Student Wellbeing and Mental Health Policy

The English School

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Introduction

The English School has renewed its Student Wellbeing and Mental Health policy in order to be in accordance with current best practices in the field and better match the needs of its community.

Policy goals

This policy is designed to:

- Explain the school's aims, commitments and role regarding wellbeing and mental health.
- Promote understanding of what wellbeing and mental health are.
- Share important knowledge regarding the mental development of young persons.
- Highlight the actions taken by the school to cultivate literacy on wellbeing and mental health and support the wellbeing of students.
- Explain what trauma-informed care and emotional first aid is, and the steps to providing it.
- Alert staff to warning signs of challenges to mental health or emotional wellbeing, and facilitate intervention.
- Give support and guidelines to all staff on the procedures to be followed.
- Encourage the self-care practices of staff and parents/guardians.

This policy is to be used in conjunction with, where relevant, the school's School-Based Counselling Policy, Safeguarding Policy, Anti-bullying policy, Behaviour Policy, Online safety Policy, Educational Visits Policy, and TES Code of Conduct.

The school's aims and commitment regarding wellbeing and mental health

Student and staff wellbeing and mental health are the foundation for high-quality learning and teaching. Human beings perform their best when they are feeling their best.

The English School is committed to implementing best practices in the cultivation, promotion and protection of wellbeing and mental health for all members of our school community, and to engender an atmosphere of confidence and trust in which students and staff can share their concerns.

We intend to support wellbeing and mental health on a systemic, whole-school level, through specific actions (such as allowing space and time for actions, promoting self-care), in order to achieve specific results:

- *When the stigma around mental health is reduced*, people feel more comfortable sharing if they have problems, accept it's OK not to feel good all the time, and find it easier to ask for help.
- *When student behaviour is improved*, changes observed are better self-regulation, reduced anger/frustration, improved emotional literacy (more empathy, awareness and understanding of other people's feelings), reduced anxiety and exam stress, reduced social exclusion, and a calmer school environment.
- *When student wellbeing is improved*, students feel calmer and know they are being listened to and cared for, and staff feel more confident to support students.
- *When staff wellbeing is improved*, staff feel more resilient, they have an improved understanding of self-care and of how to look after their own wellbeing.
- *When parental wellbeing is improved*, parents feel the school is a source of support, and they develop understanding and information about their own wellbeing.

Definitions of Wellbeing and Mental Health

At the English School, we understand **Wellbeing** for the whole school community as the promotion and protection of positive physical, cognitive, social, behavioural, emotional and spiritual health, underpinned by values of inclusivity, respect and care for each other.

More specifically, wellbeing refers to a person's overall state of satisfaction with their life, a sense of meaning, purpose and fulfilment, body-mind-spirit integrity, self-awareness of their needs and aspirations and having enough inner or external resources to meet them, satisfying connections with others, good mental states and feelings, belief in their ability to engage in healthy activities and perform specific tasks (especially when facing challenging situations and without fear of failure), active contribution to society, growth mindset and investment in continued self-improvement.

When wellbeing is not systematically cultivated, the potential results can be burn out, disconnection, sickness, lack of coping mechanisms, being/feeling stuck, diminished resilience, just surviving (not thriving), and resistance to responsibilities.

At the English School, we understand the promotion and protection of **Mental Health** as a two-directional approach:

1) The cultivation and strengthening of Mental Health Literacy and Skills for all members of the school community.
2) The provision of guidance and/or support to members of the school community who present with identified challenges to their mental health.

Mental health is not just the absence of mental illness. Mental Health refers to the quality of a person's mind, in other words the degree of calmness and equanimity with which they perceive and respond to events in their life. Therefore, a mentally healthy person responds to internal and external stimuli proportionately and adequately, suspending judgment where needed, and effectively manages their thoughts, emotions, and actions.

The capacity to mentally cope with the stresses of life and to verbalise thoughts and emotions affects a person's ability to believe in themselves, to work productively, to collaborate with others, to imagine and choose appropriate solutions to problems, and to realise their potential.

Role of a school and its staff in empowering students' mental health

As a school, we endorse our responsibility to:

- Understand the transition of young people from childhood to adulthood and validate their developmental challenges, social pressures, academic and/or employment demands.
- Encourage young people to report and talk about mental health difficulties.
- Promote mental health, constructive coping skills, and self-care as a core life value.
- Pursue further training for staff about the mental health challenges of young people.
- Learn about needs, experiences, protective and risk factors in the wellbeing of youth, particularly of vulnerable ones.
- Promote genuine care with clear boundaries.
- Participate in mediation between young people and mental health experts.

Protective factors and Risk factors for youth mental health

Some of the **psychological and social protective factors** for young people's mental health are: Opportunities to talk openly about issues that worry them, feeling accepted and understood, a safe environment for growing up, accessible support and assistance services, positive adult role models, good peer relationships, supportive relationships with family members, participation in organised group activities, emotional self-regulation, good coping and problem-solving skills, subjective sense of self-sufficiency, optimism, positive self-regard, a healthy and balanced lifestyle, ability to make friends and getting along with others.

Risk factors for young people's mental health, which affect the readiness to seek help, are: lack of secure attachments to caring adults, poor relationships with friends, feelings of helplessness or inferiority, challenging or harmful family circumstances, caregiver stress, exposure to violence or bullying, separation and loss, social exclusion, discrimination, stigma, unsupported learning difficulties, risk-taking behaviours, physical ill-health and human rights violations.

Key knowledge regarding the mental-emotional growth of young persons

- All behaviour, positive or negative, reflects a young person's emotional state, and whether their emotional needs are met or unmet. If the triggers to negative behaviour are not clearly visible, the behaviour most likely stems from unconscious beliefs about one's self and about the world.
- All adolescents need healthy attachments and a sense of belonging, to be seen, to be heard, to be understood, to be validated, and to be allowed space to be vulnerable, without feeling shame or fear of rejection.
- Without a good enough social environment to grow in, young persons may form a fragmented sense of self, seek unhealthy attachments at the expense of their authentic needs, enter a survival mode, become people-pleasers, ignore boundaries, and engage in self-harming.
- In times of stress, adolescents' thinking process is distorted and short-term memory is suppressed.
- Adolescents differ in their "windows of tolerance" to stress; some cope better than others.
- Adolescents tend to be more self-conscious and feel hypersensitive and awkward when they are exposed to social situations. They are also more tempted to high-risk behaviours (as a form of reward to pleasure-seeking), especially when motivated by the presence of their friends.

School-based actions for the cultivation of Wellbeing and Mental Health Literacy

Developing youth literacy in wellbeing and mental health is as important as literacy in academic subjects; systematic strengthening of such knowledge and skills within schools prevents the appearance of mental health challenges through better emotion regulation, decreased bullying and discrimination, increased social skills and increased academic performance.

The English school addresses the cultivation of wellbeing and mental health literacy and skills in various ways:

a) The Personal, Social, Health, Citizenship Education (PSHCE) subject, a stable feature of the curriculum, promotes and cultivates general mental health and wellbeing through regular lessons. The goal is to help students develop their resilience in overcoming life's challenges, through teaching *for* wellbeing (experientially practicing necessary skills), and *about* wellbeing (delivering important information). Mental health literacy is also cultivated through Form Tutor periods and Assemblies.

b) The School-based Counselling Service promotes mental health and wellbeing through one to one meetings with students and specially designed preventive material (e.g. brochures, posters, online notifications) for the entire student population.

c) The establishment of a Wellbeing Committee, tasked with providing strategic support to the school's leadership for ensuring wellbeing, respect, belonging, acceptance and appreciation across the whole school community.
d) Monthly socially based themes, volunteer actions and special school-wide events.
e) Training to teachers on wellbeing and mental health topics.

Trauma-informed care for youth

When children and adolescents experience a singular or continuous event in their life where they feel unseen, unheard, unloved, rejected or threatened, they will respond with natural mental-emotional coping mechanisms in order to survive: fear, anger, withdrawal, numbing of painful emotions. These responses are real, regardless if the threat is actual or imagined.

Trauma is the emotional wound that emerges as a result of stressful events, whereby the initial emotional coping mechanisms, become ingrained and dysfunctional. Repetitive negative experiences can gradually chip away a young person's sense of wellbeing. Over time, these dysfunctional coping mechanisms could become diagnosable mental health problems. The emotional "black hole" that traumatised children and youth experience, leads to depression, self-harm, giving up, losing meaning, and feeling not good or worthy enough.

The effects of trauma on young persons can be:
- Impairment of memory, concentration, new learning and focus.
- Diminished ability to feel trust, to cope and to form healthy relationships.
- Disruption in emotion identification, in the ability to self-sooth or control the expression of emotions, and in the ability to distinguish between what's safe and unsafe.
- Impact on the young person's belief about their own value, their ability to hope and their outlook on life.
- Higher possibility of obesity, addiction, diabetes, autoimmune diseases.

A trauma-informed school approach is based on the following pillars:
- Awareness: being in tune with young people and what they are generally going through.
- Acceptance: authentically caring for youth and their wellbeing.
- Collaboration: involving youth to contribute in decisions on matters that impact them.
- Safety: creating spaces and relationships that are calm and comfortable, to mitigate Freeze-Fight-Flight responses.
- Trustworthiness: providing clear and consistent information to youth.
- Empowerment: noticing capabilities in a young person and inspiring hope for the future.
- Choice: providing youth with options on how to psychologically support and comfort them.

Provision of Emotional First Aid to students

Emotional First Aid might be provided by English School staff members that are not trained as Mental Health professionals but have first contact with an emotionally upset student. Emotional First Aid helps to start the therapeutic process sooner (when followed by referral to a relevant professional), however it should not open "doors" the Emotional First Aid provider does not know how to close.

The Emotional First Aid provider (staff member) has to follow these steps:

1. Secure your own physical safety and of the student by sitting in a calming, safe space that is still visible to other adults.
2. Calm the student down with slow, deep breathing.

3. Ensure the student that the intense physical sensations happening to them at that moment will pass, that you care for their wellbeing, and that you will stay with them until they are calmer.
4. Actively listen to what the student is ready to share, looking to understand how they feel and which of their needs they felt were compromised (e.g. safety, understanding, acceptance, respect, recognition, belonging, comforting, encouragement).
5. Empathise with the student for the needs they felt were compromised.
6. Empower the student by stating you believe in their ability to be resilient (you may refer to previous incidents where the student demonstrated skilful management of a stressful situation).
7. Instil hope that help is available within the school and solutions can be found.
8. If further support is needed, refer the student to the school's mental health professional (Counsellor).

Staff should note the following regarding mental-emotional triggers for students:

A trigger is anything from a memory, experience, or event that leads to a sudden, heightened emotional state. Triggers can be people, sounds, places, things, smells, words, or even colours that cause an automatic emotional or behavioural response.

When triggered, students might feel a range of emotions including anger, disappointment, frustration, embarrassment, or sadness. These feelings might prompt them to act in ways in which they otherwise would not, including engaging in a debate or argument, saying things they might later regret, freezing up in fear, crying intensely, withdrawing their body or leaving the situation altogether. These typical reactions can be categorised as freeze, fight, or flight responses.

Students might clearly state the reason of their sudden reaction, or they might expect that adult staff will understand what happened and safely remove them from the situation, so that they are not exposed by having to tell their peers why they became upset.

The following situations have a higher potential of triggering an intense mental-emotional reaction from students, either because they feel their needs are unmet and/or because they are dealing with recent or past unhealed trauma.

- Sudden loudspeaker announcements
- Fire drills or emergency evacuation due to a fire
- Earthquake drills or emergency evacuation due to an earthquake
- Emergency evacuation due to armed persons on campus
- Talk about death and/or dying persons or animals
- Sudden touch by others (e.g. handshake, pat on back)
- Large crowds
- Teasing by others (disguised bullying)
- Crowded or very small spaces
- Loud places
- Specific noises (e.g. beeping, humming)
- Certain smells (e.g. perfumes, foods)
- Bright lighting (e.g. fluorescent light)
- A sense of drowning (e.g. from smoke, lack of fresh air)
- Dismissive comments (e.g. sexist comments against women, racist comments against a different community, comments about someone's weight or way they are eating).
- Talk about terminal illnesses (e.g. cancer)
- Ambulance or police sirens
- Warning that a parent will be called (if the parent is deceased, seriously ill or absent from the student's life)
- Invasion of their private space

Looking after student mental wellbeing during exam time

Our school is committed to helping students manage the stress related to exams, by following the recommendations of educational organisations like Veema:

- Individual support is provided for students who are not managing their exam anxiety.
- Exam anxiety is discussed, and management techniques provided for all students (e.g. via Assemblies, Tutor time, PSHCE).
- Positive motivation and language are used by all staff (see below).
- Students are valued as a whole, not just based on exam performance.
- Competition is not used to 'motivate' academic achievement.
- Students are aware of all post-exam options.
- The school works in partnership with parents to reduce excessive pressure on students.
- Staff and students effectively model managing their own anxiety.
- Parents are advised on how best to support their students during exam time.
- Students are taught a variety of evidence-based revision techniques.
- Students are encouraged to maintain a positive life balance before and during exam season.
- Invigilators are trained to provide a safe, positive environment in which to sit exams.

Examples of positive/motivational language:
These exams are an opportunity for you to show how much you've learned over the last few years.
These exams are a stepping stone to the next stage/chapter of your life.
Find a revision technique that works best for you.
I understand there is a lot of pressure on you at the moment. Do you want to talk about it?
You are loved/I will appreciate you regardless of the exam result.
Make sure you take regular breaks and socialise with friends.

When mental health challenges emerge

According to the World Health Organization, 1 in 7 adolescents globally experience mental health conditions, which mostly go unseen and untreated. Those mental health challenges include generalised anxiety, depression, eating disorders, suicidal ideation, panic attacks, and antisocial behaviour patterns. The possible signs that indicate a cause for concern regarding student mental health and emotional wellbeing are included in **Appendix I** of this policy.

All staff in our school have a responsibility for helping to foster an environment that encourages students to openly discuss any of the problems they may be facing.

All staff also have a responsibility to act on any perceived concerns regarding the wellbeing and mental health of students in our school. Staff should take every personal confession of a young person seriously (for example, reports by students that they are not well, that they do not enjoy anything, that they do not have a common language with anyone in the environment, or that they have a lot of worries).

Procedures for when a case of concern is identified

There are many ways in which a member of staff may become aware of concerns about a student's wellbeing or mental health:
1. A student may admit s/he has a problem and seeks help.
2. A student may exhibit consistent, disruptive and unusual behaviour. This may indicate an underlying problem or could be a sign of future risks to mental health.

3. A member of staff, a parent, or other adult reports concerns relating to the wellbeing or mental health of a student.

4. A student may report concerns about another student's wellbeing or mental health.

5. Staff such as Form Tutors or class teachers may notice changes in behaviour, attainment or attendance, which may suggest there could be a problem.

Any member of staff may have cause for concern. For example, a staff member may have noticed significant changes in the performance of a student or their mood over time. Significant weight loss may be noted or injuries for which there is no obvious cause or explanation. There may be indications of withdrawal over time or isolation. A staff member may have concerns about home life.

If you have concerns about a student, DO NOT discuss them openly with other staff or students. Consult the relevant Head of Year and/or the School Counsellor. You will be asked to fill in a Cause for Concern Referral form (**Appendix II**).

Following the referral, the Head of Year will consult the relevant Assistant Head of Pastoral and/or the School Counsellor to decide on the appropriate course of action.

An assessment of any immediate risk will be made. If intervention is decided upon, action may include:
• Contacting parents/guardians
• Arranging an appointment with the School Counsellor
• Seeking immediate medical assistance
• Arranging external professional assistance
• Giving advice to parents, staff, and other students
• Discussion with the student in question with a view to developing a way forward or strategy to support them

When action is decided
Where action is decided, the Head of Year will ensure the student is monitored and any follow-up steps are taken. The intervention plan will be reviewed. Advice may be sought from the Form Tutor, class teachers, the school counsellor or other appropriate professionals.

If a student expresses concern about another student to a member of staff:
• Listen to the concern.
• Ask questions to clarify.
• Make a judgement: If there is an immediate risk to the child's own safety or that of others, ensure the student in question is escorted to the Nurse's station. Contact the appropriate Head of Year.
• If there is no immediate risk, contact the Head of Year. Thank the student reporting the concern but keep in touch to give assurance that the concern is being looked into.

In all cases, a member of staff should never deal with a situation on their own.

Information sharing

Any student should feel free to report any concern about their own wellbeing or that of fellow students. It must be made clear to students that complete confidentiality cannot be maintained in cases which involve the wellbeing of any student. If any member of staff has concerns about the wellbeing of a student, confidentiality cannot be kept. No promises of confidentiality can be made to any student.

Parents should feel comfortable in sharing any relevant health information with the school on the understanding that the information provided remains confidential and is shared only on a need-to-know

basis. Parents should share any known mental health problems or concerns they may have about the mental health of their child or emotional wellbeing. It is important for the school to have all relevant information that will allow it to provide any necessary support.

The School retains the right to balance the child's right to confidentiality against the School's responsibility in ensuring the health and safety and overall wellbeing of any student.

Guidance for staff and parents/guardians' wellbeing and mental health

The wellbeing and mental health of children and youth is directly influenced by the wellbeing and mental health of the adults that take care of, and work, with them. It is, therefore, important to support and advocate for wellbeing and mental health self-care actions by adults.

Two charts in **Appendix III** explain *8 Dimensions of Wellness* (Physical, Social, Spiritual, Emotional, Environmental, Financial, Intellectual, Career) and propose actions for *Mental Health Self Care.*

Appendix I

Warning Signs for serious challenges to a student's mental health

There are a number of possibilities, but the main risk factors in developing **Depression** and/or **Anxiety** may include:

- Divorce of parents
- Perceived poor performance in school
- Bullying
- The death of someone close
- The breakup of a relationship

Of course, some students may suffer depression, whereas for others, this is not the case.

Depression
Signs of Depression (based on webmd.com):

- Irritability or anger
- Continuous feelings of sadness and hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Changes in appetite -- either increased or decreased
- Vocal outbursts or crying
- Difficulty concentrating
- Chronic fatigue and low energy
- Lack of sleep
- Physical complaints (such as stomach aches, and headaches) that don't respond to treatment
- Reduced ability to function during events and activities or extracurricular activities
- Feelings of worthlessness or guilt
- Impaired thinking or concentration
- Thoughts of death or suicide (exhibited verbally or in writing)
- Self-harm
- A lack of emotional responsiveness

Anxiety
Anxiety can be exhibited in a number of ways:

- Finding it hard to concentrate
- Lack of sleep
- Not eating properly
- Easily getting angry or irritable, and being out of control during outbursts
- Constantly worrying or having negative thoughts
- Feeling tense and fidgety, or needing to use the toilet often
- Always crying
- Consistently complaining of stomach aches and feeling unwell
- Low self-esteem
- Absenteeism/truancy (especially when tests occur)

Eating Disorders

These may include **anorexia nervosa or bulimia**

Risk Factors may include:
- Very high expectations of achievement
- Over-protective/over-controlling home environment
- Overly high family expectations of achievement
- Being bullied, teased due to weight or appearance
- Pressure to maintain weight/fitness levels for sport or dance
- Anxiety or depression

Warning signs (Based on Royal society of Psychiatrists; NHS website):

- Significant weight loss or unusual weight changes
- Avoidance of eating in public
- A student's belief they are fat when this is clearly not the case
- Going to the toilet immediately after meals
- Only ever eating low-calorie foods
- Expressing unusual or concerning views on the topic of food

Other disorders

Phobias:
A specific phobia, formerly called a simple phobia, is a lasting and unreasonable fear caused by the presence or thought of a specific object or situation that usually poses little or no actual danger. Exposure to the object or situation brings about an immediate reaction, causing the person to endure intense anxiety, or nervousness, or to avoid the object or situation entirely. The distress associated with the phobia and/or the need to avoid the object or situation can significantly interfere with the person's ability to function

Panic attacks:
These involve sudden feelings of terror that strike without warning. These episodes can occur at any time, even during sleep. People experiencing a panic attack may believe they are having a heart attack, or they are dying or going crazy. The fear and terror that a person experiences during a panic attack are not in proportion to the true situation and may be unrelated to what is happening around them. Most people with panic attacks experience several of the following symptoms:

- "Racing" heart
- Feeling weak, faint, or dizzy
- Tingling or numbness in the hands and fingers
- Sense of terror, or impending doom or death
- Feeling sweaty or having chills
- Chest pains
- Breathing difficulties
- Feeling a loss of control

Obsessive-compulsive disorder:
This is a potentially disabling illness that traps people in endless cycles of repetitive thoughts and behaviours. People with OCD are plagued by recurring and distressing thoughts, fears, or images they cannot control. The anxiety produced by these thoughts leads to an urgent need to perform certain rituals or routines or compulsions. The compulsive rituals are performed in an attempt to prevent the obsessive thoughts or make them go away.

Likely symptoms:

- Fear of dirt or contamination by germs
- Fear of causing harm to another
- Fear of making a mistake
- Fear of being embarrassed or behaving in a socially unacceptable manner
- Fear of thinking evil or sinful thoughts
- Need for order, symmetry, or exactness
- Excessive doubt and the need for constant reassurance

Suicidal thoughts:

Suicidal thoughts (or ideations) are thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself.

The majority of people who experience suicidal thoughts do not carry it through. Some may, however, make suicide attempts. Some suicidal thoughts can be deliberately planned to fail or be discovered, while others might be carefully planned to succeed.

The vast majority of people with suicidal thoughts do not carry them out to their conclusion. Possible signs (NOTE: These are by no means certain signs of such thoughts, but can be viewed as clues, depending on the circumstances of a child):

- Always talking or thinking about death
- Deep sadness, loss of interest, trouble sleeping and eating, which seem to get worse
- Having a "death wish," tempting fate by taking risks that could lead to death
- Losing interest in things one used to care about
- Making comments about being hopeless, helpless, or worthless
- Saying things like "it would be better if I wasn't here" or "I want out"
- Sudden, unexpected switch from being very sad to being very calm or appearing to be happy
- Talking about suicide extensively
- Visiting or calling people to say goodbye

Appendix II

Cause of Concern Referral Form

Staff reporting: Date:

Student
being referred: Form:

Reason for referral

(
Give as much details as possible including the circumstances of the referral)

Has the parents/guardian been informed? Yes / No (delete the appropriate)

Please rate the urgency of this referral (circle number):

Not Urgent			Moderately Urgent				Very Urgent		
1	2	3	4	5	6	7	8	9	10

Appendix III

8
Dimensions of Wellness

INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills

CAREER
Creating personal satisfaction and enrichment from one's work

PHYSICAL
Recognizing the need for physical activity, healthy foods, and sleep

SOCIAL
Developing a sense of connection, belonging, and a well-developed support system

SPIRITUAL
Expanding a sense of purpose and meaning in life

EMOTIONAL
Coping effectively with life and creating satisfying relationships

ENVIRONMENTAL
Occupying pleasant, stimulating environments that support wellbeing

FINANCIAL
Feeling satisfied with current and future financial situations

Appendix III

Mental Health Self Care Wheel

PHYSICAL
Regular medical care
Eat healthy
Regular sleep
Exercise
Get a massage
Enjoy physical intimacy like hugs & holding hands

PSYCHOLOGICAL
Take time for self reflection
Therapy or counseling
Meditation
Keep a journal
Be creative
Join a support group

EMOTIONAL
Explore a hobby
Cuddle with your pet
Community engagement
Practice self love
Cry
Laugh

SPIRITUAL
Practice forgiveness
Spend time in nature
Connect with a spiritual community
Sing or dance
Yoga
Volunteer for a cause

PERSONAL
Plan & set goals
Spend time with family
Learn a new skill
Read a book
Make time for friends
Reflect on who you are & what makes you special

PROFESSIONAL
Take your full lunch break
Leave work at work
Take mental health holidays
Learn to say NO
Use your vacation time
Set boundaries