



Al Islah
Girls' High School
RESPECT EDUCATE ACHIEVE

Mental Health & Emotional Wellbeing Policy

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Mental Health and Emotional Wellbeing Policy

Policy Statement

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 Organisation)

At Al Islah Girls High School, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using, whole school approaches for pupils through acts of worship, PSHE curriculum and Pastoral / Citizenship time and specialised, targeted approaches aimed at vulnerable pupils (referrals to outside organisations / counsellors). For staff, we have a risk assessment that meets the HSE Management Standards. It ensures full consideration is given to working practices so that staff wellbeing is nurtured with leaders considering how workload and deadlines can be improved.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff, Trustees and governors.

The Policy aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff in the workplace
- Provides support to staff working with young people with mental health issues
- Provide support to staff suffering mental ill health
- Provide support to pupils suffering from mental health and their peers and parents or carers

Staff

Mental health and staff wellbeing have a high priority at Al Islah Girls School. Leaders have a pastoral responsibility to safeguard the mental health and wellbeing of all school staff. It is important that staff know how to identify signs of declining mental health. Leaders receive training to know what support is available internally, locally, nationally and remotely (online). By having open and candid conversations about mental health and wellbeing, leaders ensure that good mental health remains high on the development agenda.

Some of the signs that there might be a serious problem include:

- increased tiredness or absences
- angry or aggressive behaviours
- poor concentration, where a colleague cannot focus
- a colleague seems withdrawn, silent, lacks friends, especially if this is a change in behaviour

- a colleague appears overly anxious or worried, even fearful.

Particularly helpful external organisations are:

- Mind
- TeacherMentalHealth.org
- Young Minds
- Samaritans.

It is important in our school to provide support to those in need and to give time to a colleague who is suffering from mental health. A gentle discussion and encouragement can go a long way in raising a person's self-esteem and may encourage them to seek further help.

We have an open culture whereby staff can raise issues regarding workload and pressures. Leaders should respond openly and caringly to such concerns. The aim should be to ease the pressure and raise an individual's self-esteem and provide the support necessary.

The following are some of the strategies employed to support mental health and wellbeing.

- Staff/pupils/parents and Governors/Trustees follow the Workload and Wellbeing statement. Staff and governors have been informed to not send emails before 8am or after 7pm or at the weekends.
- Development and accountability strategies, such as lesson observation and assessment reviews, include staff feedback so they have the opportunity to comment on their perceptions and fairness of the process
- Supporting staff at work – simple things can add up to big changes in overall feelings of wellbeing – so we try to ask “How are you?”, we listen when employees ask for help and try to be flexible and considerate.
- The Headteacher is highly visible around the school and promotes behaviour for learning. The Headteacher will drop into lessons to ensure that pupils are behaving appropriately and completing work as necessary.
- Headteacher does not allow staff to be put into awkward situations and are always present at parents' evenings etc.
- Communicating – we help employees to fulfil their job and encourage them to talk to us about issues affecting both their home and work life.
- An open door policy (any member of staff can see the Headteacher). Staff minutes of the meetings are sent so everyone is assured that points have been raised as appropriate.
- Consulting – we ask employees for their views and involve them in making decisions, for example, Inset days converted to twilights, the calendar etc.
- Keeping a healthy workplace – we keep our workplace healthy and safe for employees – the building is kept clean and tidy.
- Encouraging healthy living – we encourage our employees to live healthy lives, for example, by offering healthier food in the dining room. Offering food and refreshments before parents' evenings
- Monitoring employees – we make it our business to know that employees are healthy and feel well. Return to work meetings take place to ensure the staff member is fit for work. A number of members of staff have gone home from illness during the day. Set procedures are in place for informing school of an absence. Phased returns are encouraged where appropriate. We monitor absence records to ensure that any patterns and warning signs are raised quickly so the employee can be supported. Being pro-active – we look at our records regularly so we can identify problems and then take action to solve them.
- Supporting sick employees – we help them return to work, for example, by using fit notes to identify work they may be able to do, etc.

- Investing/Training – we spend money on health and wellbeing and professional development to relieve the stress of uncertainty. Indeed, we spend a considerable amount on the professional development of all staff.
- We do our best to ensure that the environment is pleasant and the building is modern and comfortable.
- Keeping staff informed – we make our employees aware of health issues by including them in information and advice in the workplace e.g. working at heights, manual handling issues, using the internet etc. / safeguarding procedures.
- There is a wellbeing questionnaire and action plan to improve wellbeing.
- Job descriptions clearly set out roles and responsibilities.
- Staff are asked what day is best for them to complete duty so they are not teaching 5 lessons as well as doing other duties.
- Staff choose when interventions will take place to fit in with their schedule.
- Keeping meeting times to a minimum. For example, meetings are replaced with a written bulletin.

Pupils

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the designated safeguard lead who will inform the Principal. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting a first aider and contacting the emergency services if necessary.

Where a referral to CAMHS / Younger Minds is appropriate, this will be led and managed by Apa Safiyya - mental health lead, Apa Hifza – DSL or Apa Nikhat – DDSL). Guidance about referring to CAMHS is provided in Appendix D.

Individual Care Plans

An individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health will be completed. This will be drawn up involving the pupil, the parents and relevant health professionals. This will include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play
- A risk assessment

Teaching and Mental Health

When children and staff are rewarded and feel they can achieve their goals, they feel good about themselves which benefits their mental health and wellbeing. When children and staff are rewarded this leads to increased motivation which in turn increases resilience and improved positive mental health.

The skills, knowledge and understanding needed by our pupils and staff to keep themselves and others physically and mentally healthy and safe are included as part of our developmental RSE, PSHE & Citizenship curriculum.

The specific content of lessons will be determined by the specific needs of the cohort but there will always be an emphasis on enabling pupils 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.

Signposting

We will ensure that Trustees, governors, staff, pupils 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 A.

We will display relevant sources of support throughout school and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil helpseeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning Signs

School staff will be aware of warning signs which indicate a pupil or other member of staff 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 DSL, DDSL, or the mental health and emotional wellbeing lead.

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

Anti-Bullying

Bullying including sexual violence and harassment can affect physical and emotional health, both in the short term and later in life. It can lead to physical injury, social problems and

emotional problems. Those who are bullied are at increased risk of mental health problems and problems adjusting to school. Bullying also can cause long-term damage to self-esteem. This is why this policy is used in conjunction with the anti-bullying. Any pupil who is identified as being bullied and is vulnerable to mental and emotional problems will be monitored closely by the wellbeing and safeguarding lead.

Managing disclosures

A pupil 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.

If a pupil 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 nonjudgemental.

Staff should listen rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why? For more information about how to handle mental health disclosures sensitively see appendix C.

All disclosures should be recorded on my concern and held on the pupil's confidential file.

This information should be shared with the mental health lead, Safiyya Karolia. See appendix D for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil or staff on, then we should discuss with the pupil and staff:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. Pupils up to the age of 18 who we feel are in danger of harm or feel have poor mental health then the staff member must pass this on through the relevant safeguarding channels.

It is always advisable to share disclosures with a colleague, usually the mental health lead or deputy leads. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if we have a concern over the pupil's physical or mental wellbeing and pupils may choose to tell their parents themselves. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying safeguarding issues, parents should not be informed, but the safeguard lead and first response must be informed immediately.

Working with Parents

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 or somewhere neutral?
- Who should be present? Consider parents, the pupil, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means for parents contacting us with 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.

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- 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 mental health policy easily accessible to parents via the website
- Share ideas about how parents can support positive mental health in their children through information evenings

Supporting Peers

When a pupil or staff member is suffering from mental health issues, it can be a difficult time for their friends or colleagues. Friends or colleagues often want to support but do not know how. In order to keep peers safe, we will consider on a case by case basis which friends or colleagues may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the pupil or staff member who is suffering and in the case of pupils their parents with whom we will discuss:

- What is helpful for friends and colleagues to know and what they should not be told
- How friends and colleagues can best support
- Things friends and colleagues should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend or colleague may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

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

Physical Activity

Research shows that physical activity improves mood and mental health. Exercise promotes chemicals in the brain that improve your mood and make you more relaxed. Specifically, the brain releases feel-good chemicals called endorphins throughout the body. Physical activity reduces anxiety and depressed mood, and enhances self-esteem. This is why physical activity is strongly promoted in the school and why this policy links with the physical activity policy.

Training

As a minimum, all Trustees, governors and staff will receive training about recognising and responding to mental health issues as part of their regular safeguarding training to enable them to keep pupils safe. Most staff will also gain key information about signs of mental wellbeing through their planning when teaching this topic area.

We will host relevant information on our website about the signs of mental health illness. The [MindEd learning portal](#)¹ provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

Where the need to do so becomes evident, we will host additional 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 our Headteacher who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in September 2024.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to the Headteacher or our mental health lead via email safiyya.karolia@alisliah.org.uk

This policy will always be immediately updated to reflect personnel changes.

Appendix A: Further information and sources of support about common mental health issues

Support on all these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

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

[SelfHarm.co.uk](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): www.nshn.co.uk

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Selfharm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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 months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

[Depression Alliance](http://www.depressionalliance.org/information/what-depression): www.depressionalliance.org/information/what-depression

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](http://www.anxietyuk.org.uk): www.anxietyuk.org.uk

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

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

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

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

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childlinespotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Selfharm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

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 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

Beat – the eating disorders charity: <https://www.beateatingdisorders.org.uk/getinformation-and-support/get-help-for-myself/i-need-support-now/helplines/>

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix C: Talking to pupils when they make mental health disclosures

Focus on listening

If a pupil has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them.

Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

Offer support

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the school's policies on such issues.

Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you.

Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

Don't assume that an apparently negative response is actually a negative response

Despite the fact that a pupil has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the pupil.

Never break your promises

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

