



SIR WILLIAM BORLASE'S
GRAMMAR SCHOOL

Mental Health Policy

Senior Leader Reviewer: Catt McCleod, Business Manager

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1. Policy statement and Mission

- 1.1. We all have mental health, just like we all have physical health. Mental health is about how we think and feel about ourselves and our lives. This can affect how we act day to day. Everyone's mental health can be good and bad at different times. There are things we can all do to help look after our mental health, so that we can cope as well as possible when we face challenging times.
- 1.2. At SWBGS, we are committed to promoting positive mental health and emotional wellbeing to all students, their families and members of staff and governors.
- 1.3. We are a school where the consideration of one another's emotional well-being and mental health is culturally embedded. We aspire to have a living and reflective system that supports the needs of all students, parents and staff at SWBGS.
- 1.4. We promote an ethos that promotes empathy together with positive communications and attitudes towards mental health.
- 1.5. We are an organisation where all students and staff develop positive self esteem and resilient thoughts that enable and empower them to lead healthy and happy lives for themselves and others.
- 1.6. We have identified the Five Ways to Well Being to promote positive Mental Health at SWBGS:-
 - 1.6.1. **Connect.** There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world. It's clear that social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages.
 - 1.6.2. **Be Active.** Regular physical activity is associated with lower rates of depression and anxiety across all age groups. Exercise is essential for slowing age-related cognitive decline and for promoting well-being. However, it doesn't need to be particularly intense to feel good - slower-paced activities, such as walking, can have the benefit of encouraging social interactions as well as providing some level of exercise.
 - 1.6.3. **Take Notice.** Reminding yourself to 'take notice' can strengthen and broaden awareness. Studies have shown that being aware of what is taking place in the present directly enhances your well-being and savouring 'the moment' can help to reaffirm your life priorities. Heightened awareness also enhances your self-understanding and allows you to make positive choices based on your own values and motivations.
 - 1.6.4. **Learn.** Continued learning through life enhances self-esteem and encourages social interaction and a more active life. Anecdotal evidence suggests that the opportunity to engage in work or educational activities particularly helps to lift older people out of depression. The practice of setting goals, which is related to adult learning in particular, has been strongly associated with higher levels of wellbeing.



- 1.6.5. Give.** Participation in social and community life has attracted a lot of attention in the field of wellbeing research. Individuals who report a greater interest in helping others are more likely to rate themselves as happy. Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.

2. Scope

- 2.1.** This policy is a guide to all staff – including non-teaching and governors – outlining SWBGSs approach to promoting mental health and emotional wellbeing.
- 2.2.** It should be read in conjunction with other relevant school policies - Child protection / anti bullying / SRE / Behaviour / SEND / attendance / equalities / medical needs .

3. Policy Aims

- 3.1.** Promote positive mental health and emotional wellbeing in all staff and students.
- 3.2.** Increase understanding and awareness of common mental health issues.
- 3.3.** Enable staff to identify and respond to early warning signs of mental ill health in students.
- 3.4.** Enable staff to understand how and when to access support when working with young people with mental health issues.
- 3.5.** Provide the right support to students with mental health issues, and know where to signpost them and their parents/carers for specific support.
- 3.6.** Develop resilience amongst students and raise awareness of resilience building techniques.
- 3.7.** Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4. Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

- 4.1.** Pastoral Staff



- 4.1.1. Head of Key Stage 3 Craig Robertson
- 4.1.2. KS3 learning mentor Diana Davies
- 4.1.3. Head of Year 9 Sarah Rayner
- 4.1.4. Head of Year 10 Fiona Colville
- 4.1.5. Head of Year 11 Kirsty Ashby
- 4.1.6. KS4 learning mentors
- 4.1.7. Head of Key Stage 5 Jane Bungey
- 4.1.8. Assistant Head of Key Stage 5 Suzanne Birkett
- 4.1.9. KS5 student support officers

4.2. Designated responsibility

- 4.2.1. Designated Safeguarding Lead - Rhian Williams
- 4.2.2. SENDCO - Rhian Williams
- 4.2.3. Mental Health Lead - Craig Robertson
- 4.2.4. PSHE Coordinator - Rachel Holmes
- 4.2.5. Headteacher - Kay Mountfied
- 4.2.6. Deputy headteacher - James Simpson
- 4.2.7. School Matron - Nicky Day
- 4.2.8. School counsellor - Kate Bownass

- 4.3.** If a member of staff is concerned about the mental health or wellbeing of a student, in the first instance they should speak to the head of the key stage of that student or the school designated safeguarding Lead.
- 4.4.** If there is a concern that the student is high risk or in danger of immediate harm, the school's child-protection-policy procedures should be followed. This is aligned to our compliance with the [KCSIE guidance](#)
- 4.5.** If the child presents a high risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.



5. Individual Care Plans

5.1. As part of our SEND/SEMH mapping - we will have an 'Emotional Well Being and Mental Health' section for pastoral teams and our SENDCo to monitor students who may have experienced or are experiencing Mental Health issues. This is essential to enable appropriate support and response. As a matter of course, some students will be identified when they join the school through transition arrangements (both into year 7, 9 and VI form or any year group when a student joins SWBGS from another school). We will also identify students from the groups below as potential students at risk of mental health issues.

- 5.1.1. parents having problems/ or with a history of mental health issues
- 5.1.2. young carers
- 5.1.3. pp/poverty/Fair Access
- 5.1.4. bereavement
- 5.1.5. long physical illnesses
- 5.1.6. abuse
- 5.1.7. long term educational difficulties
- 5.1.8. students who have undergone life changes where there is lack of communication
- 5.1.9. Students who face discrimination

5.2. When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS (+ MHST when available) or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and all relevant professionals. This will also be visible as part of a student SEND provision. Suggested elements of this plan include:

- 5.2.1. Details of the pupil's situation/condition/diagnosis
- 5.2.2. Special requirements or strategies, and necessary precautions
- 5.2.3. Medication and any side effects
- 5.2.4. Who to contact in an emergency
- 5.2.5. The role the school and specific staff
- 5.2.6. Action planning



6. Teaching about mental health

- 6.1. The skills, knowledge and understanding our students need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum, our tutor programme and our peer mentoring programme.
- 6.2. We will follow the [guidance](#) issued by the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively.
- 6.3. Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.
- 6.4. In addition - SWBGS utilises the training and resources provided by the Bounce Forward provider which replaces the Penn Resilience Programme
- 6.5. Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges. See Section 14 for Supporting Peers.
- 6.6. All teachers and tutors promote positive mental health which is some subjects directly referred to or beneficial as appropriate. For example, PE, dance, and many extra curricular clubs by design - for example chill out clubs/mindfulness activities. The school recognised the link between physical and mental well being. All have access to sport and PE and there are a substantial range of clubs that also provide opportunities.

7. Signposting

- 7.1. We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services.
- 7.2. Within the school (noticeboards, tutor rooms, toilets etc.) and through our communication channels (newsletters, websites, planners), we will share and display relevant information about local and national support services and events.
- 7.3. We will also offer parent workshops to help inform them about both what is taught as part of the PSHE curriculum, but also respond to any other parent requests in terms of mental health knowledge and understanding.

The aim of this is to ensure students (and parents) understand:

- 7.3.1. What help is available
- 7.3.2. Who it is aimed at



- 7.3.3. How to access it
- 7.3.4. Why should they access it
- 7.3.5. What is likely to happen next

8. Sources or support at school and in the local community

8.1. School Based Support - below is the range of support available to students.

- 8.1.1. **Tutors** - for matters of early signs of mental health problems - resilience issues. Suitable for all students at the school. This can be accessed face to face or through the school Helping Hand button on the student homepage
- 8.1.2. **Peer support** - trained VI formers by Bucks Mind. For matters of early signs of mental health problems - resilience issues. Suitable for all students at the school. This can be accessed face to face or through the school Helping Hand button on the student homepage. More serious matters that have safeguarding implications would be handed up to the school DSL by the peer mentor
- 8.1.3. **Head of Key stage and learning mentors** - for matters of indicative signs of mental health problems - deeper resilience issues. Suitable for all students at the school. This can be accessed face to face or through the school Helping Hand button on the student homepage.
- 8.1.4. **Mental Health Lead** - for matters of more problematic signs of mental health problems - deeper resilience issues. Suitable for all students at the school. This can be accessed face to face or through the school Helping Hand button on the student homepage.
- 8.1.5. **Matron** - for matters of more problematic signs of mental health problems - deeper resilience issues. Suitable for all students at the school. This can be accessed face to face or through the school Helping Hand button on the student homepage
- 8.1.6. **School DSL** - for matters of more problematic signs of mental health problems - deeper resilience issues. Suitable for all students at the school. This can be accessed face to face or through the school Helping Hand button on the student homepage
- 8.1.7. **School counsellor** - for matters of more problematic signs of mental health problems. This would be offered to a student through the Assistant Head Pastoral.

8.2. Local Support (signposted and updated in student planners)- In Marlow and surrounding area, there is a range of organisations and groups offering support, including the CAMHS (developing MHSTs) partnership, a group of providers specialising in children and young people's mental health wellbeing. These partners deliver accessible support to children, young people and their families,



whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation.

- 8.2.1. Child and Adolescent Mental Health Service
<https://www.oxfordhealth.nhs.uk/camhs/bucks/>
- 8.2.2. Bucks Mind
<https://www.bucksmind.org.uk/services/children-and-young-peoples-services/>
- 8.2.3. YES, High Wycombe <https://www.yeswycombe.org/>
- 8.2.4. Way In, Chesham <http://www.way-in.uk/>
- 8.2.5. Number 22 counselling - Maidenhead 01628 636661 <https://number22.org/>
- 8.2.6. BACP British Association for Counselling and Psychotherapy
<https://www.bacp.co.uk/>
- 8.2.7. [Samaritans](#)

8.3. Linking with other schools and Council in Marlow

A linking up of relevant mental health leads from other local schools, and the local council, will provide a coordinated approach of shared resources and joined up thinking in the best interests of all children who are on roll at schools in Marlow.

8.4. National Link Programme

SWBGS will be part of the national link programme aimed at developing and providing better links between NHS and Educational institutions.

9. Warning Signs

Staff may become aware of the 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 alert the DSL, the school matron and the student head of key stage.

Possible warning signs, which all staff should be aware of include:

- 9.1. Physical signs of harm that are repeated or appear non-accidental
- 9.2. Changes in eating / sleeping habits
- 9.3. Increased isolation from friends or family, becoming socially withdrawn
- 9.4. Changes in activity and mood
- 9.5. Lowering of academic achievement
- 9.6. Talking or joking about self-harm or suicide
- 9.7. Abusing drugs or alcohol



- 9.8. Expressing feelings of failure, uselessness or loss of hope
- 9.9. Changes in clothing – e.g. long sleeves in warm weather
- 9.10. Secretive behaviour
- 9.11. Skipping PE or getting changed secretly
- 9.12. Lateness to, or absence from school
- 9.13. Repeated physical pain or nausea with no evident cause
- 9.14. A increase in lateness or absenteeism

10. Targeted support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence (KCSIE 2020).

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

- 10.1. Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;
- 10.2. Working closely with CAMHS and other agencies / services to follow appropriate protocols including assessment and referral;
- 10.3. Identifying and assessing children who are showing early signs of anxiety, emotional distress, or behavioural problems;
- 10.4. Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach;
- 10.5. Providing a range of interventions that have been proven to be effective, according to the child's needs;
- 10.6. Ensure young people have access to pastoral care and support, as well as specialist services, including CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- 10.7. Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- 10.8. Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and



- 10.9.** The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

11. Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental.

All disclosures should be recorded confidentially on CPOMS, including:

- 11.1.** Date
- 11.2.** Name of member of staff to whom the disclosure was made
- 11.3.** Nature of the disclosure & main points from the conversation
- 11.4.** Agreed next steps

This information will be shared with the DSL and, as appropriate, the Mental Health Lead

If the Peer Mentoring Programme is in place, any disclosures made will also map with this process.

12. Confidentiality, capacity and consent

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student. We will tell them:

- 12.1.** Who we are going to tell
- 12.2.** What we are going to tell them
- 12.3.** Why we need to tell them
- 12.4.** When we're going to tell them

Ideally, consent should be gained from the student first, however, there may be instances when information must be shared, such as students up to the age of 18 who are in danger of self harm or harming others and the DSL must be informed.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with the parents/carers, but is dependent on the degree of concern.



In cases of treatment for children under 16 year of age - Gillick competency will be applied - Gillick and Fraser competence are terms originating in England and are used in medical law to decide whether a child (under 16 years of age) is able to consent to their own medical treatment, without the need for parental permission or knowledge.
Brief-guide-capacity-and-consent (Care Quality Commission)

If a pupil gives us reason to believe that they are at risk, or there are safeguarding or child protection issues, child protection procedures must be followed.

13. Whole school approach

A whole-school approach is about developing a positive ethos and culture – where everyone feels that they belong. It involves working with our families/local community and making sure that the whole SWBGS school community is welcoming, inclusive and respectful. It means maximising student’s learning through promoting good mental health and wellbeing across the school – through the curriculum, early support for pupils, staff-pupil relationships, leadership and a commitment from everybody.

Whole-school approaches involve a school leadership team (governors, head teachers and senior managers) that:

- 13.1. Understands the links between mental health and achievement.
- 13.2. Champions and supports mental health and wellbeing for children and staff, both strategically and practically as part of improvement planning
- 13.3. Adopting a whole-school approach to mental health and wellbeing is a process, not a one-off activity. To describe a school as ‘mentally healthy’ involves both planning and ongoing evaluation: Identifying and building on the strengths and good practice that already exist which contribute to good mental health in the school
- 13.4. Identifying external support and understanding how you might best use, build relationships with, and influence what is available outside the school
- 13.5. Consulting with children, staff, parents and carers so that everyone feels committed to positive school mental health and wellbeing
- 13.6. Making sure that the mental health and wellbeing of senior leaders, governors, teachers, all school staff and of parents/carers is as important as that of the pupils, and that staff model a positive approach to mental health and wellbeing
- 13.7. Encouraging openness in talking about mental health and challenging negative attitudes.
Enhancing pupils’ and staff knowledge about how to maintain good mental health and wellbeing
- 13.8. Playing a key part in identifying emerging mental health needs of pupils by making sure staff can recognise signs and symptoms of mental health needs and know what to do should they have a concern



- 13.9.** Referring pupils who need additional help onto health professionals for appropriate specialist support and treatment
- 13.10.** Having a clear process to follow where a concern is raised about a pupil's mental health and developing links with specialist mental health services and other local and national support
- 13.11.** Making sure that children and adults are protected by policies, values and attitudes (including behaviour, bullying, safeguarding and SEND) and feel safe in the school environment and in the wider community
- 13.12.** Ensuring that what is provided in school dovetails with the particular needs of your children and families
- 13.13.** Measuring the impact of what you do to promote and support children's mental health in school including pupil and parent surveys.

14. Working with parents/carers

If it is deemed appropriate to inform parents there are questions to consider first:

- 14.1.** Can we meet with the parents/carers face-to-face?
- 14.2.** Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- 14.3.** Who should be present – students, staff, parents etc.?
- 14.4.** What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage. Questions on parent surveys also create lines of communication and allow parents to share their concerns.

Ensure a record of the meeting and points discussed/agree are added to the pupil's record and an Individual Care Plan created if appropriate.

15. Supporting parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will continue to work in partnership with parents and carers to promote emotional health and wellbeing by



Ensuring all parents are aware of and have access to promoting social and emotional wellbeing and preventing mental health problems;

- 15.1.** Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters, annual parent workshops etc.);
- 15.2.** Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by external providers (such as family resilience <https://www.bucksfamilyinfo.org/kb5/buckinghamshire/fsd/parent.page?parentchannel=24>) or other appropriately trained health or education practitioners; and
- 15.3.** Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing (accessed through either pupil premium identification and Fair Access at SWBGS). This could include support to participate in parenting sessions, by offering a range of times for the sessions or providing help with transport and childcare. We recognise this might involve liaison with family support agencies.

16. Supporting Peers and/or siblings

When a student is experiencing mental health issues, it can be a difficult time for their friends/siblings who may want to support but do not know how. To keep them safe, we will consider on a case by case basis which students may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- 16.1.** What it is helpful for friends to know and what they should not be told
- 16.2.** How friends can best support
- 16.3.** Things friends should avoid doing / saying which may inadvertently cause upset
- 16.4.** Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- 16.4.1. Where and how to access support for themselves
- 16.4.2. Safe sources of further information about their friend's condition
- 16.4.3. Healthy ways of coping with the difficult emotions they may be feeling

17. Training

As a minimum, all staff will receive regular INSET training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. A nominated member of staff will receive professional Mental Health First Aid training.



Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students. A staff-training-log keeps a record of such training activities.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with the mental health lead who can also highlight sources of relevant training and support for individuals as needed. Parents can enquire about training via parents@swbgs.com

18. School Staff Well Being

Anna Freud - [annafreud-staff-well-being](#) Some steps to staff well being that SWBGS carry out include:-

- 18.1. There is a staff mental health lead or champion who is responsible for coordinating the school's approach to staff mental wellbeing, and ensuring it remains on the agenda.
- 18.2. There is a staff well being survey that addresses the needs of staff. It is regularly reviewed.
- 18.3. The ethos of the school promotes openness about mental wellbeing, and encourages staff to feel comfortable sharing concerns.
- 18.4. Measures to reduce workload or to limit hours spent working outside of the school day are addressed via workload surveys and acted upon by SLT.
- 18.5. There is a comfortable, dedicated physical space within the school where staff members can take time out if needed.
- 18.6. There are opportunities for staff to participate in activities with colleagues that are not linked to their work (for example social events, exercise classes, or creative groups)
- 18.7. There is a staff wellbeing survey, to help understand the key issues in school, and the impact of any measures we are taking to support staff wellbeing.
- 18.8. Mental wellbeing of staff is an agenda item at staff and governor meetings.

19. Policy Review

- 19.1. This policy will be reviewed every two years as a minimum. The next review date is March 2022

In between updates, the policy will be updated when necessary to reflect local and national changes.



This is the responsibility of the school Mental Health Lead Any personnel changes will be implemented immediately.

Appendix i - Specific groups (not exhaustive) who we identify and monitor

- 19.1.1. parents having problems
- 19.1.2. young carers
- 19.1.3. pp/poverty
- 19.1.4. bereavement
- 19.1.5. long physical illnesses
- 19.1.6. abuse
- 19.1.7. long term educational difficulties
- 19.1.8. students who have undergone life changes where there is lack of communication
- 19.1.9. Students who face discrimination

Appendix ii - Policies for reference:-

- 19.1.10. Child protection
- 19.1.11. Anti bullying
- 19.1.12. SRE
- 19.1.13. Behaviour
- 19.1.14. SEND
- 19.1.15. Attendance
- 19.1.16. Equalities
- 19.1.17. Medical needs

