



Positive Mental Health and Wellbeing Policy

Last updated: October 2024
Author: Mental Health Lead / Deputy Head (Pastoral and Safeguarding)
Review cycle: Annually
Next review date: September 2025

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 Organisation)

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.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as a 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.

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental ill health
- 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/carers
- Link with equality, diversity and inclusion policies

Lead members of staff / Members of Bredon Mental Health Action Group

Whilst all staff have a responsibility to promote the mental health of students. We have established a mental health action group. The members are staff with a specific, relevant remit include:

- Rachel Slevin, Governor
- Charmain Eaton, Deputy Head (Pastoral and Safeguarding) (DSL)
- Carey Allen - Mental Health and Wellbeing Lead/practitioner and DDSL
- Jill Blakeney - Lead medical, School nurse and DDSL
- Sue Dickson - Head of Junior School

- Stephen Giles – Bursar / CPD lead
- Kathryn Morris – Head of PSHE (Link Member)
- Vicki Haines – Teacher member

The Mental Health Action Group has been set up to:

- Implement a whole school approach to mental health and wellbeing, improving outcomes for children and supporting staff and parents.
- Advise senior management on strategies to improve and support mental health and wellbeing across the school community.
- Establish links within school to help implement health and wellbeing strategies.
- Establish links with external specialists and support services.

Any member of staff who is concerned about the mental health or wellbeing of a student in the first instance should clearly document concerns on the ‘MyConcern’ electronic system. 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 Safeguarding Lead. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting first responders and first aid staff in the immediate area, and/or nursing team in the health and wellbeing centre. This includes contacting the emergency services if necessary. See Appendix G for a list of First Aiders.

Concerns about the mental health or wellbeing of a student will then be discussed with the health and wellbeing centre/ mental health lead and/or head of house pastoral house masters.

Where a referral to CAMHS is appropriate, this will be led and managed by Carey Allen, Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix F.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving 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

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 to be included as part of our PSHE curriculum. This is integral to a whole school approach and can also be embedded into other subject 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 to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

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

Signposting

We will ensure that staff, students and parents 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 is outlined in Appendix D.

We will display relevant sources of support in communal areas such as common rooms and notice boards 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:

- 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

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 on MyConcern electronic safeguarding system in the first instance, and to the mental health lead Carey Allen, and/or pastoral house masters, and/or school nurse Jill Blakeney.

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
- 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?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures regarding themselves or anybody else except a member of staff, should be recorded in writing and then added to the students MyConcern file as soon as possible. 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

If a student raises a concern about a member of staff, that concern should be raised using the Confide safeguarding management system.

This information will be shared with the mental health lead Carey Allen who will offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we think 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 immediately shared with another member of staff and / or a parent (An example of this is where a student is in danger of harm, from themselves or another/others, or a risk of causing harm).

It is advisable to share disclosures with a colleague, Designated Safeguarding lead and/or DDSL. To safeguard our own emotional wellbeing we can discuss any impact a disclosure has had with the Deputy Head (Pastoral and Safeguarding) / Carey Allen, mental health lead or Jill Blakeney, school nurse via the health and wellbeing centre. 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 as we may need to be supported ourselves after hearing uncomfortable information.

We should explain confidentiality and safeguarding to the student and discuss with them who it would be most appropriate and helpful to share this information with. Parents must always be informed if there is risk involved 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. The only exception is when the risk of harm is immediate or may compromise the students safety further. We should always give students the option of informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, the Deputy Head (Pastoral and Safeguarding) must be informed immediately and will take the lead.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents 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 parents, the student, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents 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 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 the agreed next step and update the MyConcern record of the meeting.

Working with All Parents

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 from our signposting document.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Parents to be involved in having a robust mental health and wellbeing policy
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through regular information evenings/coffee mornings.
- 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
- A parents representative to be involved in contributing within the mental health action group.

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 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 / saying which may inadvertently cause upset
- Warning signs that their friend needs 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

In addition to the above the Mental Health Action Group will be working at on-going development of a peer support programme which will be inclusive of the above and include support and supervision for students acting as peer mentors.

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 provide relevant information via in house psychoeducation sessions and resources for staff who wish to learn more about mental health issues. The [MindEd learning portal](#) 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 to developing situations with one or more students. Where the need to do so becomes evident, we will host 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 the Bursar. Mental health lead Carey Allen can also signpost to quality assured resources and free online training available.

Supporting Staff

Our approach is to create an environment that actively promotes a state of contentment, benefiting both employees and the organisation. If people are engaged at work, successful in what they do and able to achieve their full potential this will benefit them individually, our pupils and the business as a whole.

Roles and Responsibilities for Wellbeing

In short everyone is responsible for managing their own wellbeing and that of others.

However, much of the day-to-day responsibility for managing employees' health and wellbeing falls on *line managers*. This includes implementing stress management initiatives, spotting early warning signs of stress, making supportive adjustments at work, and nurturing positive relationships.

Managers are important role models in fostering healthy behaviour at work, and Managers need to understand the impact their management style has on employees and the wider organisational culture at work.

Employees also have a responsibility for looking after their own health and wellbeing, and will only benefit from wellbeing initiatives if they participate in the initiatives on offer and take care of their health and wellbeing outside work as well. We want to encourage employees' involvement by ensuring that you know how to access the support and benefits available to you.

EAP Service



Health Assured is our chosen Employee Assistance Programme provider and your gateway to Health, Mental Health and Wellbeing Services. The service is provided via a website and a telephone helpline.

The website is a dedicated online resource designed to support the health and wellbeing of our staff at work and outside of work. The portal provides confidential access to wellbeing fact sheets, videos, self-help programmes, interactive tools and educational resources to help with a whole range of life's challenges.

Health Assured EAP offers:

- On-line support: A comprehensive library of support programmes to help your staff get through life's challenges.
- 24-hour helpline: This gives staff a confidential space to share a problem with someone who listens with care before getting structured, actionable advice.
- Telephone counselling: This provides employees with access to a professional who can help them work through their problems with a therapist accredited by the British Association for Counselling and Psychotherapy (BACP).
- Face-to-face counselling sessions: HA offers 6 session programmes of face to face counselling with a BACP qualified professional in a private and confidential setting.

But the service isn't just designed to assist with emotional issues but can provide support with a whole range of difficulties that we can all experience from time to time, including:

Legal

Tenancy rights

Retirement – What you need to know

Probate – What to do following a death

Prenuptial Agreements

Power of attorney

Financial wellbeing

Tenancy rights

Retirement – What you need to know

Probate – What to do following a death

Prenuptial Agreements

Power of attorney

Family law

Tenancy rights

Prenuptial Agreements

Power of attorney

Keeping children safe

Consumer Rights 2018

Caring for someone – Support and benefits

Helping children to sleep better

Consumer vulnerability

Cohabitation property rights

Neighbour disputes

Employment law

Retirement – What you need to know

Equality

Equal pay

LGBT Discrimination

Retirement – legal information

Redundancy

Here is a direct link to the Health Assured Portal <https://healthassuredeap.co.uk/>

The Cavendish login details are:

User name: Peninsula

Password: EAP

The confidential telephone services can be accessed via the freephone number:

0800 047 4097 / 1800 936 710

The mental health action group is currently following a framework which is looking towards what can be provided in house and help move us towards a change in culture. This is to be discussed in future meetings and with link members of the staff common room committee and will be looking towards the following:

- Clinical supervision for staff who provide interventions, Psychoeducation /upskilling for staff.
- A comprehensive signposting document.
- Staff wellbeing initiatives and toolkits, these will be brainstormed and agreed on with representatives from the staff common room committee
- In house wellbeing chats available for staff at the HWC.

See Appendix G for Mental Health Action Group Terms of Reference Document

Policy Review

Being led by best practice, we will do so on an annual basis.

Additionally, this policy will be reviewed and updated as appropriate on an annual and ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Carey Allen our mental health lead, or Jill Blakeney via the Health and Wellbeing Centre Bredon School or email allenc@bredonschool.co.uk, or nurses@bredonschool.co.uk

This policy will always be immediately updated to reflect personnel changes.

(Appendix A - G attached below)

Appendix A: Further information and sources of support about common mental health issues Prevalence of Mental Health and Emotional Wellbeing Issues

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm. There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds www.youngminds.org.uk Mind www.mind.org.uk and for e-learning opportunities, Minded www.minded.org.uk . Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children.

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk (Source: Young Minds)

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Thrive Talk : <https://www.thrivetalk.com/>

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: <https://www.beateatingdisorders.org.uk/>

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix B: Guidance and advice documents

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2018)

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (201)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#). PSHE Association. Funded by the Department for Education

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2024)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2015)

[Healthy child programme from 5 to 19 years old](#) is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2023)

[Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing](#) - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2013)

[NICE guidance on social and emotional wellbeing in primary and secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework documents written by Professor Katherine Weare. National Children’s Bureau (2015)

Appendix C: Data Sources

[Children and young people's mental health and wellbeing profiling tool](#) collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

[ChiMat school health hub](#) provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

[Health behaviour of school age children](#) is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

Appendix D: Sources or support at school and in the local community

Employee Assistance Programme by Health Assured Helpline Number: See heading *supporting staff* in the policy.

Online Self-help Resources for Mental Health and Wellbeing (Information/Support)

Kooth

Web: www.kooth.com

Kooth is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.

NHS Self Help Guides

Web: <https://www.nhs.uk/nhs-services/mental-health-services/>

<https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/mental-wellbeing-audio-guides/>

This NHS website provides a range of self-help guides that you can download covering stress, anxiety, low mood, panic, anger and OCD.

Headspace: Meditation and Mindfulness Made Simple (APP)

Web: www.headspace.com/

Live a happier, healthier life with just a few minutes of meditation a day on the *Headspace* app.

Mindshift (APP)

Web: <https://www.anxietybc.com/resources/mindshift-app>

Struggling with anxiety? Tired of missing out? There are things you can do to stop anxiety and fear from controlling your life. MindShift is an app designed to help teens and young adults cope with anxiety. It can help you change how you think about anxiety. Rather than trying to avoid anxiety, you can make an important shift and face it.

No Panic - Helping you break the chains of anxiety disorders

Web: www.nopanic.org.uk

This site provides valuable information for sufferers and carers of people with Panic, Anxiety, Phobias and Obsessive Compulsive Disorders (OCD).

Calm Harm: Manage the Urge to Self-Harm (APP)

Web: www.stem4.org.uk/calmharm

Calm Harm is a Clinician-Developed App that helps manage the urge to self-harm

Young Minds

Web: <https://www.youngminds.org.uk/>

UK based charity who provide web based advice, support and training. There is also a parents helpline: 0808 802 5544.

The Mix

Web: = <https://www.themix.org.uk/>

Leading support service for young people. You can talk to the mix via their online community, on social, through the free, confidential helpline or counselling service.

Helplines:

Youngminds.org parent helpline: 0808 802 5544 (Mon-Fri 9.30am-4pm)

The Samaritans can offer emotional support - 116 123

Saneline can offer emotional support to anyone experiencing mental health problems - 0300 304 7000

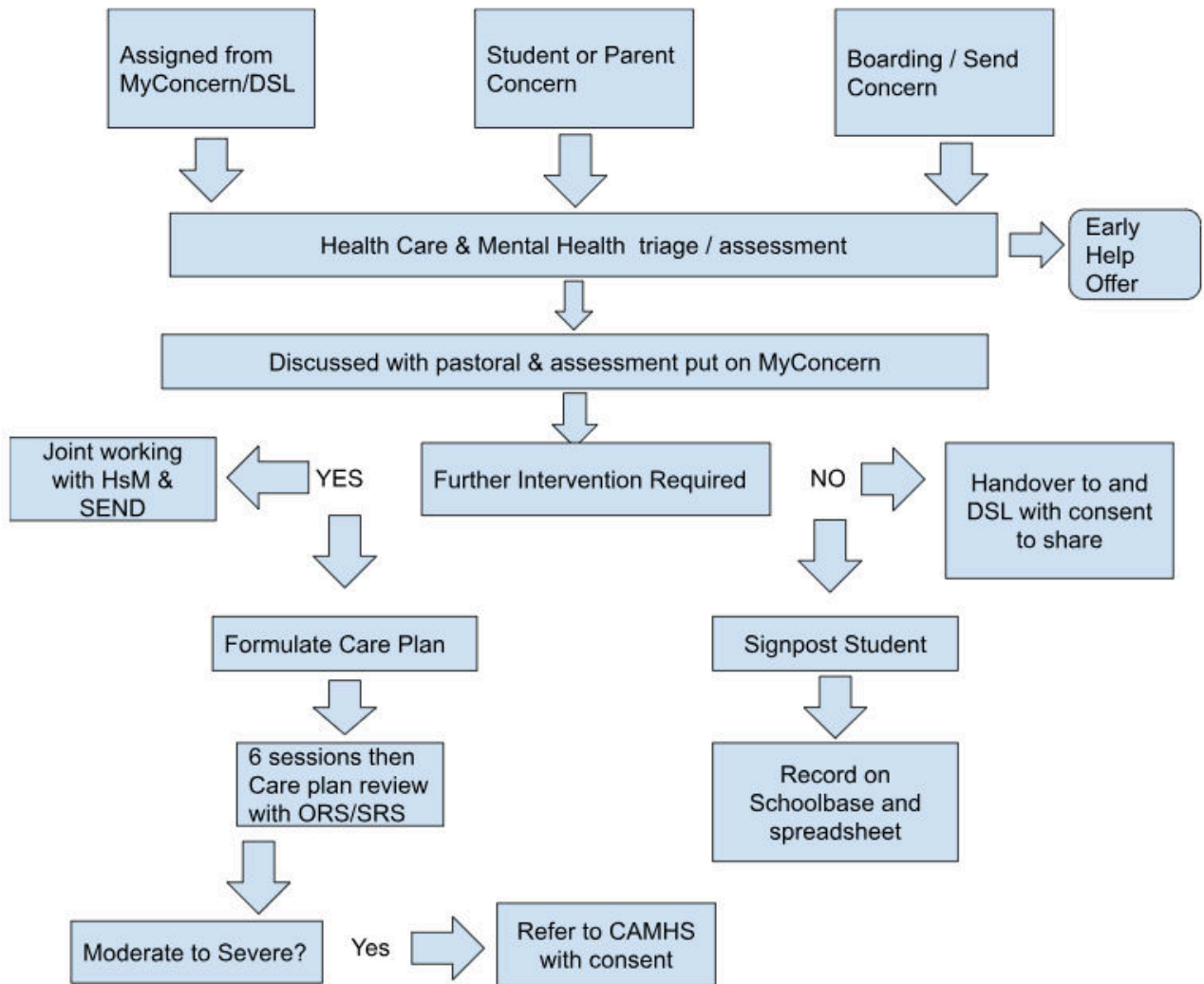
School Based Support at Bredon School

- 1:1 support from the health and wellbeing centre who can provide interventions for low to moderate mental health and emotional wellbeing issues, or early signs of potential issues. Support will be formalised into a care plan of interventions, and if appropriate further referrals made from here. If any further referrals are required Bredon School has links with Mentorlink <https://www.mentorlink.org.uk/> for students in Worcestershire area and TIC+ (teens in crisis) <https://www.ticplus.org.uk/ticpluschat/> for students in Gloucestershire area. If support is needed for moderate to severe mental health issues then a NHS CAMHS referral will be made (Children and Adolescent Mental Health Service).
- 1:1 support from pastoral house masters/mistresses who can provide behavioural and learning support. Pastoral staff to monitor for early warning signs and possible referral to the health and wellbeing centre.
- Psychoeducation / information for parents and carers.
- Signposting for students, parents and carers. Support in accessing support agencies.
- Signposting for staff and support in accessing support.
- Intervention groups targeted at specific year groups, coaching social emotional skills training.

To access support please see our referral pathway below:

Bredon School Health and Wellbeing Centre (HWC)

HWC HEALTH CARE & MHWB PATHWAY



Appendix E: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of a supportive listener. So make sure you are listening.

Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don’t be afraid to make eye contact

“She was so disgusted by what I told her that she couldn’t bear to look at me.”

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at

them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

“I was worried how she’d react, but my Mum just listened and then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”

Never leave this kind of conversation without agreeing on the next steps. These will be informed by your conversations with appropriate colleagues and the schools’ policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you’re working with them to move things forward.

Acknowledge how hard it is to discuss these issues, validate

“Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said ‘That must have been really tough’ – he was right, it was, but it meant so much that he realised what a big deal it was for me.”

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don’t assume that an apparently negative response is actually a negative response

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don’t be offended or upset if your offers of help are met with anger, indifference or insolence, it’s the illness talking, not the student.

Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix F: What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of the best next steps.

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the student by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan or child in need plan in place?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- Who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the SENCO

For further advice and support our primary contacts are:

Hereford and Worcestershire CAMHS: Professional's advisory line 01905 768300 (Single point of access) Email: WHCNHS.CAMHS-SPA@nhs.net

Gloucestershire CAMHS: 01452 894300, Monday to Friday 9am – 5pm, Professionals only email: CAMHSreferrals@ghc.nhs.uk

Appendix G: First Aid

In the event of an incident requiring medical assistance contact the Health and wellbeing Centre / duty nurse on 07943- 271713

Please refer to the First Aid Policy. A list of First Aiders are displayed prominently throughout the site and reviewed termly by the bursar.

Appendix H: Mental Health Action Group Terms of Reference Document

Bredon School Mental Health Action Group – Terms of Reference

Remit

This Mental Health Action Group has been set up to:

Implement a whole school approach to mental health and wellbeing, improving outcomes for children and supporting staff and parents.

Advise senior management on strategies to improve and support mental health and wellbeing across the school community.

Establish links within school to help implement health and wellbeing strategies.

Establish links with external specialists and support services.

Aims

- What are the aims of the group?
- What are the outputs?

As representatives from across the whole school community, The Mental Health Action Group aims to ensure that the mental health and wellbeing of everyone is taken into account and considered. The action group will look at five areas, leading change, working together, understanding need, promoting wellbeing and supporting staff in order to achieve a whole school approach.

This will be done by:

- Holding regular meetings (once per term)
- Representation at SLT meetings to report back on progress - Charmain Eaton
- Ensuring that progress is fed back to the wider school community regularly
- An annual review of school policies relating to mental health and wellbeing
- Collating and organising a calendar of events that promote mental health and wellbeing alongside parents (FAB).
- Developing interventions and measuring progress
- Developing and supporting all staff
- Developing a peer support programme

Membership and links

- **Leadership and Management** - Charmain Eaton, Deputy Head (Pastoral and Safeguarding)
- **Governor** - Rachel Slevin, People Director
- **Ethos and Environment** - Sue Dickson - Head of Junior School.
- **Curriculum and Learning** - Kathryn Morris - Head of PSHE (link member)
- **Staff Wellbeing and Development** - Carey Allen - Mental Health Lead -, with a staff common room committee (link member)
- **Parent and carer Involvement** – Parent members will rotate as volunteers.
- **Pupil Participation** - (Year 10 and year 11 students) this to be rotated.
- **Identifying Needs** - Carey Allen - Mental Health & Wellbeing Lead/ Mental Health practitioner, Jill Blakeney - school nurse and DSL, A SENCO (link member). Charmain Eaton, Deputy Head (Pastoral and Safeguarding).
- **Targeted Support** - Carey Allen - Mental Health lead/practitioner, Jill Blakeney - School nurse, Pastoral HoH's

Accountability

- Annual strategic overview document to SLT and Governors
- Repeat Annual Surveys and publish outcomes
- Update emails/newsletter
- Maintaining link/communication with staff common room committee
- Termly MHAG meeting to continually update the framework checklist and making this visible.
- Notice boards

Last updated: October 2024
Author: Mental Health Lead / Deputy Head (Pastoral and Safeguarding)
Review cycle: Annually
Next review date: September 2025