

Newcastle upon Tyne Royal Grammar School

Supporting emotional wellbeing and mental health policy

This policy applies to the whole School and is published to parents and students

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Royal Grammar School Newcastle (RGS) recognises the importance of good mental health and wellbeing in the school community. Through the education of students, teachers and parents, coupled with a willingness to talk openly and normally about mental health issues, the School seeks to promote the early detection and treatment of mental illness and bolster emotional wellbeing. Alongside this approach the School continues to develop strategies which build resilience in our students, both academically and emotionally, to help prevent the onset of mental health problems.

Mental ill-health can take a variety of forms and the School recognises that its role is not to diagnose and treat conditions, but to be alert to the signs of a problem, intervene at the earliest stage and provide support whilst the student or member of staff gains access to appropriate professional help. Specific conditions and guidance are detailed below. A number of staff are trained in *Youth Mental Health First Aid*, there are two counsellors, full-time nursing staff and a visiting school doctor who can refer students to Children and Young Peoples' Service (CYPS) if necessary.

Confidentiality

The School's primary aim is the welfare of its students and it believes that this is usually best served by working with the knowledge and support of the student's family. Quite often a student will approach the School for help before telling their parents and will ask for their confidentiality to be respected. If a student is deemed *Gillick competent* (sufficiently mature to make a competent judgement) the School will respect their wishes. However, the School will hope to work with the student to find a way, acceptable to them, to let parents know. The School believes it is important that the student feels in control of their situation, so the School will work closely with the student to help them to *open up* to those who care for them. Where the school believes that the student is at significantly greater risk if their parents/carers are not aware of their issues, then the school will inform parents of their concerns in order to keep the student safe. Decisions regarding the sharing of information will always be made on an individual basis, taking into account the wishes and age of the student as well as the judgement of the professionals who are involved.

The School's Doctor (Medical Officer), Nurses and Counsellors work within medical and ethical codes of confidentiality which are more stringent than those of a school. These codes of confidentiality prevent those professionals from informing the School of issues unless *either* they have the direct permission of the student *or* the student is in danger.

Staff also have access to the professional services in school and are encouraged to take care of their own mental health and wellbeing through seeking informal support and intervention from colleagues or using the confidential services available. Staff who approach the Senior Leadership Team (SLT) can be assured of discreet and sensitive support. When the need arises, the School will support staff who require more specialist treatment or counselling.

The School's approach to concerns about emotional wellbeing

The School has a multi-layered pastoral structure including trained peer supporters, form supervisors (class teachers in the Junior School), tutors, Heads of Year, Assistant Heads of Year, Counsellors, Nurses and a School Medical Officer which enables students and families to find the person with whom they are most comfortable. All staff (including support staff) know how to seek further support for others through regular safeguarding training.

Usually the Head of Year in the Senior School or the Head of Pastoral Care in the Junior School (with the support of the Pastoral Director) will be the main coordinators of school support, liaising with health professionals, organising work, reducing commitments and on-going support for students. All staff have a role in the pastoral care of students and are encouraged to be proactive in their approach, reporting concerns they have about a child, however minor they may be. Likewise, parents are also encouraged to talk to the School as soon as they have concerns and the School organises parents' briefings to help inform parents about issues surrounding adolescence and mental health and wellbeing.

Staff who are concerned about colleagues or about their own emotional wellbeing are encouraged to speak to their Head of Department, member of the SLT or other trusted colleague to seek advice and support. The proactive approach we encourage with regard to students extends to all staff and there is flexibility of support available to help with workload, time off for appointments and other forms of intervention.

When responding to concerns about mental ill-health (in students or colleagues) all staff are encouraged to follow the MHFA principles:

Ask, assess, act

Listen non-judgementally

Give reassurance and information

Enable the young person to get appropriate professional help

Encourage self-help strategies

Eating disorders

Students may suffer from a number of different but associated eating disorders, none of which are mutually exclusive. Whilst anorexia and bulimia are the most well known, students may have difficult relationships with food resulting in *disordered eating*. Students may ask for support because they are worried by their relationship with food, whilst others will not see that there is a problem and will therefore not seek help. Often family or friends will be the first to alert the School to problems regarding eating. The School will usually advise the student or family to seek help through their GP and can then provide on-going support and monitoring once a student is receiving professional help.

Self-harm

Self-harm is a behaviour and not an illness. The School recognises that students self-harm to cope with emotional distress or to communicate that they are distressed. There are a number of reasons for self-harming and it is important to remember that self-harm is perceived as a relief from distress so the reasons for repeated self-harm may be different at different times. Some students may repeatedly injure themselves to escape from painful feelings such as hopelessness or inadequacy and the School recognises that a high pressure academic environment may heighten these feelings. Self-harm can reduce tension and help mood control, therefore it can be habit-forming. In addition, it is very difficult for students to talk about, because they often feel ashamed, embarrassed and confused.

If a student discloses, or the School suspects, that they are self-harming, within the MHFA principles the School will give suggestions for seeking professional support to find less destructive ways to cope. These may include appointments with the School Nurses, School Medical Officer or Counsellors. External agencies such as the student's GP, Streetwise and online support from sites such as **Mindfull** (www.mindfull.org.uk) and **Harmless** (www.harmless.org.uk) may also be suggested.

In the medium and long term the School will work with the student to help them develop coping strategies and to discuss their self-harm so that they feel able to talk about past or current episodes.

Depression

It is not uncommon for young people to suffer from the *blues* or short-term low mood. Students are encouraged to share how they are feeling with family, friends and teachers so that they can gain some support and any particular areas of anxiety can be addressed.

Clinical depression is something different; it lasts for at least two weeks and affects behaviour. It also has physical, emotional and cognitive effects which will therefore impact on a student's ability to study or engage in many aspects of school life. It is a common but serious illness affecting approximately 5% of teenagers.

Signs and symptoms may vary but quite often include: mood-swings, helplessness, hopelessness, lack of emotional responsiveness, frequent self-criticism, self-blame, impaired concentration, withdrawal from others, loss of interest in personal appearance, risk-taking behaviours, chronic fatigue, disrupted sleeping and eating patterns, unexplained aches and pains and school-refusal.

Quite often it may be the School or parents who first consider the possibility that a student may be suffering from depression. The School can offer counselling as a step towards treatment, but would always advise students and their families to seek professional help through their doctor by making sure they tell their GP that they think they are suffering from depression.

Anxiety

Anxiety is a natural part of the human condition. Everybody experiences anxiety from time to time and, indeed, low levels of anxiety can actually help students to perform better and motivate them to solve everyday problems. An anxiety disorder differs from these manageable levels of anxiety when it is more severe, long-lasting and interferes with school, work and relationships. Adolescents are particularly prone to anxiety and this can manifest itself in a number of ways in school and at home: in physical symptoms (such as aches and pains) or psychological symptoms (poor concentration, school-refusal and sleep-disturbance as well as more noticeable signs (e.g. panic attacks, phobias, separation anxiety, OCD).

Anxiety disorders can be caused by a variety of factors including past trauma, bereavement, physical illness, high expectations from others, avoidance, street drugs and some prescribed drugs. If a person is already depressed or has a history of depression or low mood, heightened anxiety will increase the risk of self-harm or suicide and they should seek help from professionals such as a counsellor or seek support via a GP.

Suicidal thoughts

Suicidal behaviour exists along a continuum from thinking about taking one's life, to developing a plan, to non-fatal suicidal behaviour, to ending one's life. Evidence suggests that a complex range of factors and individual vulnerabilities, rather than one single factor, lead to a young person attempting or committing suicide. Therefore promotion of resilience in school, early detection of mental health problems and an awareness of past or current traumatic events, including

a period of physical ill-health, may help the School and family to offer support to a potentially vulnerable student.

Many of the warning signs are similar to those of depression including feelings of hopelessness, anger and guilt, thoughts of not being able to cope and no-one can help, physical signs such as lack of interest in appearance and appetite, behavioural signs such as withdrawal from family, friends and school, abuse of drugs/alcohol, self-harm, impulsivity, giving possessions away and secrecy.

If a student appears to be at risk of suicide, the School will act within the YMHFA guidelines and ask some direct questions to understand the degree of intent in order to gauge the appropriate level of professional support needed. If it is not safe to leave a student alone then the School will use its counsellors and medical staff as an immediate source of advice and will ensure the student is supervised until help can be sought. If a student is judged to be in immediate danger, the School will call 999.

Creating a supportive environment - the team around the child

Sometimes a student will have a long-term mental health condition or circumstances which undermine wellbeing and make periods of mental ill-health more likely. In these circumstances the School will coordinate an approach which gives consistent support to the student to enable them to participate in all aspects of school life whilst accessing any further help they may need. This is likely to include teachers, Heads of Year, Nurses, Counsellors and (where applicable) music teachers and sports coaches.

When a student's mental health suddenly deteriorates, the School endeavours to provide a safe place in which to talk about how they are feeling, the best means of support as the next step and then to provide well informed and sympathetic guidance to students and their families as they seek help to live with and recover from their illness. We believe that having an open and honest approach to mental illness goes a long way to achieving just this kind of environment.