

## Bradford Grammar School

### Wellbeing Policy (for students)

This policy applies to the whole school.

Updated 20 September 2017

#### 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 The BGS Pastoral Team consists of Heads of Year<sup>1</sup>, School Nurses (Sally Martindale and Carrie Kajda), School Counsellor (Joanne Rutter), and Learning Support department (Suzy Palmer and Louise Croudson); it is supported by the team of Form Tutors and led by the Assistant Head (Pastoral). The School also has two Designated Safeguarding Leads (DSLs) – Jane Chapman (Assistant Head (Pastoral) and Kerry Howes (Head of the Junior School), and two Deputy DSLs Kate Wilde (Head of Year 9) and Felicity Hughes (Deputy Head (Pastoral) in the Junior School. Additionally our Head of Personal Development, Debbie Chalashika, plays a key role in promoting education about mental health as part of the School's Personal

---

<sup>1</sup> Head of Year 7 - Emma Tomlinson; Head of Year 8 – Angela Hicks; Head of Year 9 – Kate Wilde; Head of Year 10 – Elizabeth Greaves; Head of Year 11 – Mark Thompson; Head of Year 12 – Ruth Thompson; Head of Year 13 – Julian Reed-Purvis  
Bradford Grammar School Student Wellbeing Policy

Development (PSHE) scheme of work. Key pastoral staff have been trained in Youth Mental Health First Aid (YMHFA) and all teaching staff, through their regular safeguarding training, 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 one of the Pastoral Team. 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 Usually the Head of Year 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 the 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 Pastoral Team, working with their Form Tutor 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:

- A**sk, assess, act
- L**isten non-judgementally
- G**ive reassurance and information
- E**nable the young person to get appropriate professional help
- E**ncourage 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 an appropriate member of the Pastoral Team, 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 Counsellor 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 one of the Pastoral Team.

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 Counsellor, 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 Counsellor, 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 PD programme and in school life more generally.

8.2 If a student is known to be thinking about suicide, the School will act within Youth Mental Health First Aid guidelines and an appropriate member of staff will ask him/her direct questions to gauge the level of intent so that they can act accordingly. If it is felt that the student must not be left alone, the School Nurses, School Counsellors or a member of the Pastoral Team 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 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 the 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. Educating Pupils**

11.1 The School's Personal Development Programme covers a number of topics on mental health and emotional wellbeing in all year groups and aims to develop an understanding of good mental health and an awareness of common mental health concerns.

11.2 All students in Years 7-9 have a Wellbeing component as part of their Week 2 Personal Development programme (see Appendix 1).

11.3 Throughout the year ideas and techniques to support good mental health and raise awareness of the need to take mental health and emotional wellbeing seriously are

promoted by form tutors in form time and through year group and whole school assemblies.

## **12. Working with Parents**

12.1 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.

12.2 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.

12.3 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)
- Keeping parents informed about the mental health topics covered in their children's Personal Development programme, so that they can share and extend this learning at home.

## **13. Supporting Peers**

13.1 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.

#### 14. Staff Training

14.1 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.

#### 15. Policy Review

15.1 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.

### Appendix 1

#### Personal Development Programme: Wellbeing course delivered to Years 7-9

	<u>YEAR 7</u>	<u>YEAR 8</u>	<u>YEAR 9</u>
<b>SESSION 1</b>	<u>Healthy routines</u> LO: To explore the concept of well-being and our habits of sleep and diet	<u>Good habits and supporting others</u> LO: To explore happiness, issues which may impact it and self-help techniques	<u>Impact of addiction</u> LO: To understand the impact of social media and gaming
<b>SESSION 2</b>	<u>Good habits</u> LO: To look at exercise as a 'good habit' and explore methods of relaxation	<u>Stigma, stress and anxiety</u> LO: To explore stigma and what it feels like; look at strategies for dealing with stress and anxiety	<u>Depression and self-harm</u> LO: To explore depression and reasons for self-harm
<b>SESSION 3</b>	<u>Friendships and bullying</u> LO: To explore the concept of a 'good friend' and 'being kind', and look at bullying	<u>Body image and eating disorders</u> LO: To explore the idea of body image in relation to social media and eating disorders as coping strategies	<u>Good habits and positive self-esteem</u> LO: To explore healthy lifestyles and good habits