help (e.g., signs of relapse) 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
- Healthy ways of coping with the difficult emotions they may be feeling

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep students safe.

We host relevant information on the well being section of our Moodle. The MindEd learning portal² provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students. The school works very closely with a number of external agencies to access support and training.

Staff support and well-being

Staff well –being is measured through an annual questionnaire. The appraisal self-review system ensures there is opportunity for staff to discuss workload and well-being in relation to their role in school. A staff well being group plans events to raise awareness of well-being.

This policy will be reviewed every two years as a minimum.

Appendix A: KEYS TO TEACHING ABOUT MENTAL HEALTH AND EMOTIONAL WELLBEING SAFELY AND CONFIDENTLY

When specifically addressing mental health and emotional wellbeing as part of our curriculum, there are a range of things we can consider during our planning, teaching and follow-up of the lesson which can help to keep our pupils safe – we have considered these in turn below. These points are worth considering whether you are designing a lesson from scratch or if you're using a pre-existing lesson plan. Each time you teach a lesson with a focus on mental health or emotional wellbeing, it's worth reconsidering these points – even if it's a lesson you've taught before. Every class is unique and brings its own considerations and challenges.

Classroom ground rules

When teaching areas of the curriculum such as mental health, it is important to think carefully about the possibility of personal disclosures from pupils who, as a result of the lesson, may develop the skills, language, knowledge and understanding to make a disclosure about their own mental health or emotional wellbeing. While this is not to be discouraged, and appropriate disclosures should be seen as a positive impact of the learning, it is very important that if pupils make personal disclosures to school staff they do so in a suitable, one-to-one setting. It is not appropriate to encourage pupils to talk about sensitive personal matters in the classroom.

Before teaching about mental health issues and emotional wellbeing, clear 'ground rules' should be established or reinforced, and the concepts of confidentiality and anonymity should be covered at the start of the lesson. Ground rules need to be consistently kept to, regularly revisited and, if necessary, renegotiated and reinforced. The teacher should lead the way by modelling the ground rules in their own communications with the class. Ground rules are most effective when they have been negotiated and agreed with the pupils, rather than imposed by the teacher.

Teachers tell us that the most effective ground rules are:

- written in pupils' own words
- visually displayed in the classroom
- physically signed by pupils in some cases (like an informal contract)
- monitored by pupils themselves
- kept to consistently by the teacher as well as the pupils.

Below are some areas to explore with your class. These may arise naturally during negotiation; if not, you may want to consider introducing them.

Openness

An important part of breaking down the stigma that surrounds mental health issues is to encourage an ethos of openness, but within specific boundaries. These should be governed by your school's safeguarding policy. Mental health should not be a taboo topic. It should be openly and honestly discussed in the classroom setting, which should feel like a safe and supportive environment for discussions on mental health that are positive and affirming, but give pupils the opportunity to share their concerns. However, it needs to be agreed with pupils that lesson time is not the appropriate setting to directly discuss their own personal experiences or the private lives of others. General situations can be used as examples, but names and identifying descriptions should be left out.

Keep the conversation in the room

Pupils need to feel safe discussing general issues related to mental health in the lesson without fear that these discussions will be repeated by teachers or pupils beyond this setting. Pupils should feel confident exploring their misconceptions or questions about mental health in this safe setting. But it is important to make it clear that if you become concerned that a child may be at risk then you will need to follow the school's safeguarding policy, and that you personally cannot completely guarantee that no other pupil will repeat what has been said outside the classroom.

Non-judgemental approach When we tackle issues surrounding mental health and emotional wellbeing, we often find that pupils have a lot of existing beliefs, misunderstandings and inappropriate attitudes towards the topics concerned. It is important that these can be explored within the classroom environment without fear of being judged or ridiculed. Discuss with pupils the idea that it is okay – and often healthy – to

disagree with another person's point of view, but it is never okay to judge, make fun of or put down other pupils. Where pupils disagree with another's point of view, they should challenge the belief and not the person.

Right to pass

Although participation in the lesson is important, every pupil has the right to choose not to answer a question, or not to participate in an activity. Pupils may choose to pass on taking part if a topic touches on personal issues which they should not disclose in a classroom setting, or if the topic of the activity or discussion makes them feel uncomfortable in any way. They could be invited to discuss their concerns with the teacher individually. Teachers can prepare the class by letting them know the nature of the topic beforehand and offering pupils the opportunity to let the teacher know, either anonymously or directly, if they have any concerns about themselves or a friend. This will enable you to ensure that your teaching is as inclusive as possible and is matched to the pupils' needs.

Make no assumptions

In addition to not judging the viewpoints of others, pupils must also take care not to make assumptions about the attitudes, life experiences, faith values, cultural values or feelings of their peers.

Listen to others

Every pupil in the class has the right to feel listened to, and they should respect the right of their peers to feel listened to as well. You might choose to revisit what active listening to others means. It is okay to challenge the viewpoint of another pupil, but we should always listen to their point of view, in full, before making assumptions or formulating a response.

Use of language

Pupils should be reminded to take care in their use of language in (and beyond) lessons about mental health. They should not be using vocabulary that is inaccurate or offensive. There are many words surrounding mental health that have negative connotations or may be misunderstood by pupils. It can be valuable to explore these words and understand exactly why they are inappropriate and should not be used either in the setting of a lesson, or in day-to-day life. You might, for example, consider with pupils how they would feel if such words were applied to them. Such words include 'nutter' and 'loony bin' or the use of 'mental' or 'crazy' in a derogatory fashion. Pupils should also be reminded not to use words or phrases that trivialise mental health issues. This would include phrases like 'that's so OCD!' or telling people with significant issues to 'pull themselves together' or keep their 'chin up'. There are a lot of commonly-used phrases that trivialise mental health issues and pupils often use them without meaning to cause harm. Taking the time to consider how such phrases might be perceived by someone who was facing anxiety, depression or other mental health issues can help to address their use of such language both within and beyond the PSHE classroom.

You might suggest the following ground rules: 'We will use the correct terms for the things we will be discussing rather than the slang terms as they may be offensive. If we are not sure what the correct term is, we will ask our teacher' and 'We will not use language that might be perceived as trivialising mental health issues.'

Ask questions

It is important to foster an open environment where pupils feel safe asking questions and exploring their preconceptions about a topic. Pupils should understand that no question will be considered stupid, and that when they are in doubt about an issue or topic, they should ask. It's also important that pupils realise it is never appropriate to ask a question in order to deliberately try to embarrass somebody else or to encourage pupils to laugh at someone. Making an anonymous question box available to pupils can be an effective way of enabling pupils to ask questions they may feel uncomfortable about posing in a classroom setting. You can make this available before, during or after the lesson. You will need to allow yourself time to go through and read the questions. Inviting questions prior to the lesson can be a good way to help you direct the lesson during its development, based on the current needs and understanding of your class, and can also give a good indicator of any safeguarding issues or pastoral issues which need to be followed up. Seeking help and advice Pupils should be actively encouraged to seek support or advice if they have concerns about themselves or a friend, either during or following a lesson.

Appendix B: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up.

YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don’t be afraid to make eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

“I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself." Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken." Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.