



**CITY OF LONDON
SCHOOL FOR GIRLS**

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PUPIL MENTAL HEALTH POLICY

Policy last reviewed by:	Susannah Gilham
Date policy last reviewed:	September 2023
Approved by:	Board of Governors
Date approved:	6 th March 2023
Next review due:	March 2024

Addendum (from September 2023)

From September 2023 all Year 5 and Year pupils on roll at City of London School for Girls (CLSG) will be educated at City Junior School (CJS). They remain pupils of CLSG and will still be subject to all CLSG policies and procedures and will be expected to live out the values of CLSG. However, whilst on site at CJS, they will also be expected to adhere to CJS policies and procedures where relevant.

This policy should be read in conjunction with:

- Parent Terms and Conditions
- The School and City of London Equal Opportunities Statements
- Health, Safety and Wellbeing Policies
- Safeguarding and Child Protection Policy
- Anti-Bullying Policy
- Behaviour Policy
- SEND Policy
- Accessibility Plan
- School Nurse Guidelines and Protocols
- Exclusions Policy
- Educational Visits Policy
- Curriculum Policy
- Medical Conditions and Medicines Policy
- PSHCEE Policy
- Relationships and Sex Education Policy
- Relevant CJS policies (with respect to Year 5 and Year 6 pupils)

1. Why Mental Health and Wellbeing is Important

At CLSG, we aim to promote positive mental health and wellbeing for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. Over 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement. The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy". Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils' wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:

- all pupils are valued.
- pupils have a sense of belonging and feel safe.
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma.
- positive mental health is promoted and valued.
- bullying is not tolerated.
- we accept and value diversity and cultural difference and how non-inclusion of this can potentially impact student mental health.

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

2. Purpose of the Policy

This policy sets out:

- how we promote positive mental health.
- how we prevent mental health problems.
- how we identify and support pupils with mental health needs.
- how we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse.
- key information about some common mental health problems.
- where parents, staff and pupils can get advice and support.

3. Definition of Mental Health and Wellbeing

We use the World Health Organisation's definition of mental health and wellbeing: ... *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.*

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to

- feel confident in themselves.
- be able to express a range of emotions appropriately.
- be able to make and maintain positive relationships with others.
- cope with the stresses of everyday life.
- manage times of stress and be able to deal with change.
- learn and achieve.

4. A Whole School Approach to Promoting Positive Mental Health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands.
2. helping pupils to develop social relationships, support each other and seek help when they need to.
3. helping pupils to be resilient learners.
4. teaching pupils social and emotional skills and an awareness of mental health.

5. early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services.
6. effectively working with parents and carers.
7. supporting and training staff to develop their skills and resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'Open Door Policy'.

5. Roles and Responsibilities

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems; such as physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying.

They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

The school's Mental Health Team (Deputy Head (Pastoral) & DSL, SENCO, Head of Coaching, Pastoral Wellbeing Supervisor and School counsellors):

- leads on and works with other staff to coordinate whole school activities to promote positive mental health.
- provides advice and support to staff and organises training and updates.
- keeps staff up-to-date with information about what support is available.
- Informs the PSHCEE curriculum on teaching about mental health.
- is the first point of contact and communicates with mental health services.
- leads on and makes referrals to external services.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families.

Support includes:

- Safeguarding/Child Protection Team.
- School Counsellors.
- SENCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.

- Pastoral Wellbeing Supervisor
- School nurse.
- Heads of Year and Form Tutors.
- Coaching conversations with one of the coaching team.
- CAMHS and multi-disciplinary professional meetings to support staff to manage mental health needs of pupils in school.

6. Supporting Pupils' Positive Mental Health

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

- Campaigns and assemblies to raise awareness of mental health.
- Transition meetings with parent/carers, pupils and relevant staff.
- Mindfulness and breathing/meditation in class.
- Anna Freud Schools in Mind, Action for Happiness, Coaching and CBT resources.
- Assembly themes.
- School culture – staff awareness to pick up issues.
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school.
- Pupil Wellbeing Committee (led by the sixth form)
- Through PSHCEE we teach the knowledge and social and emotional skills (emotional literacy) that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

Our approach is to:

- be a non-judgemental, talking school, where we provide a safe environment to enable pupils to express themselves and be listened to.
- ensure the welfare and safety of pupils as paramount.
- identify appropriate support for pupils based on their needs.
- involve parents and carers when their child needs support.
- involve pupils in the care and support they have.
- monitor, review and evaluate the support with pupils and keep parents and carers updated.

7. Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- analysing behaviour, exclusions, visits to the medical room, attendance, academic and bullying data.
- pupil surveys, forums and 1:1 learning review meetings with form tutors.

- staff report concerns about individual pupils to the DSL, Head of Year and/or SENCO.
- Regular pastoral meetings for staff to raise concerns about individual children and discuss support.
- gathering information from a previous school at transfer or transition.
- parental meetings.
- enabling pupils to raise concerns to class teacher and support staff.
- enabling parents and carers to raise concerns through the school class teacher or to any member of staff - we have an 'Open Door Policy'.
- confidential school counselling.
- Regular staff training.

Any member of staff concerned about a pupil will take this seriously and talk to the Designated Safeguarding Team, Head of Year and/or SENCO. These signs might include:

- non-verbal behaviour
- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- lowering academic achievement
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as noncompliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed. A risk assessment and plan will be made.

8. Verbal Disclosures by Pupils

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who verbally disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advise. Staff are clear to pupils that the concern will be shared with the Designated Safeguarding Team and recorded in order to provide appropriate support to the pupil.

9. Non-Verbal Disclosures by Pupils

Staff also recognise persistent and unusual non-verbal disclosures in behaviours in line with the NICE (National Institute for Health & Care Excellence) recommendation that behaviour may be an unmet need or message.

10. Confidentiality

All disclosures are recorded and held on the pupil's electronic confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Staff are not permitted to promise confidentiality, but will work with the pupil to ensure they are aware of what information needs to be shared on a "needs to know" basis.

As a qualified medical professional, the school nurse operates at a level of confidentiality informed by the legal principles of Gillick Competence and the Fraser Guidelines. These concepts arise from the judgements in the case of Gillick v West Norfolk and Wisbech Area Health Authority and another (1985). In summary, key principles are: If the health-care professional cannot persuade the young person to inform her parents or to allow the health-care professional to inform her parents that she is seeking advice or treatment, it can be provided to a child under 16 without parental consent or knowledge provided that the health-care professional is satisfied the young person has the emotional and intellectual maturity to understand the proposed treatment and its implications. Although the Gillick case was concerned with contraceptive advice and treatment for girls under 16, the principle that a child under 16 can consent to treatment on their own behalf has been extended to treatment and advice other than for contraception.

11. Assessment, Interventions and Support

All concerns are reported to the Designated Safeguarding Team and recorded. We assess based on the levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating. We recognise that just like physical health, mental health and emotional wellbeing can vary at any given time and is fluid and changes, there are no absolutes.

12. Working with Specialist Services

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, school refusal, ASD, ADHD and other complex needs. We make links with a range of specialist services and have regular contact with the services to review the support and consider next steps, as part of monitoring the pupils' provision.

School referrals to a specialist service will be made by the DSL/SENCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go

ahead with the consent of the parent/carer and when it is the most appropriate support for the pupil's specific needs.

13. Involving Parents and Carers Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

To support parents and carers:

- we organise a range of Mental Health parent forums.
- we provide information and signposting to organisations on our websites on mental health issues and local wellbeing and parenting programmes.
- have an Open Door Policy.
- supporting parents and carers with children with mental health needs through sensitive and supportive regular meetings and signposting.

When a concern has been raised the school will:

- contact parents and carers and meet with them.
- in most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues.
- offer information to take away and places to seek further information.
- be available for follow up calls.
- make a record of the meeting.
- discuss how the parents and carers can support their child.
- keep parents and carers up to date and fully informed of decisions about the support and interventions.

Parents and carers will always be informed if their child is at risk of danger. We make every effort to support parents and carers to access services where appropriate. Pupils are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority.

We also provide information for parents and carers to access support for their own mental health needs.

14. Involving Pupils

- we seek pupils' views and feedback about our approach and whole school mental health activities through pupil voice, surveys, and class questions.
- The sixth-form led Mental Health Committee work with the whole school to plan and deliver form times, assemblies and lunchtime groups such as "Year 7 Chocolate Biscuit Club".

15. Supporting and Training Staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help (see Appendix 3).

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing with relaxation activities such as yoga, steel pans and staff choir.

Appendix 1 Protective and Risk factors

(adapted from [Mental Health and Behaviour DfE March 2018](#))

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord

	<ul style="list-style-type: none"> • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	
In the School	<ul style="list-style-type: none"> • Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • ‘Open door’ policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the Community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles

	<p>abuse, sexual exploitation and the influences of extremism leading to radicalisation</p> <ul style="list-style-type: none">• Other significant life events	<ul style="list-style-type: none">• Range of sport/leisure activities
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Appendix 2 Specific mental health needs most commonly seen in school-aged children

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- emotional disorders, for example phobias, anxiety states and depression.
- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour.
- hyperkinetic disorders, for example disturbance of activity and attention.
- developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders.
- attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers.
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect.
- other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Non-professional diagnoses, however well meant, can exacerbate or promote mental health problems. Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

Information about the different types of mental health illnesses such as Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD) Depression, Eating Disorders, Substance Misuse and Self Harm can be found on the Mind [website](#).

The DfE guide does not include specific information on suicidal thoughts. Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3 Helplines & Support Organisations

Anna Freud (National Centre for Children and Families)	
Anxiety UK (anxiety advice)	Text: 07537 416 905 Helpline: 03444 775 774
Beat (eating disorders)	Helpline: 0808 801 0677
Childline (advice & support for any issue) childline.org.uk	0800 1111
Kooth (online mental wellbeing support)	
The Mix (Essential support for anyone aged 12-25.)	0808 808 4994 or text THEMIX to 85258
National Association for Children of Alcoholics Providing information, advice and support for everyone affected by a parent's drinking	0800 358 3456
NSPCC - (abuse, neglect, domestic violence)	0800 1111
OCD Action UK	0345 390 6232
Papyrus (youth suicide prevention)	0800 068 4141
Rape Crisis (Confidential support for women and girls who have experienced sexual violence.)	0808 802 9999
Refuge (free 24-hour national domestic abuse helpline)	0808 2000 247
Relate (UKs largest provider of relationship support; many resources available on their website)	https://www.relate.org.uk
Samaritans (distress, despair, suicide prevention)	116 123
Self Harm UK	
Shout (crisis support)	Text 'SHOUT' to 85258
Switchboard (LGBT+ helpline)	0300 330 0630
Victim Support (crime & traumatic events support)	0808 16 89 111
Winston's Wish (children's bereavement support)	08088 020 021

YoungMinds (info & advice about mental health)	Text 'YM' to 85258
Youth Access (championing advice and counselling)	

Appendix 4 – Confidential Counselling Service

The school provides a confidential counselling service for pupils. There are two professionally qualified counsellors, on site, who are based in school from Monday to Friday during school hours. An appointment can be booked on the portal at any time by either a pupil or staff member in confidence.

- Pupils may arrange to see the counsellor on their own initiative in confidence. Where a pupil arranges an appointment with the counsellor directly, staff and parents are not informed of the appointment and parental permission is not sought.
- Members of staff may suggest that a pupil might benefit from seeing the counsellor. Parents may also request that their daughter sees the counsellor. Where this is the case, the counsellor will offer the pupil an appointment, but the pupil will be under no compulsion to accept it. Once an appointment has been arranged under these circumstances, all matters discussed between the pupil and the counsellor will be confidential.
- No confidential counselling service can offer young people a guarantee of unlimited confidentiality. Where Child Protection issues are concerned or where a pupil appears to be otherwise at risk, the counsellor may have to inform appropriate individuals or agencies. The counsellor will only inform another person of anything that a pupil tells her with the pupil's prior knowledge that she has to do so.