

Mental Health and Wellbeing Policy

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Persons Responsible: JS and SS School Psychologists

Mental Health and Wellbeing Policy

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, 2012)

2. Policy Aims

The Junior and Senior School is committed to promoting and supporting the mental health and wellbeing of our whole school community (pupils, staff, parents and carers), and recognise that pupils' mental health and emotional wellbeing are equally as important as their physical wellbeing.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By 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, thereby ensuring the best possible educational outcomes for every pupil.

3. This policy aims to:

- Promote positive mental health for all pupils.
- Increase understanding and awareness of common mental health issues.
- Alert staff to the early warning signs of mental ill health.
- Provide support to staff working with pupils with mental health issues.
- Provide support to pupils suffering mental ill health and their peers and parents/carers
- Promote positive mental health for all staff.

4. Staff Roles and Responsibilities

All staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some pupils will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need.

Certain staff members have a specific role in the process. These are listed below:

Junior School	Senior School
Designate Safeguarding Lead (DSL): Naomi Theocharides	Designate Safeguarding Lead (DSL): Yiannis Georgiou
Mental Health Lead: Nasia Joseph	Mental Health Lead: Artemis Theofanous
School nurse: Anastasia Polycarpou	School nurse: Katerina Kastana
Pastoral lead:	Pastoral lead: Yiannis Georgiou
CPD lead: Eleni Kallitsi	CPD lead: Eleni Kallitsi
Head of PSHE: Nasia Joseph	Head of PSHE: Yiannis Georgiou
School psychologist: Nasia Joseph	School psychologist: Artemis Theofanous
SENCO: Maria Carneiro Leao	SENCO: Marina Pittas

5. Promoting positive Mental health

The Junior and Senior School will:

- work to help pupils to understand their emotions and experiences better through our PSHE programme as well as their daily interactions;
- ensure our pupils feel comfortable sharing any concerns and worries;
- help pupils to form and maintain relationships;
- encourage pupils to be confident and help to promote their self-esteem;
- help pupils to develop resilience and ways of coping with setbacks.

The Junior and Senior School will promote a healthy environment by:

- promoting positive mental health and emotional wellbeing in all pupils and staff
- celebrating both academic and non-academic achievements
- encouraging a sense of belonging and community.
- providing opportunities to develop a sense of worth and to reflect
- promoting our pupils' voices and giving them the opportunity to participate in decision making
- adopting a whole school approach to mental health and providing support to any pupil who needs additional help through interventions or referrals to external interventions.
- educating pupils through PSHE throughout the year
- raising awareness amongst staff and pupils about mental health issues and their signs and symptoms
- supporting staff who are struggling with their mental health

6. Procedures

- Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance.
- If there is a fear that the student is in danger of immediate harm then standard child protection procedures should be followed with an immediate referral to the DSL. Additionally, the Cause for Concern form should be filled in with the appropriate information and be handed over to the DSL (Please see in Appendix 1).
- If the student presents a medical emergency then the usual procedures for medical emergencies should be followed, including alerting the first aid staff/school nurse and contacting the emergency services if necessary.
- A risk assessment will take place by the School psychologist, if possible.
 - Parents/Carers are contacted immediately, in case there is risk of harm
 - Referrals to relevant professionals are made (e.g. Clinical psychologist, Child Psychiatrist etc.)
- The provision of psychological support by the School psychologist may be agreed with the student and in collaboration with the parents/carers; upon their consent (Please see Appendix 2).
- If it's necessary further advice and guidance is provided to staff members, parents/carers and students
- If a student shares a mental health related concern for themselves or another student and there is no immediate risk of harm, upon clarification, please share the concern with the relevant Head of year. In case there is a risk of harm, please follow the abovementioned.

7. Individual Care Plans

There will be a number of different sources of school-based support, including pastoral staff, behaviour and learning support, school counsellors/psychologists etc.

Individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health will be drawn up in collaboration with 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

8. Teaching about Mental Health

The skills, knowledge and understanding needed by students to keep themselves and others physically and mentally healthy and safe will be included as part of the PSHE (personal, social, health and economic education) curriculum. This curriculum is reviewed and refined annually. Where necessary, additional elements might be added through the academic year to respond to specific needs. Information for teaching material will be guided by validated organisations such as the PHSE Association, Anna Freud Centre etc.

The specific content of lessons will be determined by the specific 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. The school will endeavour at all costs to teach health and emotional wellbeing topics in a sensitive and safe manner which helps rather than harms.

Teacher guidance will be made available on teaching mental health topics. Support will also be made available to students or staff who may disclose concerns after these lessons. For students this will be through discussion with their form tutor or pastoral staff in the first instance or the mental health lead. Teachers will approach the mental health lead or their line manager.

9. 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 in order to enable them to keep students safe.

Possible trainings that can be offered to staff annually might be:

- Positive Discipline
- Empowerment and Resilience Workshop
- Safeguarding training
- Other

10. Signposting

We will ensure that all pupils, staff and parents are aware of sources of support within the Junior and Senior School, as well as locally. In addition, we will display relevant sources of support in form rooms and communal areas such as corridors, social spaces and toilets. The Mental Health notice boards can also be used to update parents/carers about mental health issues and sources of support.

11. Confidentiality

Any student should feel free to report any concern about their own well-being or that of fellow students. It must be made clear to students that complete confidentiality cannot be maintained in cases which involve the well-being of any student. If any member of staff has concerns about the well-being of a student, confidentiality cannot be kept. No promises of confidentiality can be made to any student.

Parents should feel comfortable in sharing any relevant health information with the school on the understanding that the information provided remains confidential and is shared only on a need-to-know basis. Parents should share any known mental health problems or concerns they may have about the mental health of their child or emotional well-being. It is important for the school to have all relevant information that will allow it to provide any necessary support.

The School retains the right to balance the child's right to confidentiality against the School's responsibility in ensuring the health and safety and overall well-being of any student.

If a student gives us reason to believe that there may be underlying child protection issues, the DSL will be informed immediately who will implement child protection procedures.

12. Supporting Peers

The school will support peers who have a friend with a mental ill health difficulty in the following ways:

- Manage disclosure - what it is helpful for friends to know and what they should not be told
- How friends can best support
- Their role in disclosing signs of relapse
- Where and how to access support for themselves
- Healthy ways of coping with the difficult emotions they may be feeling

13. Mental Health/Emotional Well-being Warning Signs

There are a number of possibilities, but the main risk factors in developing and presenting symptoms of Depression and/or Anxiety may include:

- Divorce or separation of parents
- Poor performance in school
- Academic difficulties
- Bullying
- The death of someone close
- The breakup of a relationship

Warning signs, based on DSM – 5 (Diagnostic and Statistical Manual of Mental Disorders) and webmd.com

Depression

- Irritability or anger
- Continuous feelings of sadness and hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Changes in appetite -- either increased or decreased
- Vocal outbursts or crying
- Difficulty concentrating
- Chronic fatigue and low energy
- Lack of sleep
- Physical complaints (such as stomach aches, and headaches) that don't respond to treatment
- Reduced ability to function during events and activities or extracurricular activities
- Feelings of worthlessness or guilt
- Impaired thinking or concentration
- Thoughts of death or suicide (exhibited verbally or in writing)
- Self-harm
- A lack of emotional responsiveness

Anxiety

- Finding it hard to concentrate
- Lack of sleep
- Not eating properly
- Easily getting angry or irritable, and being out of control during outbursts
- Constantly worrying or having negative thoughts
- Feeling tense and fidgety, or needing to use the toilet often
- Always crying
- Consistently complaining of stomach aches and feeling unwell
- Low self-esteem
- Absenteeism/truancy (especially when tests occur)

Eating Disorders

These may include **anorexia nervosa or bulimia**

Risk Factors may include:

- Very high expectations of achievement
- Over-protective/over-controlling home environment
- Overly high family expectations of achievement
- Being bullied, teased due to weight or appearance
- Pressure to maintain weight/fitness levels for sport or dance
- Anxiety or depression

Warning signs (Based on Royal society of Psychiatrists; NHS website and DSM – 5 (Diagnostic and Statistical Manual of Mental Disorders))

- Significant weight loss or unusual weight changes
- Avoidance of eating in public
- A student's belief they are fat when this is clearly not the case
- Going to the toilet immediately after meals
- Only ever eating low-calorie foods
- Expressing unusual or concerning views on the topic of food

Other Disorders

Phobias

A specific phobia, formerly called a simple phobia, is a lasting and unreasonable fear caused by the presence or thought of a specific object or situation that usually poses little or no actual danger. Exposure to the object or situation brings about an immediate reaction, causing the person to endure intense anxiety, or nervousness, or to avoid the object or situation entirely. The distress associated with the phobia and/or the need to avoid the object or situation can significantly interfere with the person's ability to function.

Panic attacks

These involve sudden feelings of terror that strike without warning. These episodes can occur at any time, even during sleep. People experiencing a panic attack may believe they are having a heart attack or they are dying or going crazy. The fear and terror that a person experiences during a panic attack are not in proportion to the true situation and may be unrelated to what is happening around them.

Most people with panic attacks experience several of the following symptoms:

- "Racing" heart
- Feeling weak, faint, or dizzy
- Tingling or numbness in the hands and fingers
- Sense of terror, or impending doom or death
- Feeling sweaty or having chills
- Chest pains
- Breathing difficulties
- Feeling a loss of control

Obsessive-compulsive disorder (OCD)

This is a potentially disabling illness that traps people in endless cycles of repetitive thoughts and behaviours. People with OCD are plagued by recurring and distressing thoughts, fears, or images they cannot control. The anxiety produced by these thoughts leads to an urgent need to perform certain rituals or routines or compulsions. The compulsive rituals are performed in an attempt to prevent the obsessive thoughts or make them go away. Most people with OCD are likely to experience some of the following symptoms:

- Fear of dirt or contamination by germs
- Fear of causing harm to another
- Fear of making a mistake
- Fear of being embarrassed or behaving in a socially unacceptable manner

- Fear of thinking evil or sinful thoughts
- Need for order, symmetry, or exactness
- Excessive doubt and the need for constant reassurance

Suicidal thoughts

Suicidal thoughts (or ideations) are thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself.

The majority of people who experience suicidal thoughts do not carry it through. Some may, however, make suicide attempts. Some suicidal thoughts can be deliberately planned to fail or be discovered, while others might be carefully planned to succeed.

The vast majority of people with suicidal thoughts do not carry them out to their conclusion. Possible signs (NOTE: These are by no means certain signs of such thoughts, but can be viewed as clues, depending on the circumstances of a child):

- Always talking or thinking about death
- Deep sadness, loss of interest, trouble sleeping and eating, which seem to get worse
- Having a "death wish," tempting fate by taking risks that could lead to death
- Losing interest in things one used to care about
- Making comments about being hopeless, helpless, or worthless
- Saying things like "it would be better if I wasn't here" or "I want out"
- Sudden, unexpected switch from being very sad to being very calm or appearing to be happy
- Talking about suicide extensively
- Visiting or calling people to say goodbye

Appendices

Appendix 1 – Cause for Concern Form

Cause of Concern Form

Pupil's Name:		Date of Birth	
Class / Year Group:		Ethnicity	

Any disability or special needs:

--

What are your concerns about the pupil?

Please provide a description of any incidents or observations including dates and times.

--

What have you seen, observed and heard from the child or from a third party

--

Include anything you have personally witnessed. Be clear about what is fact and what is your opinion. Include anything the child or another person has told you. Use exact words if possible. Be clear about who has said what. Include any information you have heard from a third party relating to the concern.

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What action have you taken in response to this concern?

Have you contacted anyone else in relation to the concern?

If the parent(s)/carer(s) have not been contacted, please explain why.

--

If the child has a physical injury, have you sought medical advice? Has the child received any medical attention in relation to the injury?

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Date and time of this record:	
Your name (please print):	
Your position or job title:	
Your signature:	

Now give this record to the DSL or equivalent.

Date and time received by the DSL:	
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Appendix 2 – Consent Form

Parental Consent Form

In order to serve our student's best interest and help them reach their fullest potential, we provide counselling services by a licensed school psychologist at our School. If you consent to your child receiving counselling services, please sign the current consent form.

I / We consent to my / our child receiving counselling services at The Junior School. I / We have been informed about the procedures that will be followed and that I / we will be informed if needed, about certain ways to support my / our child in collaboration with the School psychologist. We have also been informed about the specific conditions under which confidentiality between the Psychologist and the child will not apply. Those conditions are:

1. Suspected child abuse or dependent adult or elder abuse
2. If the person intends to harm themselves or other person
3. In case of qualifying court order

Student Full Name (under 18 years old)

Parent / Legal guarding full name

Parent / Legal guarding full name

Parent / Legal guarding signature

Parent / Legal guarding signature

* Please note that only in cases of full custody by one of child's parents / carers (upon provision of court documentation), signature from both parents is not required. Therefore, signature by both parents is required even they have joint custody, parents are together, or where there have been recent separate and parenting issues have not yet been settled.