



**NORTHWOOD COLLEGE FOR GIRLS GDST**  
**MENTAL HEALTH AND MENTAL WELLBEING 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 Organization).

The wellbeing of pupils and staff at Northwood College is promoted and raising awareness is considered a priority. We believe that a healthy mind will enable our pupils to enjoy school and to achieve their best academically. The concept of wellbeing comprises many aspects of life, including physical and mental health, emotional intelligence and resilience and resourcefulness: the skills to be able to respond to the challenges of life and to know how to ask for help when it's needed. Issues around wellbeing form a significant part of our PSHE programme. Furthermore, promoting good mental health is a priority for all staff, for themselves and for our pupils, in all areas of the school. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all. We recognise that healthy eating provides the nutrients and energy required to sustain a healthy mind and body; our school caterers ensure that they offer a nutritious balanced meal to all of our pupils and staff every lunchtime.

Mental health issues can and should be de-stigmatised by educating pupils, staff and parents. This is done through form time activities, assemblies and in PSHE, with the pupils; through staff INSET and through parent discussion evenings. Positive mental health is also promoted through strong pastoral care and guidance both for the whole school community and individual girls.

The GDST and NWC work closely with Positive, a team of neuroscientists and psychologists specialising in the education teachers to understand their own emotions and mood, with a view to cascading the concepts to the pupils. We find this to be an excellent pathway to NWC community positive mental health.

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. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

## Scope

This policy describes the school's approach to promoting positive mental health and wellbeing. It also outlines our procedures for responding to mental health issues. The policy is intended as guidance for all staff including support staff, volunteers and SGB members. This policy should be read in conjunction with the GDST pupil health guidance in cases where a pupil's mental health overlaps with or is linked to a medical issue, and the school's SEND policy where a pupil has an identified special educational need.

## Aims of Policy

- To promote positive mental health in all staff and pupils
- To increase understanding and awareness of common mental health issues
- To alert staff to early warning signs of mental ill health
- To provide support to staff
- To provide support to pupils and their parents or carers
- To enable staff to liaise with external agencies effectively

## Promoting Positive Mental Health

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 Health component and RSE component of our PSHE programme. The specific content of lessons will be determined by the needs of the cohort, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We 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. Alongside the PSHE. A number of additional initiatives aim to promote pupil wellbeing. The school follows the **Positive Programme**. This gives our pupils knowledge and understanding about how the brain processes emotion, and why we think, feel and behave as we do. This is combined with a set of tools and techniques that can help to 'rewire the brain' and improve psychological wellbeing. Pupils become more emotionally literate and confident that they can positively influence their own mood-state. Responding to Mental Health Issues Mental ill health is a part of life in just the same way as physical ill health, it's OK to talk about it and it's OK to ask for help. All staff at the school have a role to play in pastoral care: pupils should feel that there is a range of staff they could talk to at any time if they have issues or concerns.

There are also a number of more formal sources of support in school that pupils can access:

- **Tutors and Co-tutors, Heads of Year/Key Stage, School Nurse, Pastoral Mentors, School and the Pastoral Deputy Heads (JS and whole school)** have formal responsibility for the pupils in their care and can provide advice and support.
- **Counselling** is available to pupils of all ages. Pupils in Year 10 and above can self-refer. Further details on the school's counselling arrangements can be found within the Pastoral Policy and procedures information from Autumn 2020. Group counselling, primarily to examination year groups to help alleviate examination anxiety
- **Wellbeing coach** offers 1:1 coaching sessions for students on all aspects of wellbeing, including confidence-building, anxiety, exam anxiety and social anxiety, navigating friendships and home issues

- **SEND support and education of the community** on neurodiversity. Working closely with pupils and their parents, when they will benefit from specialist support.
- **Peer mentoring** – in the form of Buddies (Year 9 to year 7), to help with settling in and transition; they listen and will inform staff of any concerns.
- **Ask Counsellor - box-** where pupils can anonymously post questions
- [questionbox@nwc.gdst.net](mailto:questionbox@nwc.gdst.net) - an opportunity to ask questions, with a specific focus on LGBTQIA+ questions and wellbeing questions (answered by the LGBTQIA+ Diversity and Inclusion Champion (also runs LGBTQIA+ Society with the prefect) and the Wellbeing coach. A confidential email service launched at the time of launch of our Diversity and Inclusion Charter.
- **Mindfulness Programme:** is delivered formally to Year 8 and there is drop-in club to supplement this.
- **Yoga:** begins in EYFS, for wellbeing
- **Wellbeing week:** in Junior and Senior School
- **Children's Mental Health Day-** with events to raise awareness
- **School Elephant** in the grounds to represent 'the elephant in the room: mental health' to inspire pupil-led initiatives (March 2020)
- **Speakers on Mental Health and Wellbeing** (both in-house and GDST for staff, parents and pupils)
- **Positive.Now-** launch Spring Term 2021 to all staff. Offering modular courses on neuroscience and provision of a wellbeing toolkit.

### Signs of Mental Health Deterioration

Staff should be vigilant and alert to signs and indications that a pupil might be 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 relevant Head of Key Stage/ Head of Year and it will be shared with the Deputy Head (pastoral) in the first instance and logged on CPOMS. Peers are often aware of difficulties their friends may be experiencing at an earlier stage than staff. Pupils should be encouraged to talk to a teacher as soon as possible if they have concerns. Whilst they may be worried about passing on information of this nature, they should be reassured that this will be the most effective way they can help their friend. NWC pupils are encouraged to share concerns with their tutor/co-tutor/ HOY/DHP.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental; signs of neglect; dramatic changes in appearance

- Changes in eating or 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

If any member of staff is concerned that a pupil or member of staff is at risk of serious harm, they must contact the DSL immediately. (In line with our Safeguarding policy).

### **Managing disclosures**

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. 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. 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?' All disclosures should be recorded. This record should include: Date. The name of the member of staff to whom the disclosure was made. Main points from the conversation. Agreed next steps.

This information should be shared with the DSL who will and offer support and advice about next steps. Where a referral to CAMHS/Children's Services is appropriate, this will be led and managed by Helen Crouch (Deputy Head pastoral Junior School)/ Jill Ferguson (Deputy Head pastoral).

### **Confidentiality**

We should be honest with regard to the issue of confidentiality. 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

We should avoid sharing information about a pupil without first telling them. Ideally we would receive their consent, though in situations where a pupil may be suffering or at risk of suffering significant harm, **information must always be shared with the DSL**. Parents should normally be informed (although the decision to inform parents is a sensitive one to be discussed with the DSL in advance). Depending on the severity and risk, pupils may be offered the option to tell their parents themselves, and if this is the case, the pupil should be given 24hours or/weekend to share the information before the school contacts parents. We should always try to give pupils 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, the DSL will contact the MASH team at Children's Services as a matter of urgency/ and if necessary inform other external agencies. **If a child is in immediate harm- call 999.**

### **Individual Care Plans**

It is helpful to draw up an individual 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

### **Signposting**

We will ensure that staff, pupils and parents are aware of sources of support outside school in the local community. What support is available in the local community, who it is aimed at and how to access it is outlined in Appendix C. We will also display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

### **Supporting Peers**

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. 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 support. Support will be provided either in one to one or group settings and will be guided by conversations with 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- That they can best support their friend by ensuring that an adult is aware of their difficulties
- Where and how they can 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
- It may be advisable to contact the parents of friends as a protective measure, while retaining confidentiality.

### **Partnership with 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:

- 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 go 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 PSHE and share ideas for extending and exploring this learning at home.

Where issues arise with individual pupils and it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, or virtually?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting? It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should accept this (within reason) and give the parent time to reflect. We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news about their daughter. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums. 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 often have many questions as they process the information. Each meeting should finish with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

## **Staff Mental Health**

The mental health of our staff is as important to the school as is that of our pupils. Nationally over the past few years the level of work-related stress, burnout and work absence amongst teachers has increased. Teacher wellbeing has significant implications not only for the individual teacher, but also their colleagues, pupils and the school more broadly. Research indicates that teacher morale directly correlates with pupil achievement. A number of school initiatives support the wellbeing of our staff:

- Staff as well as pupils have access to the Positive Schools Programme: in fact the programme targets staff as a priority. The programme aims to equip teachers with the knowledge and tools to manage periods of stress and pressure
- Staff as well as pupils should feel that there are individuals they can talk to if they feel they might be experiencing mental health or emotional wellbeing issues. If they do not feel able to approach their line manager they should speak to one of the SLT
- The school counsellor may be available to staff as well as pupils in relation to situations that arise in school, and via a referral from SLT
- The Legal and General confidential Employee Assistance Programme is available to all staff and details are in the Staff Guidance
- Details of local support agencies can be found in the Safeguarding Policy
- Staff wellbeing clubs run by staff for staff include: Boot Camp, Yoga, Swimming, Book Club
- Talks on mental health and wellbeing
- Social events (and staff social committee)

## **Staff Training**

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 to enable them to keep pupils safe. Where the need to do so becomes evident, we host additional training sessions for all staff to promote learning or understanding about specific issues related to mental health. Training opportunities for staff who require more in depth knowledge are provided through the GDST's CTSD programme. This typically includes role-based training for form tutors, Heads of Year, Head of Key Stage, Pastoral Leads and DSLs, and topic/skills-based training such as social and emotional development at different ages, self-harm and counselling skills. Links to other policies This policy operates in conjunction with:

- Safeguarding and Child Protection Policy
- GDST Inclusion Policy
- GDST Equal Opportunities Policy
- SEND Policy

- Anti-Bullying Policy
- PSHE schemes of learning and planning
- Pastoral Policy
- Self-harm policy
- Suicide Prevention policy
- Drugs policy
- Eating Disorders Policy

### **Monitoring, evaluation and review**

The effectiveness of this policy and the school's positive mental health strategies will be continuously evaluated through monitoring of pastoral cases and referrals to the School Counsellor, and in collaboration with pupils via the School Council. This policy will be reviewed every 3 years as a minimum. It was last reviewed in November 2021 and is next due for review in November 2024 by Jill Ferguson. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis as the need arises. If you have a question or suggestion about improving this policy, this should be addressed to Jill Ferguson directly. The policy will always be immediately updated to reflect personnel changes.

### **Appendix A: Further information and sources of support about common mental health issues** **Prevalence of Mental Health and Emotional Wellbeing Issues**

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society. Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents are useful for school staff too. Support on all these issues can be accessed via Young Minds



([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) Minded ([www.minded.org.uk](http://www.minded.org.uk)).

## **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](http://www.selfharm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://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 Self-harm 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](http://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](http://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](http://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](http://www.papyrus-uk.org)

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-abuse/researchand-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/researchand-resources/on-the-edge-childline-spotlight/)

## Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm 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

## Disordered Eating

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](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficultiesin-younger-children](http://www.inourhands.com/eating-difficultiesin-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

## Appendix B: Guidance and advice documents

Mental health and behaviour in schools <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Counsellor Guidance: departmental advice for school staff and counsellors.

Department for Education Teacher Guidance: Preparing to teach about mental health and emotional wellbeing PSHE Association. Funded by the Department for Education

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.

Department of Health Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people.

Department of Health NICE guidance on social and emotional wellbeing in primary education NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare.  
National Children's Bureau

Reviewed: September (Senior Deputy Head pastoral)

Review date: November 2024 (Senior Deputy Head) unless required prior to this date