



LEICESTER GRAMMAR SCHOOL TRUST

MENTAL HEALTH AND WELLBEING POLICY

This is a whole trust policy and as such applies to EYFS. It should be read in conjunction with the SEND policy, PSHE Policy, Safeguarding Policy, First Aid Policy and Procedures.

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.

(World Health Organisation)

Policy Statement and Aims

Leicester Grammar School Trust aims to:

- promote positive mental and emotional wellbeing for every member of the school community (including support staff, parents and carers)
- recognise and respond to mental ill health by developing and implementing practical and relevant mental health strategies
- create an environment in which the whole school community can experience safety and stability
- provide information and guidance for every member of the school community
- promote a culture of early help

We pursue these aims using universal, whole-school approaches and specialised, targeted approaches aimed at vulnerable pupils.

This policy is intended as guidance for all members of the school community, including parents/carers, staff (teaching and support), pupils and trustees.

Key Members of Staff

Whilst all staff have a responsibility to promote positive mental health within the whole school community, there are some key members of staff. These include:

- Designated Safeguarding Leads
- Head of Learning Support
- School Nurse

- Counsellor
- Chaplain
- PSHE Coordinator
- HR Administrator

Anyone who is concerned about the mental health or wellbeing of a member of the school community should speak to one of the key members of staff in the first instance. In all circumstances the normal safeguarding procedures should be followed. For medical emergencies follow the procedures outlines in the First Aid Policy.

Risk Assessments and Care Plans

A risk assessment or care plan may be drawn up to help support a member of the school community for whom there is a concern regarding safety or health. This may include the contribution of specialist services. Decisions regarding the sharing of information will be led by one of the key staff listed above.

Teaching and Talking About Mental Health

We seek to include a range of activities to promote wellbeing amongst all members of the school community. We acknowledge that happy, healthy individuals are those who are best equipped to succeed on their given path. We encourage those within the school community to talk openly about issues of wellbeing and mental health without fear of prejudice in order to be able to resolve issues and access support. Examples of how this is achieved are given below; the list is not exhaustive:

- The School Counsellor is available for staff and pupils
- Guidance and advice for pupils is built into the PSHE curriculum and is included in their student planner/homework diary
- Sources of help for the whole school community are advertised in public areas and may be highlighted during assemblies and form times (See Appendix 4)
- INSET and training is offered to staff, pupils and parents
- Wellbeing initiatives (e.g. Wellbeing Day (LGS) /Week (LGJS))
- Relax Kids (LGJS and SS) and Charge Up (SS)
- Year 11 Relaxation (LGS)
- Sporting Edge 'The Winning Mindset' programme (LGS)
- Feeling Brave emotional literacy (LGJS)
- Friends events to raise awareness (LGS)
- Signposting to services
- AS Tracking (LGS) for identified year groups
- Mindfulness training for staff
- Mental Health First Aid training (planned)

In addition, the skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy are included as part of our PSHE curriculum. The content of lessons will be determined by the specific needs of the cohort, but there will always be emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as required, for themselves and others.

Mental Health First Aid

Early indicators of mental health difficulties should always be taken seriously. Concerns should be passed on to a key member of staff. Further information regarding early warning signs can be found in Appendix 1

Managing disclosures

If any member of the school community chooses to disclose concerns about their own mental health or that of a friend the response they receive should always be calm, supportive and non-judgmental.

In the case of pupils making disclosures to adults, adults should listen, rather than advise and act in such a way as to help ensure emotional and physical safety rather than to explore 'why?'.

The person receiving the disclosure should be honest, reminding that, in their own best interests, the information will be shared appropriately with key staff. Key staff will also share this information with other professionals, parents/carers as appropriate to help secure the most appropriate support and outcomes for the individual.

Sharing information helps all parties to safeguard their own emotional wellbeing and secures continuity of care. This may include CAMHS, (see Appendix 2).

Disclosures should be recorded in writing. DSLs will store disclosures in the relevant safeguarding file. A written disclosure should include:

- Day, date and time
- Location of disclosure
- Name of person receiving the disclosure/writing the record
- Main points from the conversation

Key members of staff will take appropriate action in line with safeguarding procedures and Trust wide policies and procedures.

See Appendix 3 for advice about taking a disclosure from a pupil.

Working With Next Of Kin

An individual may wish to tell their next of kin themselves. Unless there is any other safeguarding action that takes precedence, the member of the school community should be given 24 hours to share the information before a key member of staff makes contact.

When meeting with next of kin, key staff will take a sensitive approach. Generally a face to face meeting is desirable. A neutral meeting place may be considered necessary. Further sources of information and details of support from external agencies, helplines and forums should be shared with next of kin wherever possible. Each meeting should be concluded with an agreed next step and a record will be kept confidentially in the appropriate record. The next of kin should be provided with a clear means of contact and consideration should be given to booking a follow up meeting or phone call during the initial meeting.

See Appendix 4 for details of support.

Supporting Peers

When a member of the school community is suffering from mental health issues it can be a difficult time for their friends who often want to support but do not know how. In order to keep peers safe the school will consider on a case-by-case basis which peers may need additional support. Support may be one-to-one or as part of a group and will be guided by conversations with the individual and next of kin who are suffering from mental health issues. These conversations will include:

- What is helpful for the peers to know and what they should not be told
- How peers can best support
- Things peers should avoid doing or saying
- Warning signs

Additionally the peers will be told where they can access support for themselves, who to talk to if they have concerns and healthy ways of coping with the difficult emotions they may be experiencing.

Training

Training for mental health and wellbeing will be promoted across the Trust, among all members of the community.

All staff should receive training about recognising and responding to mental health issues as part of their regular child protection training, but more detailed training will be incorporated into the whole school INSET programme. Other sources of information will be made available to staff, and will be highlighted during staff meetings. This will include the MindEd learning portal (www.minded.org.uk) which provides free online training. Training opportunities for staff who require more in depth knowledge will be considered during the appraisal process and additional CPD will be supported throughout the year if there are developing situations within the school.

An eight-week Mindfulness course will be offered to staff in Spring 2020, and Mental Health First Aid training is also planned.

For pupils, mental health and wellbeing will be incorporated into the PSHE curriculum.

The Trust is committed to developing provision to promote positive mental health, including offering support and guidance to parents and next of kin.

Policy Review

This policy will be reviewed every 2 years. The next review will be in September 2021. The policy will be updated immediately to reflect personnel changes.

Rachel Strong, Clare Jess, David Stocks, Joy Clapham

APPENDIX 1 – EARLY WARNING SIGNS

This list is not exhaustive, but signs may include:

- Physical signs of harm that are repeated or appear non accidental
- Changes in eating (over and under 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
- Missing work/lessons
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- Excessive spending
- Excessive screen time
- Work/life balance
- Unexplained tiredness
- A sudden change in narrative
- Parental enquiry asking for support

APPENDIX 2 – REFERRAL TO CAHMS

The screening tool below can act as a guide about the level of support required and whether a CAHMS referral is appropriate. From www.cwmt.org.uk

APPENDIX 3 – TALKING TO PUPILS WHEN THEY MAKE MENTAL HEALTH DISCLOSURES

The advice below is from students themselves in their own words, courtesy of the Charlie Waller Memorial Trust (www.cwmt.org.uk), along with some additional ideas to help during initial conversations with pupils disclosing mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and safeguarding and discussed with 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 overanalyse 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 need 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.

APPENDIX 4 – SOURCES OF INFORMATION AND FURTHER SUPPORT ABOUT COMMON MENTAL HEALTH ISSUES

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

SelfHarm.co.uk: www.selfharm.co.uk

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

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Selfharm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

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 UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

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

Books

Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

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 – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:

www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Selfharm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

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: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook. Teachers' Pocketbooks*

