



<b>Adopted:</b>	February 2019
<b>Last reviewed:</b>	March 2021 June 2020 (Covid 19)
<b>Review Timetable:</b>	Annually
<b>Next review due:</b>	March 2022
<b>Policy Approved by</b>	<ul style="list-style-type: none"><li>- Intervention board</li><li>- Academy Head</li><li>- SLT</li><li>- Parents and carers</li></ul>

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## Harrogate High School Positive Mental Health and Well-being Policy

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### Contents:

#### [Statement of intent](#)

1. Scope
2. Lead members of staff
3. Promoting staff wellbeing
4. Teaching about Mental Health
5. Signposting
6. Recognising Warning Signs
7. Managing Disclosures
8. Confidentiality
9. Health Care Plans and Risk Assessments
10. Supporting Parents
11. Supporting peers and **Well-being Champions**
12. COVID 19
13. **NSAT Pupil and Staff Wellbeing**
14. Appendices

## Statement of Intent

At Harrogate High School we aim to promote positive mental health and well-being for every member of our staff and student body. We pursue this aim using both whole school approaches and specialised, targeted interventions for individuals.

*“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 Organization 2013)*

We recognise that every member of our school community has mental health which needs looking after, in addition to promoting work practices and strategies to promote positive mental health and well-being for all, we aim to recognise and respond to mental ill health, whether this be mild, moderate or severe. 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 and staff affected both directly and indirectly by mental ill health.

It is known that good mental health starts in childhood, 75% of adult mental health problems start before someone is 18 years old (Action for Children 2020). We as a school want to make a positive impact on the mental health and well-being of our young people, as well as building resilience and reducing stigma around mental health. Part of this will be equipping our young people to be able to articulate their emotions and have the right vocabulary to talk about their own mental health. This will enable our young people to look after their mental and physical health, build positive relationships, ask for help if needed and to set and follow their own academic and personal goals and reach their full potential. If children’s emotional needs are unmet, the impact on teaching and learning will be considerable.

### *Harrogate High School Mental Health Vision for all*

*The vision for Wellbeing and Mental Health at Harrogate High School is for a whole school community where first-class emotional wellbeing and mental health are at the heart of the culture and ethos of the school.*

*This will enable students, with the support of their teachers, to build confidence and flourish. For staff, collegiate support and learning opportunities for all, will promote and support everyone’s emotional wellbeing and mental health, so that staff are mentally and physically empowered to facilitate learning, aspiration and discovery.*

## 1. Scope

1.1 This document describes the school’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including associate staff and governors as well as parents/carers.

1.2 This policy should be read in conjunction with our safeguarding and RSE policies in cases where a student’s mental health and well-being overlaps with or is linked to a

medical issue and the SEND policy where a student has an identified special educational need.

1.3 This policy aims to:

- Raise the profile for the whole school community of the importance of positive mental health and well-being, including staff, students and the wider school community
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health in themselves, colleagues and students
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health, their peers and parents or carers

## 2. Lead Members of Staff

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

- Mrs Lucy Greenwood – Acting Head of School
- Mrs Helen Ashton-Braithwaite - Lead Designated Safeguarding Lead/SENCO
- Miss Vicky Green - Medical Room Nurse and Mental Health Lead
- Miss Emma Dobson - Wellbeing Lead
- Mrs Georgina Dickinson – Family Support Worker
- Mrs Rachelle Sanderson – Staff Wellbeing Champion
- Mrs Jeni Mason - Teaching & Learning/Staff Development

2.2 Designated Safeguarding Leads (DSLs)

- Mrs Helen Ashton-Braithwaite
- Mrs Georgina Dickinson
- Mr Mark Dixon
- Mr James English
- Mrs Lucy Greenwood
- Mrs Jeni Mason
- Mr Lee Wilson

2.3 Nominated Safeguarding Governor

- Ms Bev Ashby

2.4 Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Mental Health Lead in the first instance.

2.5 If there is a concern that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to a

designated safeguarding lead in person and via email, as well as documentation on CPOMS. See Safeguarding Policy for further detail.

2.6 If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the Medical Room Nurse or first aid staff, contacting the emergency services if necessary and contacting the child's next of kin.

2.7 Where a referral to Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by Miss Vicky Green, Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix A.

### 3. Promoting Staff Wellbeing

3.1 Harrogate High School are committed to promoting positive mental, physical and emotional wellbeing and will provide suitable support for all members of staff.

3.2 Northern Star Academy Trust (NSAT) recognise the value of good management practice, with systems in place to effectively manage staff and encourage a partnership approach with staff, and workplace unions by:

- Fostering a supportive work environment, operating in a fair and consistent manner.
- Promoting a healthy workplace and practices that ensure that members of staff can develop a healthy mind.
- Paying attention to any indication of changes in performance or behaviour in staff and promote sympathetic alertness to staff who show signs of being under stress.
- Understanding the differing needs of staff, at different points and events during their life cycles, and offer support accordingly, if and when required.
- Following agreed procedures when there are concerns or absence due to work related stress and other mental-health and well-being problems, including occupational health support.
- Ensuring that a return-to-work policy is established in the workplace that is supportive of staff both while absent and upon return to work.
- Carrying out a risk assessment, where necessary, and especially when concerns have been raised, as soon as possible.

- Carefully planning and agreeing work-life balance solutions including flexible working practices where possible and appropriate.
- Managing pressures, which may affect staff, including the impact of workload pressures, and anticipate likely problems, taking action to reduce the effects of these pressures where possible and review regularly by gaining staff feedback.
- Conducting an annual survey of staff, including a section on health and wellbeing, and share and act upon results.

### 3.3 All staff need to:

- Seek support or help when they think they are experiencing a problem, if possible, to a clearly identified line manager.
- Act in a manner that respects the health and safety needs of themselves or others whilst in the workplace.
- Consider wellbeing support mechanisms offered e.g. Health Assured helpline 0800 030 5182, occupational health and mediation meetings to assist employees to return to normal working relationships.
- Where possible, be alert of any indication of changes of behaviour in colleagues and promote sympathetic alertness to colleagues who show signs of stress.

3.4 As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe.

3.5 Training opportunities for staff, who require more in-depth knowledge, will be considered as part of our performance management process. Additional CPD will be supported throughout the year where it becomes appropriate, due to developing situations with one or more students.

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3.6 Suggestions for individual, group or whole school CPD should be discussed with the mental health lead, Miss E Dobson, a designated safeguarding lead or our CPD Coordinators, who can also highlight sources of relevant training and support for individuals as needed

## 4. Teaching about Mental Health

- 4.1 The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our vertical mentor group (VMG) and assembly programme. The programme centres on the 6 ways to wellbeing.
- 4.2 The new personal, social, health, economic (PSHE) education curriculum will be implemented fortnightly from September 2020 incorporating statutory relationships and sex education (RSE) statutory requirements. The curriculum has a specific strand for Health and Wellbeing in line with the PSHE association resources and RSE statutory requirements. This will be delivered by a specialist teacher in year group, age appropriate classes. Amongst other things, there will be a particular focus on emotional literacy and language used to express mental health and wellbeing.
- 4.3 The specific content of the PSHE and VMG programmes will be constantly reviewed to suit the specific needs of the cohort we are teaching, using the Growing Up in North Yorkshire (GUNY) survey as a point of reference. There will always be an emphasis on enabling students to develop the skills, knowledge, language and confidence to seek help, as needed, for themselves or others. HHS CARES values will be continually woven into teaching delivery.
- 4.4 Student, staff and parent feedback, as well as local and national evidence based research will be used regularly to feed into all teaching of mental health and wellbeing.

## 5. Signposting

- 5.1 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 and in the mental health and wellbeing section of the school website
- 5.2 A range of relevant sources of support will be displayed in student services areas: The Medical Room, Inclusion Department, Learning Resource Centre, notice boards around school, on the school website and social media. These will regularly highlight sources of support to students within relevant parts of the curriculum.
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- 5.3 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

## 6. Recognising Warning Signs

6.1 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 with Miss Vicky Green or any Designated Safeguarding Lead immediately and recorded on CPOMs

6.2 Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Loss of interest in hobbies

6.3 When assessing the problem, the following will be considered:

1. The duration of the changes
2. The severity
3. The impact
4. The complexity
5. The context

## 7. Managing disclosures

7.1 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.

7.2 If a student chooses to disclose concerns about their own mental health and well-being or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

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7.3 Staff should listen rather than advise and 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 C.

7.4 All disclosures should be recorded in writing and held on the student's confidential file, by documenting on CPOMS. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Who the information disclosed to?

## 8. Confidentiality

8.1 We should be open from the outset with students regarding the issue of confidentiality – you should always inform the student that you may not be able to keep what they have disclosed confidential as you need to ensure their safety and the safety of others. If it is necessary for us to pass our concerns about a student on, then you should discuss with the student who we are passing these concerns onto: who we are going to talk to, what we are going to tell them and why we need to tell them

8.2 Ideally, we would request a student's consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. This includes situations relating to safeguarding protocols, for students up to the age of 18.

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8.3 It is always advisable to share disclosures with a colleague, usually the Mental Health Lead, Miss. Vicky Green or a Designated Safeguarding Lead. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student's mental health and well-being concern, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

8.4 Parents must always be informed if a student is at risk of or has been harmed immediately without delay. In some circumstances, if lowered risk, students may choose to tell their parents themselves, which is also encouraged. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

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8.5 If a child gives us reason to believe that there may be underlying child protection issues, before parents are contacted, a Designated Safeguarding Lead (Mrs. C. Clarke, Mr. L. Wilson, Mrs H, Ashton-Baithwaite, Mr J English, Mr M Dixon and Mrs G Dickinson) must be informed immediately in person, with concern clearly documented on CPOMS.

## 9. Health Care Plans and Risk assessments

9.1 It is helpful to draw up either an individual health care plan or risk assessment for students causing concern or who receive a diagnosis pertaining to their mental health.

9.2 The plan should always involve the student, the parents, Student Support Officers, Senior Leadership Team and relevant health professionals, where possible. This can include:

- Details of a student's condition
- Special requirements and precautions
- Level of risk to self or others
- Medication and any side effects
- What to do and who to contact in an emergency
- Preventative measures

## 10. Supporting Parents

10.1 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?

10.2 It can be shocking and upsetting for parents to learn of their child's issues. We should be accepting of this and give the parent time to reflect.

10.3 We should always highlight further sources of information and give leaflets to take away where possible. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums. See appendix D.

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10.4 We should always follow up with parents, after disclosures have been discussed, to allow them to ask 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 agreed next steps and always keep a brief record of the meeting on the child's confidential record.

10.5 In order to support all parents, we will:

- Highlight sources of information and support about common mental health and well-being issues on our school website, social media and at quarterly parent forums.
- 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
- Make our positive mental health and well-being policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings, including parents evening and parent forum.
- Keep parents informed about the mental health topics their children are learning about in VMG and PSHE programmes and share ideas for extending and exploring this learning at home. This communication happens through direct contact, parent forums, and newsletter, Well-being Award for School, school website and social media.

## 11. Supporting Peers and Wellbeing Champions

11.1 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 with the student who is suffering and their parents.

11.2 Additionally, we will highlight:

- 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

- School's 'Well-being Champions' promote wellbeing to others and specifically in school, the wellbeing of their peers. Having wellbeing champions in school raises the profile of the student voice and raises the awareness about the importance of wellbeing. Our wellbeing champions independently produce the well-being champion's newsletter and assemblies focused on wellbeing topics. Peer led teaching and learning may have an impact whole school if peers teach wellbeing topics, breaking down the stigma around talking about feelings and emotions. Having pupil wellbeing champions increases collaboration, ownership and responsibility.
- Personal qualities of our well-being champions include: being a positive role model to their peers, to be a good listener, to be kind, caring and helpful towards others and to promote a healthy lifestyle, wellbeing and resilience.
- All pupils in school were given the opportunity to be part of the Well-being Champion's team and once committing to the role, received training from the school's wellbeing leads in order to feel confident and act appropriately within their role. Support and training is ongoing and the wellbeing leads and the wellbeing champion's meet regularly to share ideas and contribute to our whole school wellbeing approach.

## 12. Coronavirus (COVID 19)

12.1 The COVID 19 outbreak has had a **significant** impact on everyone's daily life and it is important to remember that everyone reacts differently to events and changes that they have never faced before. These changes **may** affect the way a person thinks, feels and behaves, displaying feelings of loneliness, frustration, anxiety and boredom.

12.2 Bomber (2020) has gone so far as to say that society is undergoing 'collective trauma' as a result of the COVID 19 crisis. Due to the crisis it is likely that our nervous system is on alert with low level fight or flight responses primed. Mental health of all members of the school community will have been affected by changes and uncertainties imposed by the situation and responsive measures should take this into consideration. Continuing positive relationships between teachers and students will be integral to reforming the supportive school community.

12.3 The message regarding online learning is 'little and often'. Teaching has been adapted to reflect the circumstances and with considerations for individual needs. Learning is available online to those with internet and technology access. Alternatively, there is an offer of a paper pack of age appropriate work.

12.4 Details of the school's safeguarding approach amendments as a result of the pandemic can be found in the safeguarding policy.

12.5 Staff wellbeing and mental health support measures:

- Staff team on Microsoft team to allow sharing of resources, contact between departments and to facilitate whole staff meetings and briefings
- Staff book club has gone online on teams
- Staff quizzes to be regularly held to encourage communication between all staff
- All staff have been signposted through teams signposted to the education support network: <https://www.educationsupport.org.uk/>
- Relevant local and national resources for staff regarding wellbeing and mental health will be provided on staff teams
- The wellbeing team will regularly contact middle leaders regarding wellbeing of their teams
- All staff have been re-offered compass buzz courses for CPD
- Staff given a comprehensive induction prior to return to school to include support with supporting students with their wellbeing and mental health
- **Staff wellbeing afternoon/days to allow time for self-care and planning prior to school reopening.**

#### 12.4 Student and family wellbeing and mental health support (whole school)

- Wellbeing Wednesday posts released on the school website every week. These posts have included the 6 ways to wellbeing. Within this we have posted workouts, signposted mental health support services, routine, children's commissioner recommendations and relevant mental health and wellbeing updates
- Letter's to parents including local services signposted, including: Kooth, Just B and Compass Buzz
- There is a new infographic on all social media and website signposting and range of diverse resources and available services who can be contacted for support
- Mental health and wellbeing section of the website has been updated to reflect Wellbeing Wednesday posts and to include a range of resources
- Additional to the safeguarding provision, therapeutic wellbeing calls have been made from the wellbeing team to identified individuals, following Compass Buzz guidance from level 3 training
- A Student Wellbeing Champions team has been set up on teams for a core group of students
- PSHE offering for all students on their return to school
- Key worker and vulnerable students in school will have access to Life skills @HHS provision from 15th June
- **Successful achievement of the Wellbeing Award's for School in June 2020, valid for 3 years.**

12.6 Recommended wellbeing activities in light of the COVID lockdown can be found in appendix B

### 13. NSAT Pupil and Staff Wellbeing Group

- A. NSAT Staffing wellbeing group formed by Teacher, Leader and Associate staff representatives have come together to form a new group of Wellbeing Ambassadors, representing their school to raise awareness of positive mental health and wellbeing, share ideas and strategies trust wide. It is also allows an open and honest voice to be able to shape Trust Policy, day to day practice and priorities, whilst supporting Senior Leaders and Trustees to support our wider school communities.

## 14. Appendices

### A. CAMHS referral procedure

- Contact CAMHS direct by calling 01423 726900
- Contact the single point of access on 0300 0134778 (Mon-Fri 9-5)
- CAMHS crisis Team – 01423 544335
- Referral form found on N drive, Achievement Team, referrals

### B. Support Services

- CAMHS (as above)
- Compass Reach – 01609 777662 or email [NYRBS@compass-uk.org](mailto:NYRBS@compass-uk.org)
- Compass Buzz Well-being Worker, for 11-18 year olds text 'Buzz us' – 07520631168
- All Children's services including Social Care – 01609 780780
- Healthy Child Team 01423 553432
- Early Help Service – 01609 533446
- Childline -08001111
- Kooth
- Just B
- Mermaids
- G.P
- Accident and Emergency Department at Harrogate Hospital, attend or call 999.

### Websites

- Action for Children <https://www.actionforchildren.org.uk/what-we-do/children-young-people/mental-health/>
- Childline
- Mind <https://www.mind.org.uk/information-support/tips-for-everyday-living/wellbeing/wellbeing/>
- Compass buzz website:  
<http://www.compass-uk.org/northyorkshirehealthandwellbeingproject/>
- Actionforchildren.org.uk <https://www.childline.org.uk>
- Kooth.com (Online confidential counselling for young people)
- LGBTQ+ Support Young Stone Wall <https://www.youngstonewall.org.uk/>

### COVID 19 specific Support:

- [www.mind.org.uk](http://www.mind.org.uk)  
0300 123 3393 (Mon-Fri 9-18.00)
- [www.rethink.org](http://www.rethink.org)  
0300 5000 927 (Mon-Fri 09.30-16.00)
- [www.samaritans.org.uk](http://www.samaritans.org.uk)  
116 123 (24/7)
- [www.sane.org.uk/support](http://www.sane.org.uk/support)  
03003047000 (16.30-22.30)
- DFE Coronavirus Helpline  
0800 046 8687

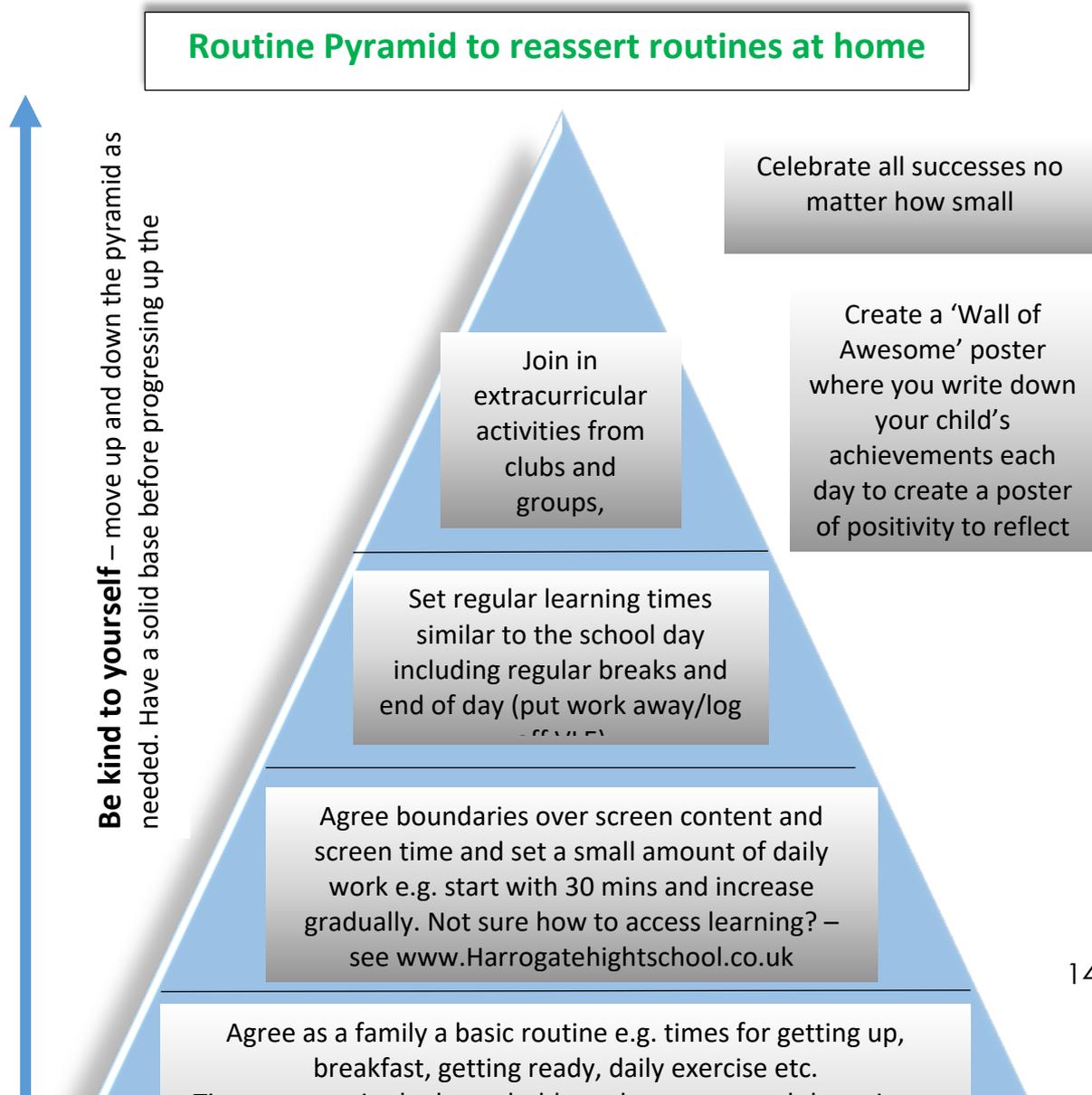
- Children’s guide to coronavirus:  
<https://www.childrenscommissioner.gov.uk/publication/childrens-guide-to-coronavirus/>
- Parent and student screen time guidance:  
<https://www.childrenscommissioner.gov.uk/coronavirus/digital-safety-and-wellbeing-kit/>

General Wellbeing Ideas:

6 ways to wellbeing

1. Be Active... Go for a walk or run. Step outside. ...
2. Keep Learning ... Try something new. Rediscover an old interest. ...
3. Give ... Do something nice for a friend, or a stranger. Thank someone. ...
4. Connect ... With the people around you. ...
5. Take Notice ... Be curious. ...
6. Care For The Planet ... look after your community and the world.

- Routine at home – look at the routine pyramid below to embed routine at home.



- **Regularly drink enough water** - 6-8 glasses per day
- **Consider your sleep** – As a guide, young people between the ages of 6-13 years old should have around 9-11 hours' sleep each night, and for ages 14-17 the guidance is 8-10 hours
- **Diet** – A healthy diet is important for your health and wellbeing. Energy and nutrients from food will give your body the support it needs to go through the many physical changes of adolescence. Recommendations include: Don't skip meals- especially breakfast, eat your 5 a day (fruit and vegetables), healthy snacks and drinks, stay hydrated (6-8 glasses a day- water and lower fat milk are both healthy choices), avoid caffeine and high sugar drinks, iron can help if feeling run down (sources included red meat and lentils)
- **Connect with others**- online or with outside social distancing, talk about worries, look after physical well-being as this has an impact on your mental wellness and how you are emotionally.
- **Remain active** - you can go outside, consider walking or gardening. Run, or complete a circuit in the garden, tap into free resources such as Joe Wicks
- **Action for happiness calendars** - <https://www.actionforhappiness.org/calendars>

### **C. Referral Process**

- Add a safeguarding incident on CPOMS, which can be found as an icon on staff home page, clearly detailing the concern
- Classify as a cause for concern
- Alert all DSLs on CPOMS
- Speak in person to a Designated Safeguarding Lead or Medical Room Nurse/Mental Health Lead immediately and via email
- For further details see the Safeguarding Policy

#### **How to handle conversations sensitively – Active Listening**

This advice is taken from Compass Buzz Student Champions Training (2020):

- Remember: Communication is 55% non-verbal, 7% words and 38% voice and tone
- Active listening involves listening and showing that you are listening through your body language, facial expression and eye contact. It also involves using your voice and noises (e.g. 'a-ha', 'mmm'). Active listeners check they have understood information correctly by summarising what they have heard and asking questions.

- Use open questions to explore thoughts and feelings. Who, what, when, where, why and how questions get lots of information? For example:
- What do you mean by...?
- What do you think the main issue is here?
- Can you tell me more about that?
- Can you give me an example?
- What would be a different way to look at it?

#### **D. Parent Specific Support**

- Young minds parents helpline: 0808 802 5544
- Parent A-Z Support Guide <https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/>
- Kooth.com (Online confidential counselling for young people)
- Stonewall: <https://www.stonewall.org.uk/>
- Mermaids: <https://mermaidsuk.org.uk/parents/>