

## **Bradford Grammar Junior School**

### **Mental Health and Emotional Wellbeing Policy**

**This policy applies to the Junior School. Updated 24 November 2016**

#### **1. Aims**

- 1.1 At Bradford Grammar School we recognise that in order to help our students succeed, we have a role to play in supporting them to be resilient and mentally healthy, and we understand the importance of happiness and wellbeing for every member of the school community. We aim to create an environment where every pupil is happy and valued, and can realise their full potential.
- 1.2 We aim to promote positive mental health within the school community by educating our students, staff and parents, by increasing understanding and awareness of common mental health issues, and by alerting staff and parents to early warning signs of mental illness.
- 1.3 We aim to support those suffering from mental ill health as well as their teachers, parents and peers, and to promote a safe and caring environment for students affected either directly or indirectly by mental ill health.

*Although it is not the School's role to diagnose and treat conditions, we do aim to be alert to the signs of a mental health concern, to intervene as soon as possible and to provide support while the student accesses professional help from the appropriate services. Where severe problems occur, we expect students to be supported by medical professionals working in specialist Child and Adolescent Mental Health Services (CAMHS), voluntary organisations and local GPs.*

#### **2. The School's Approach**

- 2.1 Within Bradford Grammar Junior School (BGJS) all teachers are involved fully in the pastoral care of all the Junior School children and we are supported by the School Nurses and School Counsellors. The School also has four Designated Safeguarding Leads (DSLs)- Simon Hinchliffe (Headmaster), Louis d'Arcy (Deputy Head) and Jane Chapman (Assistant Head (Pastoral)) in the Senior School, and Kerry Howes (Acting Head) in the Junior School. All teaching staff have regular safeguarding training to know how to access support when needed.
- 2.2 Any member of staff who is concerned about the mental health or emotional wellbeing of a student should speak to the Pastoral Lead or the Head of the Junior School. If there is a fear that the student is in danger of immediate harm, the School's Child Protection procedures should be followed with an immediate referral to a DSL (or direct

to Bradford Safeguarding Children's Board in an emergency, as detailed in our Child Protection (Safeguarding) Policy). If the student presents a medical emergency, the normal procedures for medical emergencies should be followed, by alerting a School Nurse, or a first aid trained colleague, or contacting the emergency services if appropriate.

- 2.3 The Form Teacher will take responsibility for co-ordinating school support (managing the student's academic workload, adjusting co-curricular commitments, liaising with the Nurses and external health professionals etc.) All staff are encouraged to be proactive in reporting any concerns they have about a student, however minor they may be. Parents too are encouraged to share any concerns they have with the school.
- 2.4 Where a referral to CAMHS (the Child and Adolescent Mental Health Service) is appropriate, this will be led and managed by a School Nurse or School Counsellor.
- 2.5 If a student has a long-term mental health condition, the School will ensure that he/she is supported by a co-ordinated approach from the Form Teacher and other key staff in school, so that he/she feels that school is a safe place where they can be confident of support, and can access well-informed and sympathetic advice at all times.

### **3. Managing Disclosures**

- 3.1 A student may choose to disclose concerns about their own mental health or that of a friend to any member of staff, who should respond in a calm, supportive, non-judgemental way. Staff are encouraged to follow the ALGEE check-list used by YMHFA:

- Ask, assess, act
- Listen non-judgementally
- Give reassurance and information
- Enable the young person to get appropriate professional help
- Encourage self-help strategies.

- 3.2 All disclosures should be recorded in writing and held on the student's confidential file. This written record should include the date, the name of the member of staff to whom the disclosure was made, the main points from the conversation and the agreed next steps. This information should be shared with the Pastoral Lead or the Head of the Junior School, who will offer support and advice about what happens next.

### **4. Confidentiality**

- 4.1 In most cases the School believes that the welfare of a student is best served by working with the knowledge and support of their parents. However, sometimes a student will approach a member of staff for help before telling their parents and will particularly ask for their confidentiality to be respected. In accordance with our Child Protection (Safeguarding) Policy, staff will make it clear that if they believe the student to be at risk of harm, they will need to pass the information on to the appropriate

safeguarding authorities. If a student is deemed to be “Gillick competent” (sufficiently mature to make a sound judgement), the School will respect their request for confidentiality in the belief that it is important for the student to feel in control of their situation; however, the School will strongly encourage sharing of information with their parents and will work to find a way to do so which is acceptable to the student. In some situations, it may be appropriate to give the student 24 hours to talk to their parents, before the school contacts home. A student may be offered the option of the School informing their parents for them, or with them.

4.2 Staff will only share information about a student when they have told them that they need to do this. They should make it clear:

- who they are going to talk to
- what they are going to tell them
- why they need to tell them.

4.3 The School Nurses and School Counsellors follow their professions’ ethical codes of confidentiality which are more clearly defined than those of the School. Their codes of confidentiality prevent them from informing the School of issues unless they have the student’s direct permission, unless they deem the student to be in danger.

## **5. Warning Signs**

5.1 School staff may become aware of warning signs which indicate that a student is experiencing mental health or emotional wellbeing issues. These signs should always be taken seriously and staff observing them should always communicate their concerns to the Pastoral Lead and/or the Head of the Junior School.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Significant changes in eating/sleeping habits
- Increased isolation from friends or family
- Changes in mood
- Reduced academic achievement
- expressing dark thoughts (talking about self-harm or suicide)
- Abusing alcohol or drugs
- Expressing feelings of failure or loss of hope
- Secretive behaviour (including long-sleeved clothing, or leggings to cover themselves up)
- Absence from or lateness to school.

## **6. Depression**

6.1 Feeling low at times is a normal part of life for everyone, but for some students a persistent feeling of sadness comes to affect how they think, feel and behave, causing emotional, cognitive or physical problems. Issues such as peer pressure, academic expectations and the physical changes of adolescence can bring about mood swings for all young people but for some the lows are a symptom of depression. Clinical

depression affects approximately 4% of teenagers, and is not a weakness or something to be overcome by will-power: it has serious consequences and requires long-term treatment.

6.2 Signs of depression in a young person will vary but include continuous low mood (lasting longer than two weeks), feelings of hopelessness and helplessness, self-reproach and feelings of worthlessness, lack of motivation or interest in things, difficulty making decisions, feeling irritable and intolerant of others, poor concentration, fatigue, disrupted eating and sleeping patterns, school-refusal, feeling anxious or worried, and thinking about self-harm or suicide.

6.2 When the School becomes aware that a student may be suffering from depression, steps will be taken to enable him/her to access professional help through their GP or, if the student is having suicidal thoughts, to access more immediate support from CAMHS. The student will also be encouraged to talk to the School Nurses or School Counsellors, who can then work with parents to get help and treatment as soon as possible.

## **7. Anxiety**

7.1 Feeling anxious at times is a normal part of life for everyone, but for some students manageable levels of anxiety build to become a more serious and long-term anxiety disorder. Anxiety disorders can be caused by a variety of factors; signs include panic attacks, OCD, separation anxiety, phobias, problems with sleep patterns, poor concentration and school-refusal.

7.2 When the School becomes aware that a student is suffering from an anxiety disorder steps will be taken to enable him/her to access professional help through their GP or CAMHS. The student will also be encouraged to talk to the School Nurses or School Counsellors, who can then work with parents and teachers to support them.

## **8. Suicidal Thoughts**

8.1 A student suffering from depression (sometimes compounded by an anxiety disorder) may experience suicidal thoughts. Suicidal behaviour ranges from thinking about killing oneself, to forming a plan about how to do so, to non-fatal suicidal behaviour or ending one's life. A range of contributory factors and individual vulnerabilities may lead to a young person attempting or committing suicide. The School recognises, therefore, that it is important to detect mental health problems as early as possible and to work with the student and their family to access appropriate professional support and help a potentially vulnerable student. An understanding of how to achieve good mental health, and the promotion of mental and emotional resilience, is recognised as a priority within the School's pastoral care.

8.2 If a student expresses suicidal thoughts, help will be sought from the School Nurse or other appropriately trained adult. If it is felt that the student must not be left alone, the School Nurses, School Counsellors or a member of the Junior School staff will make sure that the student is supervised until help can be sought. If the student is felt to be in immediate danger, staff will contact the emergency services with a 999 call, or take the student to A&E at the nearest hospital.

## **9. Eating Disorders**

9.1 Eating disorders are a range of conditions that can affect a person physically, psychologically and socially. They are serious mental illnesses and include anorexia, bulimia and binge-eating disorder. Some students may ask for help because they are worried about their relationship with food, while others will not see that there is a problem and will not ask for help. Usually family or friends will be aware of the problem before the school. The school will advise the student and their family to go to their GP for help, and will then aim to provide on-going help and monitoring once the student is receiving professional medical support.

## **10. Self-Harm**

10.1 Deliberate self-harm (DSH) describes any behaviour where a student causes harm to himself/herself in order to cope with thoughts, feelings or experiences they are unable to manage by other means. It is not an illness but a behaviour pattern used to manage, or to communicate, emotional distress. It most frequently takes the form of cutting, burning or non-lethal overdoses. It is not attempted suicide but instead is a means of survival. Often it may be the case that the student is self-harming to get relief from feelings of hopelessness or inability to cope with social, emotional or academic pressures, and if he/she feels that it works as a coping strategy, it may become a habit.

10.2 If a student discloses, or a member of staff suspects, that he/she is self-harming, the School will work with him/her to discuss the reasons for their self-harm and find less destructive ways to cope. Usually a School Nurse or School Counsellor will take the lead on this, and other help and guidance as appropriate will be sought (e.g. the student's GP, online support from agencies like Harmless, or professionals within CAMHS).

## **11. Working with Parents**

11.1 The School believes that the welfare of its students is almost always best served by working with the full knowledge and support of the student's parents. Sometimes the student will choose to tell their parents themselves, and will be given 24 hours to do so before the School contacts home. If the student gives the School reason to believe that there may be underlying child protection issues, parents will not be informed but the DSL will take advice from the local Safeguarding Children Board.

11.2 When the School needs to disclose sensitive information to parents about their child's mental health, thought will be given to how best to handle this with sensitivity. It can be shocking and upsetting for parents to learn that their child is suffering from poor mental health, and the School recognises that they may need time to process what they have been told and reflect on how to respond. Wherever possible, the School will highlight further sources of information and support, and will make it clear that parents are welcome to ask for further meetings and follow-up. Meetings and conversations with parents will always conclude with an agreed next step, and a brief record of the meeting will be kept with the student's confidential record.

11.3 The School works with parents to support their child's mental health and emotional wellbeing by:

- Making the school's Wellbeing Policy easily accessible to parents
- Highlighting sources of information about common mental health issues on the school website
- Sharing ideas about how parents can support positive mental health in their children (e.g. by inviting guest speakers to the school to talk to parents)

## **12. Supporting Peers**

12.1 When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends will want to help but often 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 protect peers, the School will consider on a case-by-case basis which friends may need additional support and will decide how best to do so. Advice will be given about:

- what it is helpful for friends to know and what they should not be told
- how they can best support their friend who is suffering from mental health problems
- things friends should avoid saying/doing which may cause upset
- warning signs that their friend needs help (e.g. signs of a relapse)
- where and when 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.

## **13. Staff Training**

13.1 As a minimum, all teaching staff receive regular training about recognising and responding to mental health issues as part of their annual child protection training, so that they can keep students safe. Training opportunities for staff who require further in-depth knowledge are encouraged as an important and valued area of CPD. In-house training sessions are arranged to promote understanding about specific areas of mental health where a need to do so has been identified. The School Nurses and Counsellors are available to provide guidance and learning resources for staff who wish to find out more about particular mental health issues relating to a student.

## **14. Policy Review**

14.1 This policy will be reviewed annually. Additionally, it will be updated immediately to reflect personnel changes, and may be reviewed during the course of the year if the need or opportunity arises to improve its content.

**September 2016**