



WINGATE SCHOOL

POSITIVE MENTAL HEALTH POLICY

PURPOSE

Every child has the right to feel safe and secure in Wingate School. Mental health is a state of well-being in which every individual realises his or her own personal and academic potential, can cope with the normal stresses of life, can work productively, and is able to make a positive contribution to his or her community.

Aims:

- We promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole-school approaches and targeted approaches aimed at vulnerable students
- We aim to recognise and respond to mental ill-health by developing and implementing practical, relevant, and effective mental health policies and procedures that promote a safe and stable environment for students affected both directly and indirectly
- This policy should be read in conjunction with our 'Child Protection Policy' in cases where a student's mental health overlaps with, or is linked to, a medical issue
- Through continued staff CPD training and within PSHE lessons, we endeavour to increase understanding and awareness of common mental health issues
- Provide support from staff working with young people with mental health issues
- Provide information of outside agencies to help support students and families suffering mental ill-health

Lead Members of Staff:

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

- Mr Macrae - Designated Safeguarding Officer
- Mrs Colette Tolfrey - Senior Mental Health Lead
- Mrs Finnie - Seniors student Wellbeing Coordinator
- Mrs Suggitt - Juniors student Wellbeing Coordinator
- Miss Pearson will refer any Infant cases to Mrs Suggitt or Mrs Finnie

School Responsibilities:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. We strive to create a supportive school culture and ethos which is conducive to good emotional wellbeing
- **Identification:** recognising emerging issues as early and accurately as possible. We will use annual students surveys, audits and listen to feedback to inform our planning
- **Early support:** helping pupils to access evidence-based early support and interventions
- **Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment

- As part of our developmental PSHE curriculum, we will instil the skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe
- 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 ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms
- 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

Identification:

Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems. Staff should be aware of behavioural problems that are outside the normal range for their age, such as:

- Emotional disorders, for example phobias, anxiety states and depression
- Conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour
- Hyperkinetic disorders, for example disturbance of activity and attention
- Eating disorders, habit disorders, somatic disorder or manic depressive disorder
- Attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or guardians
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect

Actions:

- 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?'
- All staff **must** be honest with regard to the issue of confidentiality; staff must never promise a student confidentiality
- In the first instance, students should be encouraged to share their issues with their parents themselves, with a time scale in place, after which, parents must always be informed
- This information should be shared with the student's tutor and the mental health & wellbeing leaders who will decide the best and appropriate course of support
- All serious disclosures should be recorded on the 'Wingate Confidential Tracker' and - where necessary - written and held on the student's confidential file. These records should include the date and main points from the conversations as well as any agreed follow-up strategies which could involve:
 - Regular support meetings with the tutor
 - Regular support meetings with our Wellbeing Coordinator
 - The student and parents given advice on outside support counsellors
 - The case reported to the Social Services
- 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 and guidance
- If a child gives us reason to believe that there may be underlying child protection issues, the DSO (Mr Macrae) must be informed immediately and he will decide on the action plan

Mr Colin Macrae
Head of Wingate School
Date of review September 2022

Relevant Documentation used to produce this policy:

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

Also refer to: Wingate Child Protection Policy

Below is a flowchart from the Safeguarding Slideshow which has been presented to all staff

Safeguarding

