



EMOTIONAL HEALTH AND WELL-BEING POLICY

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Policy Renewal: November 2023

Reviewed by the LGB Governors

"The Governors of Greenbank High School are committed to safeguarding and promoting the welfare of children and young people at every opportunity and expect all staff and volunteers to share this commitment"

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1. 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)

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. 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.

2. 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 our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

3. 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 parent / carers/carers

4. 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 A. Gent-Jones - Designated Child Protection and Safeguarding Officer, Mental Health Lead, Pastoral Lead, LAC and Mental Health First Aider.
- Ms T. Clift - Lead First Aider, Safeguarding trained.
- Mrs A. Fitzgerald - Mental Health First Aider, Learning Mentor, Deputy DSL.
- Mrs. H. Howe – SENCO, Deputy DSL
- Mrs E. Stansfield – Lead Learning Mentor and Member of the Safeguarding Team.
- Mrs P. Caunce – Young Carer Co-ordinator and Member of the Safeguarding Team.
- Mrs H. Howe – SENDCO / Deputy Child Protection & Safeguarding Officer.
- Miss. H. Wilson – Safeguarding team and Pupil Premium mentor.
- Mrs Siobhan Whittaker - CPD lead.
- Miss Helen Clarke - Head of PSHE.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead or a member of the safeguarding 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 team 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 or counsellor is appropriate, this will be led and managed by a member of the safeguarding team. [Guidance about referring to CAMHS](#)

5. Individual Care Plans

It is helpful to draw up an individual care / support plans for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parent / carers 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

6. 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 PDT and PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but 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](#)¹ to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

7. Signposting

We will ensure that staff, students and parent / carers are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it can be found on the [VLE](#).

We will display relevant sources of support in communal areas such as notice boards, form rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

¹ [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

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

8. 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 with a member of the safeguarding team.

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, family bereavement
- 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

9. 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 [click link](#).

All disclosures should be recorded in writing and held on the student's cpoms record. This written 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 mental health lead, Adele Gent-Jones or one of the safeguarding team who will provide store the record appropriately and offer support and advice about next steps. Professional support for which individuals could be signposted to include: Kooth, school counselling, Venus, Parenting 2000, CAMHS and other specialist support services.

10. Confidentiality

We should be honest with regards to the issue of confidentiality. We should always, where possible pass on our concerns about a student to the relevant staff and family members. With the student, we should discuss:

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

We will aim never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of the safeguarding team and / or a parent / carer. An example of this would be a young person who is in danger of harm.

To protect the emotional well-being of staff dealing with sensitive issues, always share disclosures within the safeguarding team as we are no longer solely responsible for the student which protects our well-being, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

If a child gives us reason to believe that there may be underlying child protection issues, parent / carers should not be informed, but the child protection team must be immediately. They would then make the appropriate decision of whether to inform parent / carers depending upon the level of risk to the child being escalated should a parent / carer be informed.

11. Working with Parent / Carers

Where it is deemed appropriate to inform parent / carers, we need to be sensitive in our approach. Before disclosing to parent / carers 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, at their home or somewhere neutral?
- Who should be present? Consider parent / carers, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parent / carers to learn of their child'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 / carer 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 that you're sharing. Sharing sources of further support aimed specifically at parent / carers can also be helpful too e.g. parent / carer 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 parent / carers often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

12. Working with All Parent / Carers

Parent / carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parent / carers we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parent / carers 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 Emotional Health and Well-Being policy easily accessible to parent / carers
- Share ideas about how parent / carers can support positive mental health in their children through our regular information evenings. Keep parent / carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

13. 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 parent / carers 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

14. 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 will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. 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.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Siobhan Whitaker, our CPD Coordinator who can also highlight sources of relevant training and support for individuals as needed.

The Charlie Waller Memorial Trust provided funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. For further information email admin@cwmt.org or call 01635 869754.

15. Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in November 2023. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Adele Gent-Jones. This policy will always be immediately updated to reflect personnel changes.