



Longridge High School Whole School Mental Health & Well-being Strategy

Vision

At Longridge High School we take seriously the Mental Health and Well-being of our whole school community. Through this strategy and other related policies we aim to do the following: -

- Early intervention and prevention of serious issues developing in both our pupils and staff
- Promote positive mental health and well-being and the prevention of mental illness within all members of our community.
- Aim to educate our children and young people to be able to manage their mental health and to recognise when they are not ok.
- To encourage our children and young people to seek help when their emotional health changes.
- Ensure our staff feel supported and that they are aware of what help is available to them should they need it.
- To raise awareness and understanding of different mental health issues and how they may present so that problems can be identified early.
- Promote well-being activities and self-care as tools to prevent mental health issues developing.
- Provide different levels of support in school for both staff and pupils, and create safe spaces for pupils who need to talk or to retreat to if in need of some timeout.
- Work with parents and outside agencies to provide the best possible support for our young people.
- Act upon the ideas and suggestions made by pupils through Student Council meetings
- Work with all stakeholders to create a 'Mentally Healthy' and 'Well-being School'.

How will this be achieved?

By adopting the following principles: -

- Leadership and management that supports and champions efforts to promote emotional health and well-being
- An ethos and environment that promotes respect and values diversity
- Identifying need and monitoring the impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral
- Curriculum teaching and learning to promote resilience and support social and emotional learning
- Enabling student and staff voice to influence decisions
- Staff development to support their own well-being and that of students

Who will help to achieve this?

Currently, school has a number of dedicated staff working with our young people to support them with their mental health and well-being. They are:

Mrs K Rogers – Designated Mental Health Lead & Mental Health First Aider
Mrs E Place – Mental Health Ambassador
Mrs R Jackson – Head of Year 7
Miss K Stemp – Head of Year 8
Mrs N Taylor – Head of Year 9
Miss K Webster – Head of Year 10
Mr C Mochan – Head of Year 11
Mrs R Edwardson-Pye – Family Liaison Support / Mentor / Mental Health First Aider
Ms L Murdock – Pastoral Liaison Officer / Mentor
Ms C Shorrocks – Early intervention / Mentor
Mrs S Evans – Early intervention / Mentor / Mental Health First Aider
Mrs J Singh – School Counsellor

We also have links with a number of other professionals and outside agencies that we can refer into for additional support should a young person's needs go beyond what we can provide in school. Examples of these are: -

- CAMHS
- Child Action North West
- N-Compass – Butterfly and Phoenix Project
- School Nurse Service (Virgin Care)
- Child & Family Well-being Service
- GPs
- Children's Social Care
- TAPP (Trainee Associate Psychological Practitioner)
- Educational Psychologists
- Action for Children
- Local Youth workers / youth groups
- Brook

New services to be explored

- Children's Society
- Key Unlocking Futures – Emotional Health and Well-being service

We also have a group of staff who have volunteered to run a staff well-being group to provide staff with a voice and an input in decision making where issues relating to staff well-being are concerned. As part of our provision for staff, Optima Health work with Occupational Health services to support staff through any illnesses / conditions, not merely mental health issues.

The Role of the Designated Mental Health Lead

KLR was appointed to the role in June 2020, commencing the role in September. As the Designated Mental Health Lead (DMHL) KLR is responsible for the following: -

- Oversight of the whole school approach to Mental Health and Well-being (MHWB)
- Make links to the behaviour and SEN policies, curriculum and pastoral support
- Supporting the identification of at risk pupils and children / young people exhibiting signs of mental ill health
- Knowledge of local mental health services and working with a clear links into children and young people's mental health services to refer children into NHS services where appropriate
- Co-ordinate the mental health needs of young people within the school and oversight of the delivery of interventions where these are being delivered in the educational setting
- Support to staff in contact with children with mental health needs to help raise awareness and give staff the confidence to work with young people with emotional needs
- Oversee the outcomes of interventions on children and young people's education and well-being
- The DMHL will connect with a wider team of support staff (as outlined above) for mild and moderate mental health disorders
- Will make onward referrals for more severe needs

Rationale

In an average class of 30 15 year-old pupils:

- 3 could have a mental disorder
- 10 are likely to have witnessed their parents separate
- 1 could have experienced the death of a parent
- 7 are likely to have been bullied
- 6 may be self-harming

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”. There is good evidence to support this assertion and Ofsted has highlighted that children and young people themselves say that they want to learn more about how to keep themselves emotionally healthy. Moreover, schools have a duty to promote the wellbeing of students.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958151/Promoting_children_and_young_people_s_emotional_health_and_wellbeing_a_whole_school_and_college_approach.pdf

Keeping Children Safe in Education 2020 (updated January 2021) states that with regards to Mental Health: -

34. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

35. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff 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.

36. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children’s experiences, can impact on their mental health, behaviour and education.

37. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

The COVID-19 pandemic has had a negative impact on many people across the country. Longridge High School has seen a significant rise in pupils struggling with a host of mental health and emotional issues, and those being referred to our school counsellor (71 pupils in the first term of 2020/21 alone), which is around the number of pupils that would normally be seen across a whole school year). This has meant that as a school we have had to look more closely at and increase our provision. Changes to staffing has also meant that some members of staff are now having to upskill to fill the void left by those that have.

In order to establish where our strengths lie and to highlight any areas for development, a SWOT analysis of the current provision has been undertaken to inform the next steps of the strategy and to prioritise what needs to be done.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Staff well-being group • Strong pastoral team • New additions to the pastoral team enhancing the in-house provision • Experienced pastoral staff able to guide members that are new in post • A number of staff across the school having good awareness of symptoms of poor mental health and able to identify issues early • New enrichment roles will provide opportunities for pupils and staff alike to become involved in the lighter side of school away from the classroom, which will positively influence well-being • Extra-curricular sport will provide a number of pupils with the outlet needed to de-stress and wind down • Break time snacks for staff • Zoned areas for registration has created a feeling of togetherness for year groups 	<ul style="list-style-type: none"> • CPD needed to upskill staff to fill void left when other staff have left • Mental Health and Well-being not yet embedded across the curriculum • Not all staff are comfortable in dealing with pupils with emotional issues • Perception amongst some staff that admitting to a mental health problem will be seen as a weakness • Canteen food • Social areas for pupils and staff (COVID plans)
Opportunities	Threats
<ul style="list-style-type: none"> • Easing of restrictions will allow pupils to mix again which in turn will allow us to set up group sessions with mentors • Will be able to run a pupil well-being group/student council more regularly once year groups can mix again • LGBTQ+ group has provided support for our young people and has raised awareness of some of the issues that they face. As this group grows and develops, this will hopefully create a more inclusive environment for all • KLR working alongside the staff well-being group to promote changes and create a happier working environment for all staff 	<ul style="list-style-type: none"> • COVID-19: Fallout from lockdowns and school closures has resulted in an increase in MH issues. This has stretched our resources and threatened the effectiveness of the in-house provision • Lack of space for vulnerable pupils • Budget for mental health and well-being • Costs of training for staff / buying in resources /mentally healthy schools award • Staffroom not in a central location, so not well used by staff • Time – staff with teaching/support timetables not always available to speak with pupils • School counsellor only two days a week

Assessment

Staff will take into consideration a number of factors when assessing a young person's mental health and well-being. Parents may express concern, triggering school to start interventions. Friends or other pupils who feel that there are worrying changes to a pupil's mental well-being may raise concerns. Staff will not diagnose, but where there are concerns of a suspected mental illness or the needs of the pupil that cannot be met by school, referrals will be made to the appropriate professionals or outside agency.

We will use the following as an indicator of a pupil's mental well-being when they are first brought to our attention. This will enable us to make decisions on the level of support given to them in school or whether an immediate referral is warranted.

The flow chart uses a red, amber & green system to identify students' mental health state and how it should be addressed. The framework categorises many different types of behaviours that could be present in students, along with recommendations on what staff should do.

- The green category identifies students who have a positive mental health and are coping well with day-to-day issues.
- Amber shows behaviours that are beginning to become a concern and gives staff advice on how to support students.
- The red category outlines behaviours of somebody who is having extreme issues with their mental health and needs urgent intervention.

Created by Dayne Meakin, SSAT Leadership Legacy Fellow, 2018

Assessment Tool

LEVEL OF FUNCTIONING	COGNITIVE AND ACADEMIC FUNCTIONING	SOCIAL FUNCTIONING	COPING BEHAVIOURS	PSYCHOLOGICAL FUNCTIONING	RESPONSE AND RECOMMENDATIONS
Superior/good functioning in a wide range of activities. Can identify short and longer term plans for the future.	High achieving. Performing well in the workplace/studies. Concentrates on tasks and seems alert. Generally attends school on time Study/work capacity fulfilled.	Engaged in a range of activities. Positive relationships with peers. Displays emotional warmth. Spends time in social activities. Energy to perform the majority of daily tasks required.	Positive coping skills. Good functioning overall. Able to consider problems/issues in an appropriate fashion.	No or minimal symptoms, resilient, generally happy. May have mild anxiety in response to events (e.g. exams). Describes enjoyment in several different activities.	Keep socially active. Make plans for periods of enjoyment. Nutrition is important for all aspects of health. Regular physical exercise to help maintain mental wellbeing.
Temporary impairment. Symptoms may be understandable in the circumstances (e.g. exam stress, bereavement). Generally functioning in several areas of life.	Capable student who is experiencing transient problems. May have temporary setbacks due to challenge of unfamiliar academic/work task. May demonstrate reduced self-confidence/decreased self-esteem. May use avoidance as a safety mechanism May have reduced level of concentration.	Occasional arguments. Minor ups and downs in relationships. Engaged in social situations with peers. May withdraw briefly.	Understandable stress reaction to difficult situations. Returns to normal once situation resolved. Increase in level of irritability.	Period of understandable low mood or irritability. Anxiety symptoms such as brief sleep or appetite disturbance. Worrying thoughts. Thoughts of inability to cope.	Offer support and problem solving/peer support. Encourage to talk to a trusted friend. Speak to colleague such as form tutor, Head of year or AHT (KLR) Pastoral team may wish to contact parents to express concern if necessary.
May appear disorganised and unreliable. May be denying any problems or responsibilities for behaviours. Unlikely those issues will resolve without Intervention. Action required to prevent further distress	Impaired ability due to reduced concentration and learning capacity. Unable to prioritise tasks. Difficulty meeting lesson and school Requirement. Conflict in group work or situations. Altered decision making. Inconsistent behaviour. Worrying or anxious thoughts. May appear vague Changing beliefs.	Few friends, limited integration in team processes. Conflict with peers/staff. May be withdrawn or isolated. Increased hours on internet. Behaviour may be having a negative effect on others. Others may express concern or make complaints. Generating rumours, which cause concern to others. Low level use of written, verbal or physical abuse (e.g. pushing or shoving). Concerning or unwelcome comments of a sexual nature or relationship seeking. Out of character behaviours/out of context Behaviour.	Poor coping. May be demanding of others to find solution. Overall functioning compromised. Inappropriate, changeable emotional expression (e.g. tearful or aggressive outbursts). Excessive online chat and other internet activity. Impulse control problems may lead to high risk behaviours (e.g. unsafe sex, overspending, gambling, self-harm or harm to others). Intentional theft. Damage to property. Threatening communications which make you feel uncomfortable. Recent improvements in mood or daily motivation after a period of low mood.	Feel out of control or have panic attacks. Increase/decrease sleep. Impaired judgement and decision making. Impaired organisation. May appear chaotic. Fear regarding poor performance/letting others down. Thoughts of escaping. Any thoughts or expressions of suicide/any non-suicidal self injury/harm to others, Difficulty making plans for longer term. Limited/reduced hope for future. Depression. Change in levels of energy. Thoughts/behaviours out of context or character. Guilt/Anger/blaming others for how they feel. History of harm to self or others. Past mental health presentations/admission to hospital. High anxiety, distress/agitation.	Needs psychological assessment and Intervention. Encourage them to talk to their family and close friends for support. May help to discuss current or future workload. Contact designated safeguarding lead / Mental Health Lead immediately. Designated safeguarding lead / Mental Health Lead will follow safe guarding policy

Initial Assessment Proforma

Factor	RAG Rating	Comments
Level of Functioning	R A G	
Cognitive and Academic Functioning	R A G	
Social Functioning	R A G	
Coping Behaviours	R A G	
Psychological Functioning	R A G	
Response and Recommendations	R A G	

Request for Service

Which service do you require (highlight as appropriate)	Mentoring School Counsellor Blossom Tree / UCan CAMHS (due to parents not having self-referred) Butterfly & Phoenix Project (Preston based pupils only) Child & Family Well-being Support (LJM/REP) CAF assessment (LJM)
Reasons for referral	
Previous interventions and timescale of those interventions	

Longridge High School Mental Health Support Map Pupils



Stage 1

Stage 2

Stage 3

Stage 4

SCHOOL COUNSELLOR

Stage 5

IDENTIFICATION
(from staff, parent,
friend, other adult)

**EARLY HELP &
ASSESSMENT**
(chosen staff/HOY/KLR)

LGBTQ+ SUPPORT

CONTINUED LIGHT
TOUCH SUPPORT FROM
HOY

MENTORING
(CJS / LJM / REP / SME)

DMHL / MHA
(KLR & EDP)

GROUP INTERVENTIONS
(CJS / LJM)

**OUTSIDE AGENCIES /
OTHER PROFESSIONALS**
(GPs, CAMHS, CANW,
N-COMPASS, TAPP,
SCHOOL NURSE, CFWS,
CSC, plus others. This
stage may result in the
CAF process being
started)

There may be instances where following an initial assessment in school, we move straight to Stage 4 or Stage 5 if the issue is deemed serious enough.

Parents / carers will be involved if we feel that onward referrals to outside agencies is required. Parental consent is not needed for pupils to access our in-house counselling provision.

Where a young person is deemed a danger to themselves parents will be asked to collect and advice given to contact their family GP or A&E.

Longridge High School Mental Health Support Map Staff



Stage 1

IDENTIFICATION
(from staff themselves, Line Manager, other colleague)

Stage 2

EARLY HELP & ASSESSMENT
(KLR, Well-being group, other staff)

Stage 3

LINE MANAGER
(if appropriate)

Stage 4

JGN / DWP

Stage 5

REFERRAL TO OCC. HEALTH (Optima Health)
(case assigned to a medical practitioner)



All staff mental health and well-being matters will be treated with the utmost confidence.

Staff directly dealing with pupils and sensitive issues will be offered supervision with the School Counsellor.

In a similar way as the pupils support map, referrals can be done without going through all the stages if deemed serious enough.