



Elstree School

Including all of the Pre-Prep Department and Early
Years Foundation Stage

Pupils' Mental Health and Wellbeing Policy

Person responsible for Policy: Sarah Attwood Responsible Governor: Liz Shaw
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Elstree School is a Company Limited by Guarantee No 690450 (England)

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1. Rationale and Aims 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) The School aims to promote positive mental health for all pupils. Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing.

Childhood and adolescence are when mental health is developed and patterns are set for the future. For most children, the opportunities to learn is exciting and challenging but they can also give rise to anxiety and stress. Children may also suffer mental health issues due to circumstances outside school. Elstree is committed to providing a safe and secure environment for pupils and promoting a climate where pupils feel confident about sharing any concerns they may have.

The School aims to:

- Promote positive mental health and emotional wellbeing for all students
- Increase understanding and awareness of common mental health issues
- Alert appropriate staff to early warning signs of mental ill health
- Provide support to staff working with pupils with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents

2. Responsibilities of staff All Elstree School staff are responsible for fostering a culture which encourages pupils to openly discuss their problems, including any mental health concerns. Where a concern about a pupil's mental health is identified, the Headmaster, Head of Pre-Prep, DSL, School Nurse or Deputy Head will assess the risks to that pupil's welfare and begin a course of action set out in Section 5 in consultation with the pupil, his or her parents (where appropriate), other members of staff and School Surgery (as necessary) to safeguard, support and monitor that pupil.

Staff who see pupils on a daily basis (Form Tutors, subject teachers) are best placed to spot any changes in behaviour and should raise any concerns with the Deputy Head or DSL. Deputy Head or DSL to record the concern on ISAMS and Pastoral Tracking Document. Staff should familiarise themselves with the risk factors and warning signs outlined in Sections 3 and 4.

Staff may become aware of concerns over a pupil's mental health in the following ways:

- A pupil acknowledges that they have a problem and seeks help
- A pupil exhibits consistent disruptive, unusual or withdrawn behaviour
- A parent or another adult reports a concern about a pupil's mental health or behaviour
- Another pupil reports a concern about a pupil's mental health or behaviour

3. Warning Signs A child might need help if they:

- Often feel anxious or worried
- Has very frequent expressions of anger or is intensely irritable much of the time
- Has frequent stomach-aches or headaches with no physical explanation
- Are in constant motion; can't sit quietly for any length of time
- Has trouble sleeping, including frequent nightmares

- Loses interest in things they used to enjoy
- Avoids spending time with friends
- Has trouble doing well in school, or academic attainment declines
- Fears over weight gain or loss
- Has low or no energy
- Has spells of intense, inexhaustible activity
- Harms her/himself, such as cutting or burning her/his skin
- Engages in risky, destructive behaviour
- Has thoughts of suicide
- Thinks his/her mind is controlled or out of control; hears voices

4. Common mental health issues:

• **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 via NHS:

<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/getting-help/>

• **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 9 months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities. Online support via NHS website:

<https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/children-depressed-signs/>

• **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

• **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 from NHS:

<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/>

• **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 from NHS:

<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/getting-help/>

• **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 10 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 via NHS: <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/>

5. Procedure An assessment of immediate risk will be made, in consultation with the DSL, Deputy Head, School Nurse, Form Teacher, Head of Pre-prep (as appropriate) and Medical Centre and a decision taken as to whether any further action is required, this may include:

- Immediate medical assistance and/or
- Contacting parents/guardians where appropriate
- Arranging professional assistance e.g. doctor/nurse or support from outside agencies e.g. CAMHS
- Arranging an appointment with a counsellor
- Giving advice to parents, teachers and other students
- The Deputy Head or DSL or another appropriate member of staff will discuss the matter with the pupil to develop a strategy to support and assist them
- Support for the friends of the affected pupil, where appropriate

Where it is decided that support and/or intervention is required, the DSL, Deputy Head, School Nurse or Head of Pre-Prep will ensure that the pupil is monitored and periodically review the welfare plan seeking feedback from the pupil, parents and members of staff as necessary. The review will include consideration as to whether further intervention and/or external referrals are required.

6. Confidentiality and information sharing Pupils may choose to confide in a member of staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a pupil to be at serious risk of harm then confidentiality cannot be kept and the concern must be shared with the DSL or Deputy Head. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so. A pupil may disclose at the medical centre in the first instance. This gives the medical team a key role in identifying mental health issues early. Confidentiality will be maintained within the boundaries of safeguarding the pupil and guidelines on information sharing. Varying grades of 'notes' can be recorded on ISAMS in order to ensure the safety and wellbeing of the pupil and others who may be affected by their actions.

7.Training As a minimum, all staff will receive regular training about recognising and responding to mental and emotional health issues as part of their regular child protection training to enable them to keep students safe. Suggestions for individual, group or whole school CPD should be discussed with the Deputy Head and Director of Learning and Teaching who can also highlight sources of relevant training and support for individuals as needed.