

Positive Mental Health and Wellbeing Policy

This is a whole College policy, including EYFS and the boarding community.

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 daily life, can work effectively, productively and is able to contribute to her or his community (World Health Organisation).

At Scarborough College, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

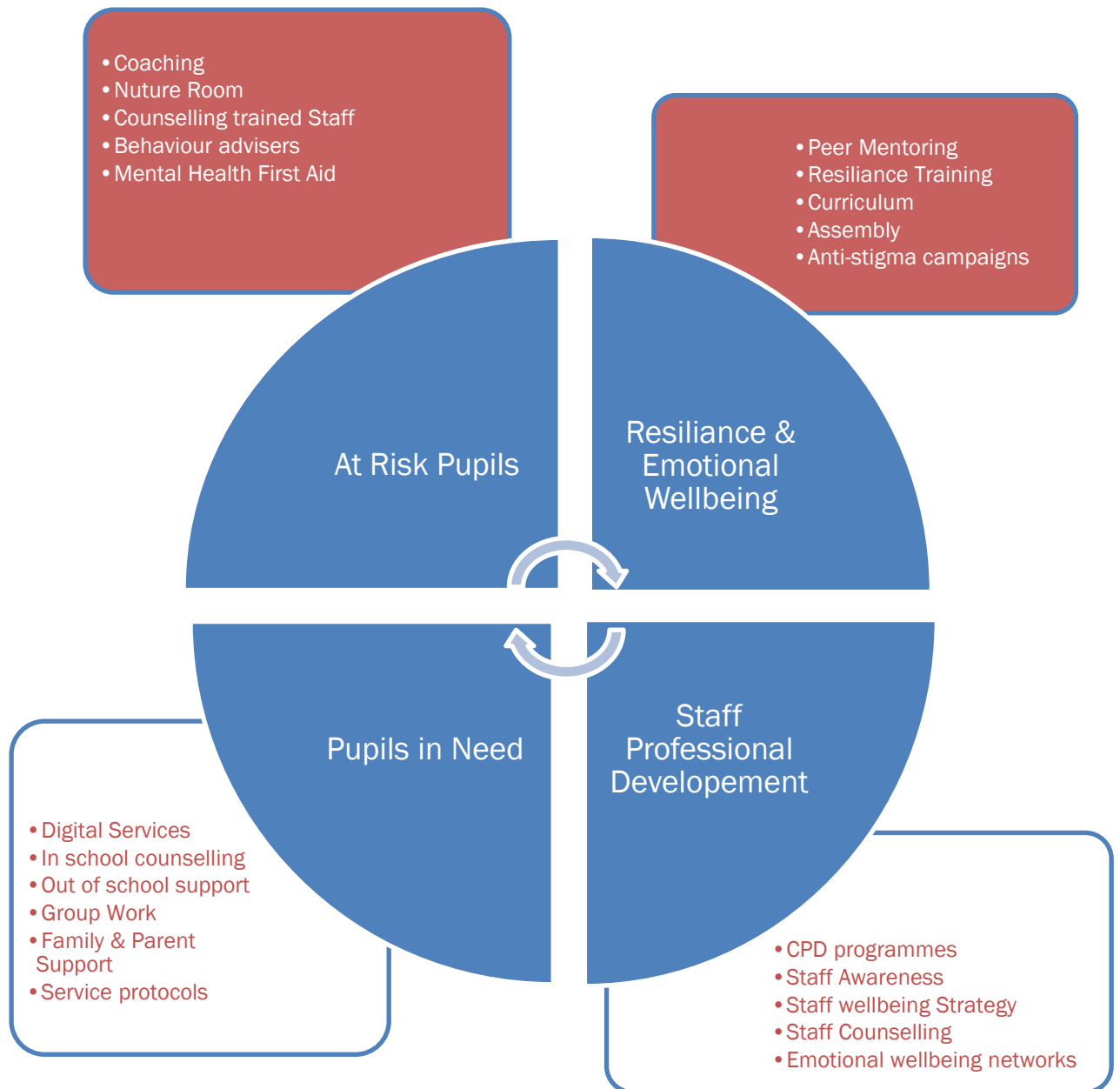
In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom one in eight (12.8%) of children and young people aged between 5 and 19, surveyed in England will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant, and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

This document is intended as guidance for all staff and describes the school's approach to promoting positive mental health.

This policy should be read in conjunction with our medical conditions policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

This policy aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health, their peers and parents or carers
- Assist with working towards a whole school framework model for emotional wellbeing and mental 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 Tim Cashell - Designated Safeguarding Lead Officer.

Mr Chris Barker – Designated Deputy Safeguarding Lead.

Mrs Linda M Pinkney – School Nurse and Mental Health first aider.

Mr D Brown – Healthcare Assistant.

Mrs Marianne Harvey– Mental Health first aider.

Miss Heather Ramsay - Head of PSHE.

School Counsellor.

Mrs Rose Lavelle – SEND.

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 child protection procedures should be followed with an immediate referral to the designated Child Protection Officer, or the Headmaster. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the School Nurse, first aid member of staff, and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the Designated Safeguarding Lead.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents, and the School Nurse. This can 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

Teaching about Mental Health

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

The specific content of lessons will be determined by the pupil's specific needs 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 follow the [PSHE Association Guidance](#) to 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 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 1.

We will display relevant sources of support on the Health Centre and 'Headspace' notice boards and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

Warning Signs

School staff may become aware of 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 communicate their concerns with Linda Pinkney, the school nurse and mental health first aider.

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

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 non-judgemental.

Staff should listen rather, and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring why?

All disclosures should be recorded in writing via 'CPOMS' and held on the pupil's confidential file. This written record should include: -

- Date
- The name of the member of staff to whom the disclosure was made.
- Main points from the conversation
- Agreed next steps.

This information will be shared by the DSL with relevant people. This may include, as appropriate, Tutor, Head of Tier, House Parent, School nurse, parents, outside agencies.

Confidentiality

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

- 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. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. 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. The DSL must always be informed of any disclosures that have been made.

In most circumstances, Parents will be informed, and pupil may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. 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 child protection issues, parents should not be informed, but the DSL must be informed immediately and will consult with social services accordingly.

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, at their home 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 and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. 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 of 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.

Working with All Parents

Parents

- 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
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- 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

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. 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. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend 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 condition
- Healthy ways of coping with the difficult emotions they may be feeling

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe.

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 pupils. Compass Buzz and Educare are the Schools current providers of training. Staff who express an interest can attend these training sessions as part of their own CPD.

Supporting Staff

Schools can be high pressure environments and helping our pupils with their mental health and emotional well-being can have a negative impact upon the mental health of colleagues. If staff are worried about their own mental health, they are encouraged to seek help from the school counsellor or school nurse or an outside agency. The College recognises that such appointments may need to be made during the working day and will support this whenever practicably possible.

Signposting

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents, but they are listed here because we think they are useful for school staff too.

Support on all of 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.

Risk Factors

Risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

- Worries about academic work and progress
- Difficulty in forming or maintaining relationships
- Low self-esteem/self-image
- Loneliness
- Peer pressure/misuse of social media
- Rejection by peers/bullying
- Unreasonable expectations from parents
- Poor relationships with parents/arguments at home
- Depression, self-harm, or suicide in the family
- Copying similar observed behaviour
- Teenage 'angst'
- Neglect
- Physical, sexual, or emotional abuse

Types of Self-Harm

There are many ways that students may self-harm, but these can include: -

- Physical, sexual, or emotional abuse
- Cutting, scratching, scraping, picking, scalding, or burning skin
- Scouring or scrubbing the body excessively
- Banging or hitting the head or other parts of the body

- Swallowing hazardous materials or substances
- Taking an overdose of prescription or non-prescription drugs
- Drinking alcohol to excess
- Deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa).
- Hair-pulling

Signs of Self-Harm

Most young people who self-harm will usually try to keep it a secret from their friends and family and often injure themselves in places that can easily be hidden by clothing. The following signs may, however, indicate that a student is self-harming: -

- Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs, and chest
- Keeping themselves fully always covered, even in hot weather
- Changes in activity and mood, more aggressive or introverted or tearful
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain
- Expressing feelings of failure, uselessness, or loss of hope
- Hair pulling
- Misuse of alcohol or drugs
- Changes in sleeping habits
- Lowering of academic achievement
- Changes in clothing or hairstyle

Guidance for staff

Pupils may worry about betraying confidences, and Staff can help by maintaining an atmosphere where students feel prepared to share information. The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. There is a tendency for self-harming to spread through 'copy-cat' behaviour. A pupil who has self-harmed should, where possible, be accompanied to a place of safety, and medical help summoned.

Staff may experience a range of feelings in response to self-harm, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust, and rejection. However, it is important to try to maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust. Students must be made aware that it is not possible for staff to offer confidentiality. The DSL will be informed and will take the appropriate course of action, including informing parents.

Further Considerations

It may be necessary for a pupil to stay at home following a self-harm incident to protect the pupil and other pupils around them. This is likely to be the course of action if the pupil has shown other pupils their injuries or has sent other pupil's images of their injuries via social media.

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 Knight smith (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 Self-harm 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

Books

Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression? A guide for friends, family, and professionals. London: Jessica Kingsley Publishers.

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 – www.papyrus-uk.org

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

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm 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: www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

[Eating Difficulties in Younger Children and when to worry:](#)

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 B: Guidance and Advice Documents

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2014).

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (2015).

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2015). PSHE Association. Funded by the Department for Education (2015).

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2018).

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014).

[Healthy child programme from 5 to 19 years old](#) is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009).

[Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing](#) - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015).

[NICE guidance on social and emotional wellbeing in primary education](#)

NICE guidance on social and emotional wellbeing in secondary education

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015).

A whole school framework for emotional well-being and mental health: Supporting resources for school leaders. Stirling, S. and Dr Emery, H. (2016), National Children's Bureau.

Appendix 1

Your family doctors.

NHS 111

CAHMS – 01723 364000

Compass Buzz – 01609 777662 or 0800 008 7452

Crisis – 01723 384645

Childline – 0800 1111

Beat - student line 0808 801 0811

Saint Catherine's Hospice – 01723 351421

Mind – 0300123 3393

Policy Prepared by: Linda Pinkney – Registered Nurse

Person Responsible for Updates	Date Last Reviewed	Next Review Due
Linda Pinkney	September 2025	September 2027