

WCB Well-Being & 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 Organization)

Wellington College promotes the mental health and emotional wellbeing of all its pupils. We acknowledge the importance of good mental and emotional health in terms of leading fulfilled and purposeful lives.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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.

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.

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 or carers

Background

One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence (source: www.youngminds.org.uk). It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

1. Anxiety and Depression
2. Eating disorders
3. Self Harm

(Please see *Appendix 1* for further details.)

Learning & Teaching – promoting positive wellbeing

Learning and teaching is one of our key priorities and is underpinned by our school vision and values, whereby we are committed to ensuring we have the highest expectations of - and aspirations for - every young person. We continually strive to offer excellent learning experiences in a caring and nurturing environment, where success is celebrated and underperformance challenged.

Our vision is for all of our pupils, regardless of background and circumstance, to make outstanding progress, to achieve grades which will provide opportunities in the future and to become equipped with transferable skills for life beyond school. We want our pupils to be confident and independent learners; to be resilient and to value effort; to be creative thinkers; to understand that sometimes failure is an essential part of the learning process and to recognise that developing a positive, ‘can do’ attitude will help them to set and achieve aspirational goals.

Teaching about Mental Health – the preventative curriculum

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 PD programme. The specific content of lessons will be determined by the needs of the cohort being taught 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. Mental Health awareness is also a feature of our school assembly programme. Additionally, we have an annual *TAKE 5 Steps to Well-Being* week (See Appendix 2).

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas such as common 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 students seeking help 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

Two important elements enabling the College to identify mental health issues are the effective use of data (i.e. monitoring changes in pupils’ patterns of attendance/academic achievement) and an effective pastoral system whereby staff know pupils well and can

identify unusual behaviour. 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 the appropriate member of staff: Year Head, Designated Teacher or Head of Pastoral Care.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental;
- 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.

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?'.

In dealing with a mental health concern, staff should follow the 5 'Rs': Receive – Reassure – Respond – Report – Record. If appropriate, a Note of Concern should be completed and passed on to the designated teacher. A 'Quick Note' should be made on SIMS.

Confidentiality

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

We should 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 staff and / or a parent; confidentiality cannot be promised if there is a risk to the student..

It is always advisable to share disclosures with a colleague, usually the mental health lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, 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.

In most cases, parents will be informed and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. 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, the child protection officer must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. It can be upsetting for parents to learn of their child's issues and many may respond with anger or fear during the first conversation. We should be accepting of 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 that you're sharing. 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. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

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 go about this, if they have concerns about 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 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.

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 with 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

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 students safe.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in June 2022.

Appendix 1

1. Anxiety and Depression

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Anxiety disorders:

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years. All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried. Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives. Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder:

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking
- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration/ memory and difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts
- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking

Depression

Depression is a common but serious illness and can be recurrent. Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed

varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis. Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self harm, misuse of alcohol and other substances, risk-taking sexual behaviour.
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

2. Eating Disorders

People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement
- A home environment where weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement
- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be

taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre. Some warning signs are weight loss, dizziness/ tiredness, dull and lifeless hair, sore throats and tooth decay.

3. Self-Harm

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm. Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Unreasonable expectations from parents or self
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

Appendix 2

Every year, the College has a week dedicated to mental Health and well-being through its TAKE 5 week. This programme is based around the Public Health Agency's Take 5 Steps to Well-Being:

1. **Connect:** Connect with the people around you: family, friends, colleagues and neighbours at home, work, school or in your local community. Think of these relationships as the cornerstones of your life and spend time developing them. Building these connections will support and enrich you every day.
2. **Be active:** Go for a walk or run, cycle, play a game, garden or dance. Exercising makes you feel good. Most importantly, discover a physical activity that you enjoy; one that suits your level of mobility and fitness.
3. **Take notice:** Be observant, look for something beautiful or remark on something unusual. Savour the moment, whether you are on a bus or in a taxi, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.
4. **Keep learning:** Don't be afraid to try something new, rediscover an old hobby or sign up for a course. Take on a different responsibility, fix a bike, learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy. Learning new things will make you more confident, as well as being fun to do.
5. **Give:** Do something nice for a friend or stranger, thank someone, smile, volunteer your time or consider joining a community group. Look out as well as in. Seeing yourself and your happiness linked to the wider community can be incredibly rewarding and will create connections with the people around you.

Appendix 3

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 Karen Latimer – Designated Teacher for Safe-Guarding and Child Protection
- Mr Pete Chambers - Mental Health Lead Teacher
- Mr Simon Lemon – Head of Pastoral Care

- Dr David Agnew - CPD lead
- Year Heads
- Sixth Form Mental Health Champions

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Year Head 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 teacher for Safe-Guarding and Child Protection. 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.