



The HENRY
BEAUFORT *School*

Positive Mental Health & Well-being Policy

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Positive Mental Health & Wellbeing Policy

Rationale

- Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.
- At The Henry Beaufort School we recognise the vital role we play in promoting good mental health and wellbeing for all of our students and staff.
- In keeping with guidance set out in the 'Mental health and behaviour in schools' 2018 issued by the DfE we will follow these principles when supporting the positive mental health and wellbeing of all stakeholders at Henry Beaufort:
 - We will Provide a structured school environment with clear expectations about behaviour, social norms and routines. Our Positive Behaviour Policy reflects that we have clear boundaries and that we do consider that behaviour issues might be a result of mental health issues.
 - We are not expecting staff to be mental health experts and should not be expected to diagnose mental health conditions. However, we do train staff to recognise the indicators of a mental health concern and how to both support the individual and escalate concerns with the safeguarding team.
 - The Henry Beaufort School recognises that under the Equality Act 2010 in some cases a mental health condition will meet the definition of a disability.
 - When concerns are raised about a mental health condition, we will use the graduated response to deliver effective support. (Assess, Plan, Do, Review)
 - We will work with partner agencies to ensure effective signposting takes place when mental health conditions are identified.
 - We recognise that students with special educational needs are more likely to suffer mental health conditions.

Our four steps to promote positive mental health and well-being

Prevention

Creating a culture in the school where students and staff value their contribution to school life, feel valued and recognised. A culture where talking about mental health is spoken about without stigma and in the knowledge that others are listening and will help. Using our Personal Development Programme to develop the resilience to deal with everyday life.

Identification

Our staff and students are well trained in how to identify when indicators around mental health are emerging. Channels for raising these concerns are clearly laid out and well communicated with staff and students.

Early Help

Using active signposting to identify unmet need using the resources within our community to support the individual.

Access to specialist support

Foster effective relationships with external agencies for when more specialist referrals and services are required.



The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of mental health concerns
- Alert staff to signs and indicators of early mental health concerns
- Provide support to staff working with young people with mental health issues
- Set out clear pathways for escalating concerns about mental health.
- To ensure it is clear to staff, students, parents and carers what help there is available both in the school and in the community.

Lead Members of Staff:

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

Senior Lead in Mental Health	Holly Briggs
Support and Guidance Manager	Rebecca Bowrick
Seclusion Manager	Katie Clark
DSL	Holly Briggs
Deputy DSL	Joanna Scott
OLC Manager	Cath Mourant
SENDCO	Claire Hodge
Assistant SENDCO	Zoe Price Harper
HOY	Rachel Bean Matt Coe Christian Janes Charlie Naisbitt Alison Taggart
Student Support	Julie Clarke

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Safeguarding Team in the first instance. If there is a fear that the student is in danger of immediate harm, child protection procedures should be followed with an immediate referral to the DSL or Deputy DSL. If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.



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 included in our Personal Development Programme.

The specific content of lessons will be determined by the specific needs of the cohort we are 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 DfE Guidance about teaching personal, social, health and economic education to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps and supports rather than harms

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 B.

We will display relevant sources of support on the Student Sharepoint, tutor notice boards and all Pastoral Team offices. We 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



Signs and Indicators:

School staff may become aware of signs and indicators which indicate a student is experiencing mental health or emotional wellbeing concerns. These signs and indicators should **always** be taken seriously and staff observing any of these should communicate their concerns to the Safeguarding Team.

Possible Signs and Indicators:

- Evident changes in behaviour
- 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
- Reduced concentration
- Lowering of academic achievement
- Talking, joking, or researching 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
- An increase in lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- Spending more time at the bathroom
- Discontinued hobbies or interests
- Failure to take care of personal appearance
- Seemingly overly-cheerful after a bout of depression

Managing disclosures:

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-judgmental**.

Staff should **listen** and avoid asking leading questions. The staff member should reassure the student they have done the right thing by sharing their worries and then refer the concern to the safeguarding team. All disclosures should be recorded in writing on a Disclosures form and then logged on CPOMS.

A member of staff who has observed some of the signs and indicators that suggest a mental health concern should follow the school safeguarding referral process. This involves making sure that the concerns are documented and passed on to the safeguarding team without delay.



Safety Plans and Risk Assessments:

The Pastoral team supporting young people with mental health concerns should liaise with the safeguarding team to consider the need for a Safety Plan or a Risk Assessment.

Safety Plans and Risk Assessments are completed in conjunction with parents/carers, the student and the school.

The Safety Plan or Risk Assessment will help identify risks and encourage planning to mitigate those risks. These will be distributed to those staff that need to be aware of the plan to help protect the student.

If a Risk Assessment is considered appropriate, these students will be added to the 'First on Call' list.

Working with 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 on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children throughout regular information evenings

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?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

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.

We should always provide clear means of contacting us with further questions. Finish each meeting with agreed next step and always keep a brief record of the meeting on CPOMS or SIMS.



Appendix A: Further information and sources of support about common mental health issues

Below, we have sign-posted information and guidance about the issues most 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 \(www.youngminds.org.uk\)](http://www.youngminds.org.uk).

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

Books

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 (2018) *Can I Tell you about Self-Harm (a guide for Friends and Family)*. 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

<https://www.thrivetalk.com/teen-depression/>

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

NSPCC: <https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/depression-anxiety-mental-health/#suicidal>

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: <https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/>

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: Sources or support at school and in the local community

[Pastoral Interventions Log - including Mental Health support](#)

Support for Young People

Organisation	Main contact details	Topic addressed
Samaritans	Call free on 116 123 (UK)	Confidential support service and are open 24 hours a day, 7 days a week.
ChildLine	0800 1111: www.chidline.org.uk	Get help and advice about a wide range of issues, talk to a counsellor online
Hampshire CAMHS	https://hampshirecamhs.nhs.uk/help/young-people/ https://hampshirecamhs.nhs.uk/help-im-in-crisis/	Support and information on emotional wellbeing and mental health. Online Crisis support.
Beat	The Beat Youthline is open to anyone under 25. Youthline: 0345 634 7650 www.b-eat.co.uk/	UK's leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape.
YoungMinds Crisis Messenger	You can text YM to 85258. Texts are free.	This service provides free, 24/7 crisis support across the UK. If you are experiencing a mental health crisis and need support.
Kooth	https://www.kooth.com/	An online emotional health and wellbeing service
Papyrus	www.papyrus-uk.org	Dedicated to prevention of young suicide.
MindOut	https://mindout.org.uk/get-support/	Online support for lesbian, gay, bisexual and transgender young people



Breakout Youth	Phone: 02380224224 https://www.breakoutyouth.org.uk/	Offer confidential support service for young people aged 11 to 25, who are lesbian, gay, bisexual, transgender, questioning or unsure of their sexuality or gender identity.
TESS: Text and Email Support Services	Text: 0780 047 2908 www.selfinjurysupport.org.uk follow links to email	For girls and young women affected by self-injury
Mermaids	https://mermaidsuk.org.uk/	Mermaids support transgender, nonbinary and gender-diverse young people.

Support for Parent/Carers

Organisation	Main contact details	Topic addressed
The Samaritans	Call free on 116 123 (UK)	Confidential support service and are open 24 hours a day, 7 days a week.
Young Minds	Parent helpline: 0808 802 5544 www.youngminds.org.uk	Free, confidential online and telephone support providing information and support
Parents Online	https://parentsonline.co.uk/	Emotional support from fellow parents with professional training and lived experience - Chat is available from 6pm to 9pm on Monday to Friday
GP and A&E	Contact your GP at your local Surgery OR phone 111 OR take your child to A&E	Speak to your GP if you are worried about your child's mental health. Take your child immediately to A&E if you think they are a risk to themselves.
Early Diagnosis Eating Disorders Team	Children's EDT CAMHS 0300 304 0062	Phone line to the Eating Disorders Team to get support on early diagnosis.
Hampshire CAMHS	https://hampshirecamhs.nhs.uk/help/young-people/	Support and information on emotional wellbeing and mental health.



	https://hampshirecamhs.nhs.uk/help-im-in-crisis/	Online Crisis support.
Simon Says	https://www.simonsays.org.uk/	Their aim is to support Hampshire children and young people up to the age of 18 years who have a significant person in their life who has died or is dying.
Mermaids	https://mermaidsuk.org.uk/	Mermaids support transgender, nonbinary and gender-diverse children, young people, and their families.
School Nursing	School Nursing Text Message Advice 07507 332417	Advice for parents and carers of children 5-19 in Hampshire 9.00-4.30am Monday to Thursday 9.00-4.00pm Friday
Family Counselling Trust	https://familycounsellingtrust.org/	The charity offers psychological support at an early stage to every family with a child or adolescent who is experiencing challenging mental health issues.



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

The advice below is from young people 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 supportive listener; so make sure you’re 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 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 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

“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.