

## 4.36 Positive Mental Health Policy

<b>Written by</b> Emma Trelawny-Vernon, Mental Health Lead. September 2021	
<b>Reviewed by</b> Elizabeth George January 2025	
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<b>ISI Policy Code</b>	
<b>Scope of policy</b>	EYFS, Pre-Prep and Prep School

### 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 Organization)

Saint Ronan’s has an obligation to identify, assess, and evaluate any child who may be experiencing Mental Health issues.

At Saint Ronan’s, 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. 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 and governors.

This policy should be read in conjunction with our medical 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.

The 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 and their peers and parents/carers

- Provide support to staff to manage their own and colleague's well-being

### **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

Designated Safeguarding Leads (DSL) Mental Health Lead	Elizabeth George <a href="mailto:Elizabethgeorge@saintronans.co.uk">Elizabethgeorge@saintronans.co.uk</a> Andrea Bright <a href="mailto:Andreabright@saintronans.co.uk">Andreabright@saintronans.co.uk</a>
Deputy DSLs	Simone Edwards <a href="mailto:simoneedwards@saintronans.co.uk">simoneedwards@saintronans.co.uk</a>  James Yeasbly <a href="mailto:jamesyeasbly@saintronans.co.uk">jamesyeasbly@saintronans.co.uk</a>
Health Matron	Angela Bouchard <a href="mailto:angelabouchard@saintronans.co.uk">angelabouchard@saintronans.co.uk</a>
Assistant Head (Wellbeing)	Elizabeth George <a href="mailto:Elizabethgeorge@saintronans.co.uk">Elizabethgeorge@saintronans.co.uk</a>
Assistant Heads Pastoral	David Gibbon <a href="mailto:davidgibbon@saintronans.co.uk">davidgibbon@saintronans.co.uk</a> Rachel Thompson <a href="mailto:rachelthompson@saintronans.co.uk">rachelthompson@saintronans.co.uk</a>
SENDCO	Lucy Taggart <a href="mailto:Lucytaggart@saintronans.co.uk">Lucytaggart@saintronans.co.uk</a>
Safeguarding Governor	Georgina MacLeay c/o/ <a href="mailto:davidansell@saintronans.co.uk">davidansell@saintronans.co.uk</a>

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Mental Health Lead, Deputy Head Pastoral or the Health Matron in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to one of the designated safeguarding officers. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to the Child & Adolescent Mental Health Services (CAMHS) is appropriate, this will be led and managed by parents with input from the School.

### **A coordinated approach**

The School recognises it has an obligation to identify, assess, and evaluate any child who may be experiencing Mental Health issues. *Mental Health and Behaviour in Schools, November 2018*.

As a consequence:

- The DSLs are the Mental Health “leads” on SMT and attend Governors’ meetings.
- EG is the Assistant Head Wellbeing. EG works closely with the Head of SMSC and the Pastoral teams to ensure overlap with Mental Health and wellbeing objectives.
- All students with SEND or Mental Health issues are identified on Safeguarding file to ensure close relationship with SEND team and Pastoral Team.
- Emily Talbot has been assigned Mental Health Matron within the Medical Team (as of January 2025).
- ‘In house’ counselling sessions take place on a Thursday morning with the school counsellor (appointed December 2024). The Mental Health Matron oversees the running of the service. School is subsidising the cost of the sessions by paying half the bill.
- Weekly meetings are held with all the Heads of Year, the Head of Wellbeing, the DSL, the Headmaster, the Boarding Matron, Head of Boarding, SENDCO, lunchtime supervisors, Health Matron and the Deputy Head Pastoral where concerns are shared on all pastoral matters and mental health concerns highlighted and action plans determined.
- The Health Matron works closely with the pastoral teams and the Beadles where there are concerns related to food intake. The Health Matron maintains a watch list of any children for whom concerns have been raised and liaise with parents and staff as required.
- The Health Matron works closely with the DSL and the Pastoral team where there are concerns re absenteeism.
- The School hosted a staff inset on Mental Health First Aid (MHFA 2016) and have had an inset on Counselling for Non School Counsellors (April 2019), pastoral Resilience for busy people (January 2019), Understanding ADHD/ASD, etc., January 2019. The next inset on Mental Health First Aid will be in January 2022. As part of this process, 10 members of staff will be trained to Level 2 in Youth and Adult Mental Health.
- The School will always recommend a parent to approach their GP where there are concerns about a child’s mental wellbeing.
- **AS tracking** was introduced in September 2016. This is an online assessment tool which aims to:
  1. Identify those pupils with an increased risk of developing difficulties BEFORE they manifest.
  2. Target the strategic areas of need for a specific pupil, or across a year group, making pastoral care more efficient and effective.
  3. Monitor and develop the ‘school road’ to ensure it is always best supporting pupils’ ability to make wise, prosocial, emotionally healthy choices.

We run two AS Tracking tests per annum, creating action plans for children seen as in need of additional support. This programme allows us to compare our children over the years they are at the school, compare them with their cohort and also measure the school against national averages. In 2019 the programme was made available throughout the Prep School from Y3 to Y8.

Saint Ronan's continues to be awarded AS tracking accreditation, which involves a formal assessment each year. It was one of the first Prep schools to be awarded accredited status, joining a group of schools increasingly recognised amongst peers as beacon schools who are able to demonstrate proactive, targeted, evidence-based pastoral care.

Accredited status evidences that Saint Ronan's has met five STEER standards demonstrating outstanding AS Tracking implementation.

1. The quality and consistency of AS Tracking training and practice
2. The quality of data security and ethical use of AS Tracking
3. The quality of AS Tracking pupil assessment procedures
4. The quality of AS Tracking action planning, implementation and review
5. The quality of integration of the AS Tracking data within wider school systems

At Saint Ronan's we have the following **additional initiatives** which support wellbeing:

- Ethos – clear Ronian characteristics championed each term. Resilience and cooperation amongst them. Encourage children to be valued in all different areas they contribute.
- Signposts around the grounds to reinforce Ronian characteristics and a sticker reward system introduced, ultimately leading to a letter home from the HM to recognise achievement in the “softer skills”.
- ‘Report Concern’ feature allows children to securely approach certain staff when they are worried. This is working well.
- Sophie's Garden has been designed and is available for children needing quiet time.
- Wellbeing initiatives for staff include providing Yoga, team-building inset day, 10% discount at a local health club and Benenden Health Care membership, weekly football club, as well as daily fresh fruit and snacks and fresh coffee. Other initiatives are considered regularly.

### **Individual Care Plans**

Independent of AS tracking Action 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 relevant health professionals.

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 personal, social and health education (PSHEE) curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching 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.

### **Signposting**

We will ensure that staff, students 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 B. The AS tracking programme also provides guidance on how to support children.

### **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 the Mental Health Lead and/or the Health Matron or Head of Pastoral Care.

Possible warning signs include:

- A concerning AS tracking profile, particularly if there is a marked change from previously measured profiles.
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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
- 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**

### **Disclosures by pupils and confidentiality**

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

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps. All disclosures will be managed in accordance with the school's Safeguarding Policy

### **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?
- Who should be present? Consider parents, the student, 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 step and always keep a brief record of the meeting on the child's confidential record.

### **Working with All Parents**

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 – Think you know, MindEd, NSPCC, Young minds, Childline

- Parents/carers/staff may also require specific relevant support information regarding self-harm, eating disorders, psychosis, anxiety, depression and more. The Mental Health Lead can signpost individuals further when necessary. Some of these sources are included in Appendix C
- 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 and invite external speakers in to support parents.
- 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

*Where we feel additional help is needed, we will always recommend that parents seek support via their GP or an external counsellor.*

### **Supporting Peers**

When a student 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 by 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 / 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 in order to enable them to keep students safe.

AS tracking training is undertaken twice yearly.

Training opportunities for staff who require more in depth knowledge will be where it becomes appropriate due to developing situations with one or more students.

## **Monitoring & Review**

Monitoring of mental health issues and policy implementation will be via:

- Continuing professional development (CPD) sessions delivered to staff relating to mental health
- Personal, Social and Health Education (PSHE) topics relating to mental health
- An annual report of the number of Safeguarding logs and referrals to the Child & Adolescent Mental Health Services
- An annual review of mental health as part of the Annual Safeguarding review to Governance.
- Twice yearly AS tracking tests and reviews with one yearly (at least) insets.



## **Appendix A: Guidance and advice documents**

[Supporting mental health in schools and colleges – GOV.UK](#)

Mental health and behaviour in [schools](#) Department for Education (2018)

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

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2024)

## **Appendix B**

Sources of support at School and in the community

DSLs - Elizabeth George and Andrea Bright
Angela Bouchard Health Matron
Emily Talbot Mental Health Matron
Ross Andrew Head of Pastoral Care
Elizabeth George- Assistant Head Wellbeing
Heads of Year and Heads of Houses
Tutors
PSHE programme
AS tracking and Mind World Resources
Prefects and Buddies

## **Appendix C**

### **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: [www.selfharm.co.uk](http://www.selfharm.co.uk)
- National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)
- [www.selfinjurysupport.org.uk](http://www.selfinjurysupport.org.uk)
- [www.harmless.org.uk](http://www.harmless.org.uk)

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

Mental Health Foundation: The Truth about self-harm

## **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

- [www.mind.org.uk](http://www.mind.org.uk)
- - [www.youngminds.org.uk](http://www.youngminds.org.uk)
- [www.childline.org.uk](http://www.childline.org.uk)

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: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)
- [www.nopanic.org.uk](http://www.nopanic.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](http://www.ocduk.org/ocd)

In addition see list under Anxiety heading.

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 Conners (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](http://www.papyrus-uk.org) –

[www.samaritans.org](http://www.samaritans.org)

- <https://www.winstonswish.org/>

- Sane/Saneline: [www.sane.org.uk](http://www.sane.org.uk)

- <https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/>

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

## **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: [The UK's Eating Disorder Charity - Beat](http://www.beat-eatingdisorders.org)

- Eating Difficulties in Younger Children: [YoungMinds | Mental Health Charity For Children And Young People | YoungMinds](http://www.youngminds.org.uk/mental-health/young-people)

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 21