



FOUNDED 1900

THE ENGLISH SCHOOL
A SECOND CENTURY OF EXCELLENCE

Student Mental Health and Emotional Wellbeing Policy

The English School

The person responsible for Policy	Yiannis Georgiou, Senior Assistant Head
Ratified by	David Lambon, Headmaster
Version Number, last date updated	June 2022
Date Approved	June 2022
Review Period	Two years
Next Review date	June 2024

Table of Contents

Introduction 2

1. Definitions 2

 1.1 Emotional Wellbeing..... 2

 1.2 Mental Health 2

2. Being Proactive 2

3. Procedures: 3

 3.1 Identifying students that need support 3

 3.2 What next?..... 3

 3.3 When action is decided..... 3

4. Information sharing 4

Appendix I 5

 Warning Signs 5

 Depression 5

 Anxiety 5

 Eating Disorders 6

 Other disorders 6

 Phobias:..... 6

 Panic attacks: 6

 Obsessive-compulsive disorder: 7

 Suicidal thoughts:..... 7

Appendix II 8

Introduction

This policy is designed to:

- Develop an understanding of mental health issues and facilitate early intervention.
- Alert staff to warning signs of mental health or emotional wellbeing.
- Give support and guidelines to all staff in dealing with students who may be suffering from mental health or emotional well-being issues
- Implement procedures and increase awareness with a view to being proactive in relation to the mental health and wellbeing of all students in our school

All staff in our school have a responsibility for helping to foster an environment that encourages students to openly discuss any of the problems they may be facing.

All staff also have a responsibility to act on any perceived concerns regarding the mental health or emotional wellbeing of students in our school.

It should be borne in mind that the School is in the process of adopting a long term strategy and action plan that will embed further support and structures for the overall well-being of all members of the school community.

1. Definitions

1.1 Emotional Wellbeing

This refers to a 'positive mental health and wellness...a sense of optimism, confidence, happiness, clarity, vitality, self-worth, achievement, having a meaning and purpose, engagement, having supportive and satisfying relationships with others and understanding oneself, and responding effectively to one's own emotions' (Partnership for Wellbeing and Mental Health in Schools; 2015)

1.2 Mental Health

This is a state of well-being in which every individual realizes 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). Problems in mental health for young people can refer to a broad range of mental health issues, including stress, anxiety, depression, and behavioural problems.

The possible signs that indicate a cause for concern regarding mental health and emotional well-being are included in Appendix I of this policy.

2. Being Proactive

The Pastoral Care system in school will, through a PSHCE programme, aim to promote general mental health and well-being. The goal here is to help develop a sense of resilience in overcoming life's challenges. The school experience should foster a sense of connectedness with school itself and help students to develop the necessary social and emotional skills required for broad mental health and emotional well-being.

3. Procedures:

It is essential for all staff to become familiar with warning signs and the steps that should be taken in cases of concern.

3.1 Identifying students that need support

There are many ways in which a member of staff may become aware of concerns about a student's mental health or emotional well-being:

1. A student may admit s/he has a problem and seeks help.
2. A student may exhibit consistent, disruptive and unusual behaviour. This may indicate an underlying problem or could be a sign of future risks to mental health.
3. A member of staff, a parent, or other adult reports concerns relating to the mental health or emotional well-being of a student.
4. A student may report concerns about another student's mental health and
5. emotional well-being.
6. Staff such as Form Tutors or class teachers may notice changes in behaviour, attainment or attendance, which may suggest there could be a problem.

3.2 What next?

Any member of staff may have cause for concern:

For example, a staff member may have noticed significant changes in the performance of a child or their mood over time. Significant weight loss may be noted or injuries for which there is no obvious cause or explanation. There may be indications of withdrawal over time or isolation. A staff member may have concerns about home life.

DO NOT discuss this openly with other staff or students.

Consult the relevant Head of Year. You will be asked to fill in a Cause for Concern Referral form (Appendix II).

Following the referral, the Head of Year will consult the relevant Assistant Head of Pastoral /School Counsellor to decide on the appropriate course of action.

An assessment of any immediate risk will be made. If intervention is decided upon, action may include:

- Contacting parents/guardians
- Arranging an appointment with the School Counsellor
- Seeking immediate medical assistance
- Arranging external professional assistance
- Giving advice to parents, staff, and other students
- Discussion with the student in question with a view to developing a way forward or strategy to support them

3.3 When action is decided

Where the action is decided, the Head of Year will ensure the student is monitored and any follow-up steps are taken. The intervention plan will be reviewed. Advice may be sought from the Form Tutor, class teachers, the school counsellor or other appropriate professionals.

If a student expresses concern about another student to a member of staff:

- Listen to the concern.
- Ask questions to clarify.

Make a judgement: If there is an immediate risk to the child's own safety or that of others, ensure the student in question is escorted to the Nurse's station. Contact the appropriate Head of Year.

If there is no immediate risk, contact the Head of Year. Thank the student reporting the concern, but keep in touch to give assurance that the concern is being looked into.

In either case, the procedure above (3.2) will be followed.

In all cases, a member of staff should never deal with a situation on their own

4. Information sharing

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.

Appendix I

Warning Signs

Mental health/emotional well-being warning signs

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

- Divorce of parents
- Perceived poor performance in school
- Bullying
- The death of someone close
- The breakup of a relationship

Of course, some students may suffer depression, whereas for others, this is not the case.

Depression

Signs of Depression (based on webmd.com):

- 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

Anxiety can be exhibited in a number of ways:

- 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):

- 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:

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.

Likely 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

Appendix II

Cause of Concern Referral Form

Staff reporting:

Date:

Student
being referred:

Form:

Reason for referral

(Give as much details as possible including the circumstances of the referral)

Has the parents/guardian been informed? Yes / No (delete the appropriate)

Please rate the urgency of this referral (circle number):

Not Urgent			Moderately Urgent				Very Urgent		
1	2	3	4	5	6	7	8	9	10